

MEDICAL CANNABIS CERTIFIED BUSINESS ENTERPRISE DECLARATION FORM

This form must be signed by either the President or Vice-President of the corporation.

D.C. Official Code § 7-1671.08B(c)(2) only permits medical cannabis certified business enterprises (CBE) and social equity applicants to receive equity, grants, and loans from the medical cannabis social equity fund. To qualify as a medical cannabis CBE, an applicant must:

1. Be certified by the Department of Small and Local Business Development (“DSLBD”) as a Certified Business Enterprise (CBE) with the Equity Impact Enterprise (EIE) subcategory, as defined by section 2302(8A) of the Small and Certified Enterprise and Development and Assistance Act of 2005, effective October 20, 2005 (D.C. Law 16-33);
2. D.C. Official Code § 2-218.02(8A)), (“CBE Act”) and rules issued pursuant to the CBE Act. In addition to applying through DSLBD’s District Enterprise System (DES) as an EIE, an applicant must also satisfy items 2-4 below.
3. Demonstrate to the satisfaction of DSLBD that more than 50 percent of the employees of the business enterprise are DC residents.
4. Demonstrate to the satisfaction of DSLBD that more than 50 percent of the assets of the business enterprise, excluding bank accounts, are located in DC.
5. Submit a form to ABCA attesting under the penalty of perjury that the annual personal net income of each owner of the enterprise applying for registration of a medical cannabis facility registration does not exceed \$349,999.

To qualify as a medical cannabis certified business enterprise, you must include in your application packet:

1. An “Annual Personal Net Income Attestation Form” completed and signed by all proposed owners.
2. Certification letter from DSLBD demonstrating that you qualify as a medical cannabis CBE.

Check one of the following statements:

- I am not seeking to qualify as a medical cannabis CBE. I understand that by not qualifying as a medical cannabis CBE that I may not be eligible to receive equity, grants, and loans from the medical cannabis social equity fund.
- I am seeking to qualify as a medical cannabis CBE under the criteria listed above. I have included the required supporting documentation with my application.

Applicant First and Last Name

Title

Applicant Signature

Date