

October 28, 2016

**Amendment No. 1 to
Audit Services Contract
Task Order Request for Proposals ASC-2016-10-001 (MMCC)**

Financial Audits of Applicants

This Amendment No. 1 is being issued to amend and clarify certain information contained in the above named TORFP. All information contained herein is binding on all Master Contractors who respond to this TORFP. Specific parts of the TORFP have been amended. The following changes/additions are listed below; new language has been double underlined and marked in bold (ex. **new language**) and language deleted has been marked with a strikethrough (ex. ~~language deleted~~).

1.0 PURPOSE

The purpose of this request for Audit Services is to provide the Maryland Medical Cannabis Commission with a thorough analysis of the financial capabilities of the Applicants submitting for licensure as a Medical Cannabis Grower or Processor **or Dispensary**. The Commission is only seeking financial audits from specific "Applicants" identified as principles, directors, partners, officers, trustees, owners, agents, or investors of 5% or greater equity in the Organization. We are not seeking financial audits on the Organizations as a whole.

Closing Date and Time for TOP: *November 9~~th~~th, 2016 2:00PM (Local Time)*

Exhibit 1- COMAR 10.62.08.01

Exhibit 2- COMAR 10.62.19.01

Exhibit 3-COMAR 10.62.25.01

Exhibit 4-Form 100 MMCC Supplemental Application

3.5 Technical Submission:

G. Veteran-owned Small Business Enterprise (VSBE) Participation

Veteran-owned Small Business Enterprise Goal - The VSBE goal for this AUDIT TORFP is **5 %**. Each Master Contractor responding to this TORFP must complete and submit the VSBE forms per the instructions in "Instructions and Forms for VSBE Participation in Task Order Request for Proposals (TORFPs) under the Audit Services Contract".

To meet a task order goal using VSBE subcontractors, Master Contractors must:

- Identify work areas for subcontracting;
- Solicit minority business enterprises through written notice or personal contact;

**Maryland Medical Cannabis Commission
Supplemental Grower License Application MMCC Form 100 (8/16)**

- ❑ Help minority businesses meet bonding requirements or grant them a waiver of bonding requirements; and
- ❑ Identify their MBE subcontractors at the time they submit their task order proposals.

An VSBE **must be** verified at the time of task order proposal submission in order to have its MBE **VSBE** participation counted toward the TORFP Contract goal.

ATTACHMENT A – SCOPE OF WORK

1.0 Purpose

The purpose of this request for Audit Services is to provide the Maryland Medical Cannabis Commission with a thorough analysis of the financial capabilities of the Applicants submitting for licensure as a Medical Cannabis Grower or Processor **or Dispensary**. The Commission is only seeking financial audits from specific "Applicants" identified as principles, directors, partners, officers, trustees, owners, agents, or investors of 5% or greater equity in the Organization. We are not seeking financial audits on the Organizations as a whole.

The financial audit is required of each Applicant as a condition to apply for the Maryland Medical Cannabis Grower or Processor License **or Dispensary**. The financial due diligence request provides the Commission with a comprehensive appraisal of the Applicant's assets, liabilities and an evaluation of the Applicant's commercial potential to qualify for a Medical Cannabis Grower or Processor License **or Dispensary**. The financial due diligence audit applies to all principals, directors, partners, officers, trustees, owners and each individual investor with 5 percent equity or more in the Organization applying for licensure.

3.0 The Agency's goal for this financial audit service is:

Complete detailed financial audits on approximately 200 individuals (i.e., "Applicants" identified as principles, directors, partners, officers, trustees, owners, agents, or investors of 5% or greater equity in the Organization) that are associated with the approximately 30 Organizations applying for the Maryland Cannabis Grower or Maryland Cannabis Processor License. **There will be up to an additional 109 Dispensaries which will have on average two (2) principals in each which will need to be included in the financial audit service over the one year contract.**

Should you require clarification of the information provided in this amendment to the TORFP, please contact Ms. Joy Epstein at 410-260-7570 at the DBM Contracts Management Office.

Date Issued: October 28, 2016

By: *Joy Epstein*
Joy Epstein
DBM Contract Manager

Enclosures:

Exhibit 3- COMAR 10.62.25.01

Exhibit 4- Maryland Medical Cannabis Commission Supplemental Grower License Application MMCC-Form 100 (8/16).

Exhibit 3

Code of Maryland Regulations – Medical Cannabis Dispensary License

10.62.25.01

.01 Definitions.

A. In this chapter the following terms have the meanings indicated.

B. Terms Defined.

(1) “Audited financial statement” means an audited financial statement that is performed by a certified public accountant licensed or with practice privileges in Business Occupations and Professions Article, Title 2, Annotated Code of Maryland, that is prepared in accordance with the Professional Standards of the American Institute of Certified Public Accountants and in the case of a publicly owned corporation in conformity with the standards of the Public Company Oversight Board.

(2) “License” means a license issued by the Commission to operate as a licensed dispensary.

(3) “Licensee” means a licensed dispensary.

10.62.25.02

.02 Application.

A. An applicant shall submit to the Commission an application for a license for each Senatorial district in which it is competing for a license.

B. An application on a form developed by the Commission shall be completed and submitted to the Commission for consideration. In addition to the application form, the applicant shall submit the following documents to be included as addenda to the application form:

(1) A list identifying the applicant’s potential dispensary agents;

(2) A list identifying each individual investor with 5 percent or more of investment known at the time of application;

(3) A detailed business plan including an organizational chart;

(4) Documentation and source of adequate capitalization;

(5) If the applicant is a corporation, a copy of the articles of incorporation and authorization to do business in Maryland;

(6) Evidence that no tax obligation is in arrears in any jurisdiction on the part of the applicant and any investor with 5 percent or more of investment known at the time of application;

(7) A description of the proposed premises, including a preliminary site plan;

(8) A security plan;

(9) A plan for quality control;

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(10) A plan for inventorying, safekeeping and tracking medical cannabis from entry into inventory to sale or disposal of medical cannabis waste;

(11) A plan for the disposal of medical cannabis waste;

(12) A plan for training employees and volunteers;

(13) A plan for counseling qualifying patients and caregivers in the use of medical cannabis; and

(14) A plan of the medical cannabis and medical cannabis-infused products proposed to be dispensed with the proposed cannabinoid profiles.

C. The application shall be accompanied by the stage 1 application fee specified in COMAR 10.62.35.

D. An applicant shall amend an application within 3 business days to include the name and documentation of a request to forward the criminal history record information and audited financial statement to the Commission of a new individual investor of an interest of 5 percent or more, or another manager or director of the entity, even after a license is issued.

E. Any party applying for a license shall have an interest in only one license.

10.62.25.03

.03 Criminal History Record Request.

For each individual identified in the application specified in Regulation .02B(1) and (2) of this chapter, an applicant shall provide to the Director of the Central Repository:

A. Two sets of legible fingerprints taken in a format approved by the Director of CJIS and the Director of the FBI and the fee authorized under Criminal Procedure Article, §10-221(B)(7), Annotated Code of Maryland, for access to State criminal history and records for each dispensary agent and investor identified in the application; and

B. A request that the individual's state and national criminal history record information be forwarded to the Commission.

10.62.25.04

.04 Consent for Investigation.

A. An individual who is required to provide personal and background information under this chapter shall provide a statement that irrevocably gives consent to the Commission and persons authorized by the Commission to:

(1) Verify all information provided in the application documents; and

(2) Conduct a background investigation of the individual.

B. An applicant shall waive any contractual, statutory, or common law obligation of confidentiality and authorize any government agency in any jurisdiction to release to and provide access to the Commission of any and all information the applicant has provided to any other jurisdiction while seeking a cannabis-related license in that other jurisdiction, as well as the information obtained by that other jurisdiction during the course of any investigation it may have conducted regarding the applicant.

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C. An applicant shall release all financial institutions, fiduciaries, and other parties from any contractual, statutory or common law obligation of confidentiality to provide financial, personal and background information to the Commission relevant to the applicant's capacity to manage a licensed dispensary and the applicant's good moral character.

10.62.25.05

.05 Application Review.

A. The burden of proving an applicant's qualifications rests on the applicant.

B. The Commission may deny an application that contains a misstatement, omission, misrepresentation, or untruth.

C. An application shall be complete in every material detail.

D. The Commission may request any additional information the Commission determines is necessary to process and fully investigate an application.

E. The applicant shall provide requested additional information by the close of business of the 14th business day after the request has been received by the applicant.

F. If the applicant does not provide the requested information within 14 business days, the Commission may consider the application to be suspended.

G. The Commission intends to award the licenses to the best applications that most efficiently and effectively ensure public safety and safe access to medical cannabis and medical cannabis-infused products.

H. The Commission shall provide guidelines and detailed instructions for submitting the application form for the Commission's consideration.

I. The Commission, or a Commission independent contractor, shall review for a pre-approval for a license the submitted applications, as described in Regulations .02B and .05E of this chapter, for each Senatorial district. The applications shall be ranked based on the following weighted criteria:

(1) Operational factors will be afforded 20 percent weight, including:

(a) A detailed operational plan for the dispensing of usable cannabis, medical cannabis extracts and medical cannabis-infused products; and

(b) Summaries of policies and procedures for:

(i) Counseling and educating patients and caregivers;

(ii) Packaging; and

(iii) Labeling;

(2) Safety and security factors will be afforded 20 percent weight, including:

(a) Detailed plan or information describing the security features and procedures;

(b) Detailed plan describing how the dispensary will prevent diversion; and

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(c) Detailed plan describing safety procedures;

(3) Medical cannabis professionalism factors will be afforded 15 percent weight, including:

(a) Experience, knowledge and training in training dispensary agents in the science and use of medical cannabis; and

(b) Use of a clinical director;

(4) Retail management factors will be afforded 15 percent weight, including:

(a) A detailed plan to preserve the quality of the medical cannabis;

(b) A plan to minimize any negative impact on the surrounding community and businesses;

(c) A detailed inventory control plan; and

(d) A detailed medical cannabis waste disposal plan;

(5) Business and economic factors will be afforded 15 percent weight, including:

(a) A business plan:

(i) Demonstrating a likelihood of success;

(ii) Demonstrating a sufficient business ability and experience on the part of the applicant; and

(iii) Providing for appropriate employee working conditions, benefits and training;

(b) Demonstration of adequate capitalization; and

(c) A detailed plan evidencing how the dispensary will enforce the alcohol and drug free workplace policy;

(6) Additional factors that will be afforded 15 percent weight, including:

(a) Demonstrated Maryland residency among the owners and investors;

(b) Evidence that applicant is not in arrears regarding any tax obligation in Maryland and other jurisdictions; and

(c) The medical cannabis extracts and medical cannabis-infused products proposed to be dispensed with proposed cannabinoid profiles, including varieties with high cannabidiol content, and the varieties of routes of administration.

J. An applicant that is ranked first or second in more than one senatorial district may elect to move to stage 2 of the application process in only one district.

K. In a Senatorial district in which the top ranking applicants chose not to move to stage 2, lesser ranked applicants will move up in rank.

10.62.25.06

.06 Pre-Approval of License Application.

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A. Number of Pre-approvals. In consideration of the ranking of the applications in accordance with Regulation .05, the Commission may issue pre-approvals of up to two licensed dispensaries per Senatorial district, other than the number of licensed grower dispensary facilities located in the Senatorial district.

B. If there are more qualified applications than the number of licenses available and there is a numerical tie for the last license to be issued, the last pre-approved license shall be determined by public lottery.

C. The Commission may deny issuing a pre-approval of a license if, for any individual identified in the application specified in Regulation .02B(1) and (2) of this chapter:

- (1) The criminal history record information or background information demonstrate an absence of good moral character; or
- (2) The payment of taxes due in any jurisdiction is in arrears.

D. Within 10 business days of the Commission's decision, the Commission shall notify applicants who have been pre-approved for a license.

E. The Commission may rescind pre-approval of a dispensary license if the dispensary is not operational within 1 year of pre-approval.

10.62.25.07

.07 Issuance of License.

A. After an applicant has been issued a pre-approval for a license under this chapter the applicant shall submit to the Commission, as part of its application:

- (1) An audited financial statement for the applicant and for each individual, partnership, corporation, or other entity review that has invested, or is proposed to invest, 5 percent or more of the capital of the applicant;
- (2) Payment of the stage 2 application fee specified in COMAR 10.62.35.

B. The Commission may issue a dispensary license on a determination that:

- (1) The criminal history background check and background investigation reveal no evidence that demonstrates the absence of good moral character;
- (2) All inspections are passed and all of the applicant's operations conform to the specifications of the application as pre-approved pursuant to Regulation .06 of this chapter;
- (3) The proposed premises:
 - (a) Are under the legal control of the applicant;
 - (b) Comply with all zoning and planning requirements; and
 - (c) Conform to the specifications of the application as pre-approved pursuant to Regulation .07 of this chapter; and
- (4) The first year's license fee specified in COMAR 10.62.35 has been paid.

10.62.25.08

.08 Change of Ownership of License.

A. No interest of 5 percent or more of a license issued pursuant to this chapter shall be assignable or transferable unless:

(1) The Commission has received notice of the intent of the owner of the interest, or of the estate of the owner of the interest, to transfer or assign an interest in a license to another party;

(2) The transferee has had forwarded the criminal history record information and audited financial statement to the Commission of the transferee;

(3) The Commission does not object to the transfer or assignment within 45 days of its receipt of notice; and

(4) The transferee has paid the required fee specified in COMAR 10.62.35.

B. The Commission may deny transfer of an interest in a license if, for any proposed transferee:

(1) The criminal history record information or the background investigation demonstrate an absence of good moral character; or

(2) The payment of taxes due in any jurisdiction is in arrears.

10.62.25.09

.09 Change of Location.

A. A licensee may apply to change the location of the licensee's operation.

B. The licensee shall submit an application to the Commission along with the fee specified in COMAR 10.62.35.

C. A licensee may not begin dispensing medical cannabis at a new location until all inspections have been passed.

10.62.25.10

.10 Renewal of License.

A. A licensee is eligible to apply to renew a license every 2 years.

B. Ninety days before the expiration of a license, the Commission shall notify the licensee of the:

(1) Date on which the license expires;

(2) Process and the fee required to renew the license; and

(3) Consequences of a failure to renew the license.

C. At least 30 business days before a license expires a licensee shall submit:

(1) The renewal application as provided by the Commission;

(2) Proof that fingerprints have been submitted to CJIS and the FBI for every processor agent and investor of an interest of 5 percent or more;

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(3) To full inspection of the operation, unless a full inspection was satisfactorily completed within 3 months before the date of the license expiration; and

(4) Payment of the fee specified in COMAR 10.62.35.

D. The Commission shall renew a license that meets the requirements for renewal as stated in §C of this regulation.

E. If the Commission does not renew a license due to a failed inspection or an inadequate application for renewal, the licensee may apply for reinstatement by:

(1) Submitting a plan to correct the deficiencies noted during an inspection; and

(2) Amending the application for renewal.

F. The Commission may decline to renew a license if:

(1) The plan to correct deficiencies identified in an inspection is deficient;

(2) The amended application for renewal is deficient; or

(3) The licensee has repeatedly failed inspections.

G. A licensee who fails to apply for renewal of a license by the date specified by the Commission, or whose license was not renewed by the Commission:

(1) Shall cease operations at all premises; and

(2) May not provide medical cannabis to any entity or person.

H. A license may be reinstated upon:

(1) Payment of the reinstatement fee specified in COMAR 10.62.35; and

(2) Submission of a reinstatement application approved by the Commission.

Exhibit 4



Maryland Medical Cannabis Commission

4201 Patterson Avenue Baltimore, Maryland 21215

**MARYLAND MEDICAL CANNABIS GROWER
LICENSE SUPPLEMENTAL APPLICATION**

MMCC - Form 100(8/16)

Applicant: _____

INTRODUCTION AND ELIBIGILITY

On October 1, 2013, the Commission became responsible for administering Maryland's Medical Cannabis Program, the effective date of the enactment of Ch. 403, Laws of Maryland (2013); subsequently amended by Ch. 240, 256, Laws of Maryland (2014); and Ch. 251, Laws of Maryland (2015), also referred to as the Maryland Session of Laws. The Commission develops policies, procedures, and regulations to implement programs to make medical cannabis available to patients in a safe and effective manner. The commission will license medical cannabis Growers, Processors, and Dispensaries. This Program allows a qualifying patient or caregiver who is registered with MMCC to purchase medical cannabis from a licensed dispensary. See also Md. Code, Health-General 13-3301, 13-3316; COMAR 10.62.01-10.62.35.

The Commission intends to award licenses to Applicants that most efficiently and effectively ensure public safety and safe access to medical cannabis.

This Supplemental Application is a requirement upon pre-approval by the Maryland Medical Cannabis Commission for a Medical Cannabis Grower License.

FEES AND COSTS

License and Fee Schedule:

(1) Grower fees:

(a) License as Grower-only:

(i) Application fee — \$6,000 (Stage 1: \$2,000; Stage 2: \$4,000);

(ii) Annual license fee — \$125,000;

(b) License as Grower and Dispensary:

(i) Application fee — \$11,000 (Stage 1: \$3,000; Stage 2: \$8,000);

(ii) Annual licensing fee — \$165,000;

(2) Grower agent fees:

(a) Registration fee — \$200;

(b) Replacement identification card fee — \$100;

(3) Licensed Processor fees:

(a) Application fee — \$6,000 (Stage 1: \$2,000; Stage 2: \$4,000);

(b) Annual license fee — \$40,000;

(4) Processor Agent fees:

(a) Registration fee — \$200;

(b) Replacement identification card fee — \$100;

(5) Licensed Dispensary fees;

(a) Application fee — \$5,000 (Stage 1: \$1,000; Stage 2: \$4,000)

(b) Annual license fee — \$40,000;

(6) Dispensary agent fees:

(a) Registration fee — \$200;

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(b) Replacement identification card fee — \$100;

(7) Qualifying patient and caregiver fees:

(a) Identification card base fee — \$50;

(b) Replacement identification card fee — \$100;

(8) Independent Testing Laboratory fees:

(a) Registration fee — \$100;

(b) Renewal fee — \$100;

(9) Independent Testing Laboratory Employee fees:

(a) Registration fee — \$200;

(b) Replacement identification card fee — \$100;

(10) Miscellaneous fees:

(a) Transfer of ownership of grower license, processor or dispensary license — \$7,000;

(b) Change in the location of grower, processor or dispensary premises — \$7,000; and

(c) License reinstatement fee — \$2,000.

TERM OF LICENSE, RENEWALS

Term:

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A Maryland Medical Cannabis Grower License is eligible for renewal every 2 years.

Renewal process:

The Commission shall notify the licensee Ninety days before the expiration of a license of the:

- a. Date the license expires;
- b. Process and the fee required to renew the license; and
- c. Consequences of a failure to renew the license

At least 30 business days before a license expires a licensee shall submit:

- a. The renewal application provided by the Commission;
- b. Proof that fingerprints have been submitted to CJIS and the FBI for every grower agent and investor of an interest of 5 percent or more;
- c. To full inspection of the operation, unless a full inspection was satisfactorily completed within 3 months before the date of the license expiration; and
- d. Payment of the fee and costs specified in COMAR 10.62.35.01;
- e. Continues to comply with all licensing requirements.

REMITTANCE OF FEES AND COSTS

Note: License and application fees, made payable to “*Maryland Medical Cannabis Commission*” are due at the time of application. Fees are non-refundable.

You may submit your payment (cashier’s check or money order) with the application to the following address:

**Attn: Precious Wells, Administrative Specialist
Maryland Department of Health and Mental Hygiene
Maryland Medical Cannabis Commission
4201 Patterson Avenue
Baltimore, Maryland 21215**

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SECTION A - IMPORTANT NOTICES

- A.1** This form is an official document of the Maryland Medical Cannabis Commission. It may not be altered or changed, except to insert the information that is required. Any alteration or change to this document may cause this application or your license to be delayed or denied.
- A.2** A Maryland Medical Cannabis Grower License is a privilege. The burden of proving an applicant's qualifications to receive and hold a license is at all times on the Applicant. The Applicant accepts any and all risk of adverse public notice, embarrassment, criticism, emotional distress or financial loss that may result from any action with respect to this application. The Applicant expressly waives any and all claims for damages as result thereof. Information not called for in this form or in addition to that which is provided in response to this form may be requested. The Applicant shall provide all information, documents, materials and certifications at the Applicant's expense.
- A.3** You ***must*** make accurate statements and your application shall be complete in every material detail. The Commission may deny an application that contains a misstatement, omission, misrepresentation, or untruth. The Commission may deny Any misrepresentations, failure to provide any requested information, or failure to meet any other requirement as set out in law or regulation may result in the denial of the application and may subject you to civil and/or criminal penalties. The Commission may request any additional information the Commission determines is necessary to process and fully investigate an application.
- A.4** The Applicant is responsible for the payment of all application fees required under the law and regulations. The application will not be processed until the fees have been submitted.
- A.5** The Applicant is under a continuing duty to ***promptly*** disclose any changes in the information provided in the application, as well as all changes to any of the materials submitted at the request of the Commission. The duty to make such additional disclosures shall continue throughout any period of the license that is granted by the Commission.
- A.6** The Applicant shall ***promptly*** provide written notification to the Commission of any corrections or changes to this application once submitted or to any of the materials submitted at the request of the Commission.
- A.7** All notices regarding the application will be sent to the address provided by the Applicant on this form. The Applicant must immediately notify the Commission of any change of address.
- A.8** Submission of an Application to be a licensed Grower gives the Commission consent to conduct all inspections necessary to ensure compliance with State law and regulations. The commission may conduct announced and unannounced inspections of the facilities of licensed growers to determine compliance with statute and regulations.
- A.9** Failure of a licensed Grower to provide the Commission with immediate access to any part of the premises, requested material, information, or agent as part of an inspection may result in the imposition of a civil fine, suspension of license, or revocation of license.
- A.10** All submissions with and for this application become the property of the Commission and ***will not*** be returned.
- A.11** Once the application has been submitted to the Commission, the Applicant may not withdraw its application without permission of the Commission.
- A.12** Applicants must use the following file naming structure when submitting electronic documents. Applicant Name – Submission Date – File Type. For example, Jane Doe – 08252016 – Supplemental Application.
- A.13** A completed application with all of the original signatures, initials, and notarization must be submitted to the Maryland Medical Cannabis Commission. The application shall be submitted to the Commission in its entirety. No partial submissions of the application will be accepted. A copy of the completed application must be forwarded on the electronic storage device described in **A.14**.
- A.14** The Applicant must provide all accompanying documentation, attachments, appendices and/or supporting documents, (such as business formation papers and tax returns) on a **password protected**, electronic storage device, such as a CD or

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'thumb drive', in *.pdf* format. The application and each document must be saved as **separate .pdf files** (not one continuous *.pdf*), and each file must be appropriately tabbed and identified by name or designated exhibit number.

- A.15** The Applicant is required to mail, send or transmit the password to the Commission in a timely fashion. The Applicant should forward the password **separately** from the application.
- A.16** All questions concerning the Supplemental Application or process shall be forwarded to MMCC by email only at dhmf.medicallcannabisApplications@maryland.gov with the subject line "medical Cannabis Application Question." Questions and answers of substantive nature will be posted on the MMCC website (<http://mmcc.maryland.gov/>). All questions will be sent to the Commission email address only.
- A.17** **The Maryland Medical Cannabis Commission Bureau of Enforcement and Compliance is referred to, throughout this application, as the "Bureau".**

SECTION B - INSTRUCTIONS

These instructions are applicable to any Applicant seeking a Maryland Medical Cannabis Grower License ("license").

- B.1** Read each question carefully. Answer each and every question completely. **Do not leave blank spaces.** If a question does not apply, write "Does not apply" or "N/A." If the correct answer to a particular question is "None," write "None."
- B.2** All entries on the form must be typed or printed in block lettering. Initials or signatures must be in handwriting, unless otherwise stated by the Commission, by the person providing the information. If the answers are not legible, the application may not be accepted. Do not misstate or omit any material fact(s). All information is subject to verification. False or misleading information is grounds for the Commission to deny the application, or to suspend or revoke the license.
- B.3** The Applicant, if it is an individual, **must initial each page**, or if the Applicant is not an individual, the person authorized to complete the form on behalf of the Applicant (**Exhibit 27**) **must initial each page** as provided in lower right-hand corner. The applicant is attesting to the accuracy and completeness of the information contained on that page and that they have read the page.
- B.4** If additional pages are required in order to answer any question, additional pages may be utilized and must be attached to the form. Be sure to indicate the number(s) of the question(s) being answered and initial each additional page. Some schedules may require disclosure of information for more than one individual or entity or type of information. If there are multiple disclosures, make additional copies of the blank schedule and complete it for each individual or entity.
- B.5** All required documentation, such as business formation papers, tax returns and appendices, as well as the application forms that comprise an application package for a license, as listed above, **must be submitted at the time of filing this form.**
- B.6** **Page 13 of application** An Applicant should give specific attention to the clear identification of those portions of its application that it deems to be confidential, proprietary commercial information or trade secrets, and provide justification of why such materials, upon request, should not be disclosed by the State pursuant to the Public Information Act ("PIA"), Title 10, Subtitle 6, State Government Article, Annotated Code of Maryland. Confidential information supplied shall be revealed in the course of the necessary administration of this application. A blanket statement by an applicant that its entire application is confidential, proprietary commercial information or a trade secret is unacceptable. Applications shall be open to public inspection only after award of a license has been made, to the extent permitted by the PIA. Applicant is advised that, upon request for this information from a third party, the Commission will make an independent determination whether the information may be disclosed. An applicant or licensee waives any liability of the State of Maryland, and its employees and agents, the Commission, and the Maryland Medical Cannabis Commission for any damages resulting from any disclosure or publication in any manner.

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When the Commission receives a PIA request, Staff retrieves and compiles all records that are responsive to the request. "Records" means all papers, emails, notes, recordings, maps, plans, forms, etc. After Staff compiles all responsive records, the Office of the Attorney General (OAG) reviews the request and the records, and makes a legal determination as to whether the records may be released. Additionally, when the Commission receives a request for records of an entity that holds a gaming-related license, or a vendor registration or certification, Commission Staff or the OAG typically advise the entity of the request and our anticipated response. The entity may file litigation to prevent the Commission from releasing records it wants kept confidential.

- B.7** The Commission may request additional financial and other information as needed.
- B.8** The license and application fees described in the "Fees and Costs" section on Page 3 of this form and authorized by COMAR are non-refundable. Additional costs and expenses may be incurred by the Commission in its investigation of the Applicant. Background investigation costs will be assessed by the Commission and shall be reimbursed to the Commission promptly upon receipt of an invoice. The failure to reimburse the Commission for background investigation costs is a basis for disqualification of the Applicant.
- B.9** Attach proof of registration with the Maryland Department of Assessments and Taxation (MD SDAT) to do business within the State. A "Certificate of Good Standing" must be obtained from MD SDAT (**not** from the Maryland Comptroller's Office). An Applicant will need to determine if the company's status is listed as in "Good Standing" by checking the following: <http://sdatt.resiusa.org/ucc-charter/Pages/CharterSearch/default.aspx>. Assistance with this process may be obtained from: <http://dat.maryland.gov/Pages/default.aspx> or by sending email inquiries to charterhelp@dat.state.md.us if necessary. Submit documentation in the manner described in A.12 and A.13, as a separate .pdf file, labeled as "**MD SDAT**".

SECTION C – GROWER LICENSE APPLICATION PACKAGE FORMS

The forms and electronic submissions of applications related to a Maryland Medical Cannabis Grower License are as follows:

- C.1** Application for Medical Cannabis Grower License(Initial)
- C.2** Form 1 - Authorization for Release of Information – Investor/Grower Agent
- C.3** Form 2 - Authorization for Release of Information – Business Entity
- C.4** Form 3 - Trade Secret & Financial Data Notification
- C.5** Form 4 - Business Interest Identification & Authorization Form
- C.6** Form 5 - Investors, Agents, Owners & Managing Director Certification Statement Form.
- C.7** Applicant Supplemental Application (MMCC Form 100(8/16) – An individual who is an Applicant of the company, to include each individual investor with 5 percent or more of investment known at the time of the application applying to become a Maryland Licensed Medical Cannabis Grower.

SECTION D - DEFINITIONS

Please refer to the list of Consolidated Definitions applicable to all Maryland Medical Cannabis license applications, which is available on the Maryland.gov Division of State Documents website:
<http://www.dsd.state.md.us/COMAR/ComarHome.html>

SECTION E - APPLICANT INFORMATION

E.1 NAME OF APPLICANT *

* As it is written on the Articles of Incorporation, By-Laws, Charter, partnership agreement or other official documents filed with a State or Federal Government.

Doing Business As (D/B/A) or Trade Name(s):

--

E.2 MEDICAL CANNABIS GROWER BUSINESS

Describe the type of product(s) provided:

E.3 LICENSEE ASSOCIATION

Name the Licensee(s) with whom you have an agreement:

E.4 APPLICANT'S FORM OF ORGANIZATION

Check one:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> S-Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other (Describe) _____
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E.5 POINT-OF-CONTACT FOR APPLICANT *

Name	Title / Position within the company	
Email address	Telephone number	Fax number

E.6 APPLICANT'S PRINCIPAL ADDRESS
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Address Line 1 (Street Location)

Address Line 2

City	State	Zip code
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Country	Telephone Number ()	Fax Number ()
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Mailing Address – if different from above
Address Line 1

Address Line 2

City	State	Zip code
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Country	Telephone Number ()	Fax Number ()
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Web Site Address(es)

E.7 INCORPORATION (If a Sole Proprietorship, provide an answer to the appropriate questions)

(a) APPLICANT'S INCORPORATION DOCUMENTS

- 1) Business name as it appears on formation documents:

- 2) Place of Incorporation or other type of Formation:

- 3) Date of Formation: _____

(b) INCORPORATORS / FOUNDERS

Use **Exhibit 1(a)** to provide the Applicant's Incorporators/Founders. (**Note:** If a Sole Proprietorship, provide the appropriate information on the Exhibits.)

(c) MARYLAND SDAT COMPLIANCE

- 1) Is the Applicant registered to do business in Maryland: Yes No
- 2) If "Yes", please provide registration number: _____

IMPORTANT:

Submit a *.pdf* of the Applicant's 'Good Standing' status from the Maryland Department of Assessments and Taxation (MD SDAT). The exhibit should be submitted as described in **A.12** and **A.13** and labeled as "**Certificate of Good Standing**". For further information, see **B.10**.

(d) OTHER NAMES IN WHICH APPLICANT HAS DONE BUSINESS

Use **Exhibit 1(b)** to list all other names in which the Applicant has done business and give the approximate time periods during which these names were being used. (**Note:** If a Sole Proprietorship, provide the appropriate information on the Exhibits.)

(e) CURRENT ADDRESSES OF APPLICANT

Use **Exhibit 1(c)** to provide all the current addresses of the Applicant and all current addresses from which the Applicant is doing business. (**Note:** If a Sole Proprietorship, provide the appropriate information on the Exhibits.)

(f) PREVIOUS ADDRESSES OF APPLICANT

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Use **Exhibit 1(d)** to provide all addresses, other than those listed in **Exhibit 1(c)**, which Applicant has used or from which it was conducting business during the last ten (10) year period, and list the approximate dates during which said addresses were held. (**Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits**)

(g) ALL BUSINESSES OPERATED BY THE APPLICANT

Use **Exhibit 1(e)** to provide a description of all businesses presently operated or intended to be operated by the Applicant and all former businesses operated by the Applicant in the past ten (10) years.

(h) ALL HOLDING, INTERMEDIARIES, SUBSIDIARIES, AFFILIATES OR OTHER BUSINESS TYPE ENTITIES

Use **Exhibit 1(f)** to list the names, all addresses used in the last ten (10) years, the form of organization and a description of the business performed by all holding, intermediary, subsidiary, affiliate and any other similar business entity of the Applicant. Do not provide those already listed in **Exhibit 1(e)**.

E.8 DIRECTORS, PARTNERS, AND OFFICERS

Use **Exhibit 2** to provide information for each Director, Partner, and Officer of the applicant.

E.9 FORMER DIRECTORS, PARTNERS, AND OFFICERS

Use **Exhibit 3** to provide the following information for all Directors, Partners, and Officers who are no longer actively involved with the Applicant but held the position in the last ten (10) years.

E.10 COMPENSATION OF DIRECTORS, PARTNERS, AND OFFICERS

- a. Use **Exhibit 2** to provide information regarding the amount of total compensation earned/received during the *last* calendar year and the amount to be earned during the *present* calendar year by *each* Director, Partner, and Officer of the Applicant. Compensation includes, but is not limited to, salary, wages, commissions, fees, stock options, bonuses.
- b. Use **Exhibit 4** to provide the information for *all employees* who earn *over \$100,000* in annual compensation from the applicant. Do not include those listed in Exhibit 2. Compensation includes, but is not limited to, salary, wages, commissions, fees, stock options, bonuses or other.

E.11 BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS

Use **Exhibit 5** to provide a description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans in existence or to be created. If the space provided in the Exhibit is insufficient to describe the plan, the Applicant may attach additional pages as necessary to describe each and every plan.

E.12 STOCK DESCRIPTION

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Use **Exhibit 6** to provide the nature, type and number of authorized and issued shares. Provide the terms, conditions, rights and privileges of all classes of voting, non-voting and other stocks issued or to be issued by the Applicant or a holding, intermediary, subsidiary, affiliate and any other type similar business entity of Applicants. This should include the number of shares of each class of stock authorized or to be authorized and the number of shares of each class of stock outstanding as of this date. If the right of holders of any class of stock may be modified by less than a majority or more of outstanding shares of the class affected, voting as a class, please state which class and explain briefly.

E.13 VOTING SHAREHOLDERS/ MEMBERS AND NON-VOTING SHAREHOLDERS/ MEMBERS (CORPORATION - C or S; LLS)

Use **Exhibit 7a** – Voting Shareholders/ Member and **Exhibit 7b** – Non-voting Shareholder/ Members to provide information on each person or entity holding of record or having a beneficial interest of 5% or more in any voting or non-voting stock issued by the Applicant as of the date of filing the Application.

- a. This requirement includes non-public holding entities.

E.14 INTEREST OF CURRENT/ FORMER PARTNERS (PARTNERSHIPS, LLPS AND LIMITED PARTNERSHIPS)

Use **Exhibit 8a** to list the Applicant’s Current Partners and **Exhibit 8b** for Former Partners (include all), the type of partnership, the percentage of ownership of each partner, date partner entered partnership and the description of participation in the operation by each partner. Only include information concerning former partners who left the partnership in the last Ten (10) years.

List and identify all current Partners first and list and identify all former Partners second.

E.15 HOLDER(S) AND EXTENT OF LONG TERM DEBT

Use **Exhibit 9** to list the holder(s) and to describe the nature, type, terms, covenants, conditions and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed (including loans made by shareholders), or to be issued or executed, by the Applicant or for Applicant and the holding, intermediary, subsidiary, affiliate and any other type similar business entity of Applicants, which mature more than one (1) year from the date of issuance or which, by their terms, are renewable for a period of more than one (1) year from the date of issuance.

E.16 HOLDER(S) AND TYPE OF OTHER INDEBTEDNESS AND SECURITY DEVICES

Use **Exhibit 10** to identify the holder(s) and describe the nature, type, terms, conditions and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by the Applicant other than those described in response to Exhibit 9 for Applicant and the holding, intermediary, subsidiary, affiliate and any other similar business entity of Applicants.

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IMPORTANT:

- a. Attach Description and Documentation as part of **Exhibit 10**. Submit documentation as described in **A.12** and **A.13**

E.17 SECURITY OPTIONS

Use **Exhibit 11** to provide detailed description of any options existing or to be created with respect to securities issued by the Applicant which description shall include, but not be limited to the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the year or years during which, and the terms under which, optioned became or will become, entitled to exercise the options, and when such options expire.

IMPORTANT:

Include with **Exhibit 11**, copies of any outstanding option plans or proxy statements that correspond to the requested information. Submit documentation as described in **A.12** and **A.13**

NOTE: For the purpose of this application, option shall mean *right, warrant or option to subscribe to or purchase any securities issued by the corporation.*

E.18 BENEFICIAL OWNERS OF OPTIONS

Use **Exhibit 12** to provide information regarding all persons holding the options described in **E.15**.

E.19 PRINCIPALS NOT YET DISCLOSED

Use **Exhibit 13** to provide all Principals not yet disclosed in this Application. Such Principals shall include both individuals and entities that have a five (5%) percent direct or indirect ownership interest in the Applicant or licensee.

E.20 FINANCIAL INSTITUTIONS

Use **Exhibit 14** to provide information with respect to each bank, savings and loan association or other financial institution, whether domestic or foreign, in which the applicant has or has had an account over the last ten (10) year period regardless of whether such account was held in the name of the Applicant, a nominee of the Applicant or was otherwise under the direct or indirect control of the Applicant.

E.21 CONTRACTS

Use **Exhibit 15** to provide information with respect to all contracts or Agreements, written or oral, that the Applicant has entered into. This includes all contracts or agreements of \$100,000 or more in value or from whom the corporation has received \$100,000 or more in goods or services in the past six months. Contracts or Agreements already furnished as part of this application do not need to be provided as part of this Exhibit.

E.22 APPLICANT STOCK HOLDINGS

Use **Exhibit 16** to provide information about each company in which the Applicant holds stock.

E.23

INSIDER TRANSACTIONS

Use **Exhibit 17** to provide information for each change that occurred within the last five (5) years, prior to this application, in the beneficial ownership of the equity securities of the Applicant on the part of any person who is indirectly or directly a beneficial owner of more than five percent (5%) of any class of an equity security of the Applicant or who is or was within that period a director or officer of the corporation. Include changes resulting from (a) gift, (b) purchase, (c) sale, (d) exercise of an option to purchase (e) exercise of an option to sell, (f) grant or receipt of a put or (g) grant or receipt of a call.

E.24

CRIMINAL HISTORY (Owner, Employee, Volunteer, Officer, or Director)

IMPORTANT:

The Bureau *will make inquiries* to establish whether the individuals and subsidiaries listed in this application have had any involvement with law enforcement agencies. Failure to disclose any such involvement will be taken into account when assessing the Applicant's character, honesty and integrity.

This section asks about any arrests, offenses or charges against the Applicant or any of its subsidiaries or any of its **Owner, Employee, Volunteer, Officer, or Director**.

Prior to answering this question, carefully review the DEFINITIONS and INSTRUCTIONS.

DEFINITIONS – For purposes of this section ONLY:

- A. **ARREST:** includes any time that you were stopped by any law enforcement officer and advised that you were under arrest, detained, held for questioning or were requested by a law enforcement officer to come to a law enforcement office or facility and answer questions. "Arrest" also includes any circumstances in which you were taken into custody by any law enforcement officer, fingerprinted, detained in any jail or detention center, or otherwise been the subject of a court order to appear in a judicial proceeding in which you were accused of a crime or offense as defined in subsection C.
- B. **CHARGE:** includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- C. **OFFENSE:** includes all felonies, misdemeanors, drug offenses and summary offenses that may have required you to appear before any municipal, state, or federal grand jury, court, or any other judicial tribunal except juvenile court. "Offense" also includes all driving-related charges or offenses which carry any period of incarceration.

INSTRUCTIONS

- 1) **Answer "Yes"** and provide *all* information to the best of your ability **EVEN IF:**
 - A. You did not commit the offense charged;
 - B. The charges were dismissed or downgraded to a lesser charge;
 - C. You completed a pretrial intervention or other rehabilitation or diversionary program;
 - D. You were not convicted;
 - E. You did not serve any time in a correctional facility;
 - F. The charges or offenses happened a long time ago; or
 - G. You were not arrested for the charge.
- 2) **Answer "No"** if:
 - A. You have never been charged with or arrested for any crime or offense;

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- B. You were arrested or charged when you were under eighteen (18) years of age and your arrest or charge, including any sentence that a court imposed, was adjudicated entirely in juvenile court;
- C. The records of the charge or arrest have been expunged pursuant to an order of court or otherwise sealed by a court of competent jurisdiction.

*** Question:**

Has the Applicant;

Have any of the Applicant's subsidiaries;

Have any of the Principal Employees, (**Investors, Agents, Owners, Managing Director, Directors, Partners, Officers, Trustees,**) ever been indicted, arrested, charged with, or convicted of, a criminal offense or been a party to or named as an unindicted conspirator in any criminal proceeding in this state or any other jurisdiction?

Yes No

If "Yes", use **Exhibit 18** to provide information concerning criminal history.

E.25 INVESTIGATIONS, TESTIMONY or POLYGRAPHS

a. Has the Applicant, any of its subsidiaries, principals, directors, partners, trustees or officers ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal national, etc.) other than in response to minor traffic related offenses?

Yes No

b. If "Yes", use **Exhibit 19** to describe the investigations, testimony or polygraphs.

E.26 EXISTING AND PAST LITIGATION

Use **Exhibit 20** to describe all existing civil litigation or any settled or closed legal action over the past three (3) years to which the Applicant, its parent, affiliate, holding or any subsidiary is or was a party whether in this state or in another jurisdiction. This description must include the title and docket number of the litigation, the name and location of the court before which it is pending, the identity of all parties to the litigation, the general nature of all claims being made and the nature of any judgments.

List most recent litigation first.

**E.27 ANTITRUST, TRADE REGULATION & SECURITIES
JUDGEMENT; STATUTORY AND REGULATORY VIOLATIONS**

a. Has the corporation ever had a judgment, order, consent decree or consent order pertaining to a violation or alleged violation of the federal antitrust, trade regulation or securities laws, or similar laws of any state, province or country entered against it?

Yes No

b. In the past ten years, has the corporation had a judgment, order, consent decree or consent order pertaining to any state or federal statute, regulation or code that resulted in a fine or penalty of \$10,000 or more entered against it?

Yes No

c. If "Yes", to either question, use **Exhibit 21** to provide the following information for each judgment, order, consent decree or consent order.

E.28 BANKRUPTCY OR INSOLVENCY PROCEEDINGS

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- a. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company had any petition under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it in the last ten year period?
 Yes No
- b. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law in the last ten year period?
 Yes No
- c. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last ten year period by a court for the business or property of the Applicant, or any affiliate, intermediary, subsidiary or holding companies?
 Yes No
- d. If “Yes”, to question ‘a’, ‘b’ or ‘c’, use **Exhibit 22** to provide detailed information for each bankruptcy or insolvency proceeding.

E.29

LICENSES

- a. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company ever **applied** in any jurisdiction, including but not limited to, any federal, state, local or Native American governments for a license, permit or other authorization to participate in growing, processing, or dispensing cannabis?
 Yes No
- b. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company ever had any license application, license, permit or other authorization issued by a government agency in this state or any other jurisdiction denied, suspended or revoked in last ten year period?
 Yes No
- c. If “Yes”, use **Exhibit 23** to provide the following information for each license application, license, permit or other authorization applied for and license or certificate denied, suspended or revoked.

E.30

CONTRIBUTIONS AND DISBURSEMENTS

- a. During the last ten year period, has the Applicant, or any affiliate, intermediary, subsidiary or holding company, director, officer, or employee or any third party acting for or on behalf of the corporation made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any employee, company or organization to obtain favorable treatment?
 Yes No
- b. Has the Applicant, or any affiliate, intermediary, subsidiary or holding company, director, officer or employee or any third party acting for or on behalf of the corporation made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any government official, domestic or foreign to obtain favorable treatment in the last ten year period?
 Yes No
- c. In the last ten (10) years, has Applicant, or any affiliate, intermediary, subsidiary or holding company maintained any bank account, domestic or foreign, not reflected on the Applicant’s books or records?
 Yes No

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- d. During the last ten year period, has the Applicant, or any affiliate, intermediary, subsidiary or holding company, maintained any numbered accounts or any account in the name of a nominee for the Applicant?
 Yes No
- e. If “Yes”, to question ‘a’, ‘b’, ‘c’ or ‘d’, use **Exhibit 24** to provide information for any present or former directors, officers, employees or third parties who would have knowledge or information concerning the questions above answered affirmatively.

E.31 APPLICANT’S FINANCIAL STATEMENTS

Submit the **two** most recent year’s financial statements for the Applicant, specifically ‘Balance Sheets’ and ‘Profit and Loss Statements’, in the manner described in **A.12** and **A.13**.

The files must be submitted as **separate** .pdf files, and should be labeled as:

- Exhibit 29a** (Balance Sheet #1);
Exhibit 29b (Balance Sheet #2);
Exhibit 29c (Profit and Loss Statement #1); and
Exhibit 29d (Profit and Loss Statement #2).

During the investigation to determine the Applicant’s financial stability, the Commission may require that additional financial documentation be submitted.

E.32 REQUEST FOR TRANSCRIPTS OF FEDERAL TAX RETURNS

The IRS Form 4506-T is required to be executed so that the Commission will be authorized to obtain independent verification of the Applicant’s filing of required federal tax returns.

The Applicant must submit 2 (two) original IRS Form 4506-T forms with the application packet. (During the course of the investigation, the Commission may need to request up to five years of returns, but the Form 4506-T only provides space to request four years, which creates a need for a second form to be completed and submitted).

Since the IRS updates the language on the Form 4506-T periodically, please check the upper left corner and determine if the revision date is current. If the enclosed form is no longer the most current, the Applicant is asked to retrieve an up-to-date version from the IRS website:

<https://www.irs.gov/Forms-&-Pubs>

On both copies of the Form 4506-T, the Applicant must complete lines 1 through 4; check the “Signatory declaration” block; sign the form; date the form; and enter a telephone number corresponding to line 1a.

Since the Commission will need to determine which tax returns will be necessary to complete the financial stability inquiries, the Applicant is requested to leave lines 6 through 9 blank. It is recommended that the Applicant contact the Commission if the Applicant has questions or concerns regarding the cautionary notes above line 6 and below line 9.

Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. Maryland Lottery & Gaming, Licensing Division, 1800 Washington Blvd., Suite 330, Baltimore MD 21230 (410) 230-8918	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

/	/	/	/
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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

Phone number of taxpayer on line 1a or 2a

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SECTION F - EXHIBITS

**Maryland Medical Cannabis Commission Grower Supplemental Application and
Disclosure Information Form**

Use this checklist to indicate with an “X” that the exhibit is attached with this application. All attachments are **mandatory**. If a question, exhibit or addendum is not applicable, indicate “**Not Applicable**” and **state why it is not applicable in the exhibit**. If any item is missing or not filed according to these directions, the application will be considered incomplete and will not be processed.

EXHIBIT NUMBER	EXHIBIT DESCRIPTION	PLACE X
None	Maryland SDAT “Certificate of Good Standing”	
None	Request for Transcript of Federal Income Tax Returns Form 4506-T	
1(a)	Incorporators/Founders	
1(b)	Other names in which the applicant has done business	
1(c)	Current Addresses the of Applicant	
1(d)	Previous addresses of the Applicant (Past 10 years)	
1(e)	All businesses operated by the Applicant	
1(f)	Holding, intermediaries, subsidiaries, affiliates or other business type entities	
2	Current Directors, Partners, Officers, Trustees	
3	Former Directors, Partners, Officers, Trustees	
4	Compensation over \$100,000	
5	Description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans	
6	Stock Description	
7(a)	Voting shareholders/Members	
7(b)	Non-voting shareholders	
8(a)	Interest of Current Partners	
8(b)	Interest of Former Partners	
9	Extent and Holders of Long Term Debt	
10	Holder and Type of Other indebtedness and security devices	
11	Securities options – description	
12	Beneficial Owners of securities options	
13	Principals not yet disclosed	
14	Financial institutions	
15	Contracts	
16	Applicant’s Stock Holdings	
17	Insider Transactions	
18	Criminal History	
19	Investigations, Testimony or Polygraphs	
20	Existing and Past Litigation	
21	Antitrust, trade regulations and securities judgments; statutory and regulatory violations	
22	Bankruptcy or insolvency proceedings	
23	Licenses	
24	Contributions and Disbursements	
25	Required attachments - explanations	
26	Authorization for Release of Information	
27	Affidavit of Representative of Manufacturer	

**Maryland Medical Cannabis Commission
Supplemental Grower License Application**

28	Acknowledgement and Disclosure	
None	Appendices	

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**Maryland Medical Cannabis Commission
Cannabis Grower License Supplemental Application MMCC Form – 100(8/16)**

EXHIBIT 1(a): INCORPORATORS/FOUNDERS

Provide the Applicant's Incorporators/Founders. (Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.)

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)
Occupation	Title		
Address Line 1	Address Line 2		
City	State/Province	Postal Code	
Country	email address	Phone number	

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)
Occupation	Title		
Address Line 1	Address Line 2		
City	State/Province	Postal Code	
Country	email address	Phone number	

Note: Attach additional copies of Exhibit pages as needed

Maryland Medical Cannabis Commission

Cannabis Grower License Supplemental Application MMCC Form – 100(8/16)

EXHIBIT 1(b):

OTHER NAMES IN WHICH APPLICANT HAS DONE BUSINESS

List all other names in which the Applicant has done business and give the approximate time periods during which these names were being used. (Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.)

NAME	FULL ADDRESS	FROM (MM/YYYY)	TO (MM/YYYY)

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 1(c):

CURRENT ADDRESSES OF APPLICANT

Maryland Medical Cannabis Commission

Cannabis Grower License Supplemental Application MMCC Form – 100(8/16)

Provide all the current addresses of the Applicant and all current addresses from which the Applicant is doing business. (Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.)

Describe the Applicant’s use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing <input type="checkbox"/> Residential <input type="checkbox"/> Corporate <input type="checkbox"/> Production <input type="checkbox"/> Development / Testing <input type="checkbox"/> Warehouse / Storage <input type="checkbox"/> Distribution		
<input type="checkbox"/> Other (Describe) _____		
Address Line 1	Address Line 2	
City	State/Province	Postal Code
Country	email address	Phone number

Describe the Applicant’s use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing <input type="checkbox"/> Residential <input type="checkbox"/> Corporate <input type="checkbox"/> Production <input type="checkbox"/> Development / Testing <input type="checkbox"/> Warehouse / Storage <input type="checkbox"/> Distribution		
<input type="checkbox"/> Other (Describe) _____		
Address Line 1	Address Line 1	
City	City	City
Country	Country	Country

Describe the Applicant’s use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing <input type="checkbox"/> Residential <input type="checkbox"/> Corporate <input type="checkbox"/> Production <input type="checkbox"/> Development / Testing <input type="checkbox"/> Warehouse / Storage <input type="checkbox"/> Distribution		
<input type="checkbox"/> Other (Describe) _____		
Address Line 1	Address Line 1	
City	City	City
Country	Country	Country

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 1(d):

PREVIOUS ADDRESSES OF APPLICANT

Maryland Medical Cannabis Commission

Cannabis Grower License Supplemental Application MMCC Form – 100(8/16)

Provide all the previous addresses of the Applicant and all previous addresses from which the Applicant has done business during the last 10 years. (Note: If a Sole Proprietorship, provide the appropriate information on the Exhibits.)

Describe the Applicant's use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing	<input type="checkbox"/> Residential	<input type="checkbox"/> Corporate
<input type="checkbox"/> Production	<input type="checkbox"/> Development / Testing	<input type="checkbox"/> Warehouse / storage
<input type="checkbox"/> Distribution	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe) _____		
Address Line 1	Address Line 2	
City	State/Province	Postal Code
Country	email address	Phone number

Describe the Applicant's use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing	<input type="checkbox"/> Residential	<input type="checkbox"/> Corporate
<input type="checkbox"/> Production	<input type="checkbox"/> Development / Testing	<input type="checkbox"/> Warehouse / storage
<input type="checkbox"/> Distribution	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe) _____		
Address Line 1	Address Line 1	
City	City	City
Country	Country	Country

Describe the Applicant's use of this address: (check all that apply to this address)		
<input type="checkbox"/> Mailing	<input type="checkbox"/> Residential	<input type="checkbox"/> Corporate
<input type="checkbox"/> Production	<input type="checkbox"/> Development / Testing	<input type="checkbox"/> Warehouse / storage
<input type="checkbox"/> Distribution	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe) _____		
Address Line 1	Address Line 1	
City	City	City
Country	Country	Country

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 1(e):

ALL BUSINESSES OPERATED BY THE APPLICANT

Maryland Medical Cannabis Commission

Cannabis Grower License Supplemental Application MMCC Form – 100(8/16)

Provide a description of all businesses presently operated or intended to be operated by the Applicant and all former businesses operated by the Applicant in the past ten (10) years.

Name of Business		Operated From Date/To Date	Federal Identification Number/ Social Security Number/ Tax Identification Number	
Address Line 1		Address Line 2		
City		State/Province	City	
Country	email address	Contact Person	Contact Number	
Description of the business and business activities				

Name of Business		Operated From Date/To Date	Federal Identification Number/Social Security Number/Tax Identification Number	
Address Line 1		Address Line 2		
City		State/Province	City	
Country	email address	Contact Person	Contact Number	
Description of the business and business activities				

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 1(f): ALL HOLDING, INTERMEDIARIES, SUBSIDIARIES, AFFILIATES OR OTHER BUSINESS TYPE ENTITIES

Maryland Medical Cannabis Commission

Cannabis Grower License Supplemental Application MMCC Form – 100(8/16)

List the names, all addresses used in the last ten (10) years, the form of organization and a description of the business performed by all holding, intermediary, subsidiary, affiliate and any other similar business entity of the Applicant. Do not provide those already listed in Exhibit 1(e).

Name of Business	Operated From Date/To Date
State if Holding, Intermediary, Subsidiary, Affiliate or other (if other, state type of business)	Federal Identification Number/Social Security Number/Tax Identification Number

Address last 10 years

Address	City	State	Postal Code	Contact Number

Description and Activities of Business

Forms of Organization (Check One)

- Sole Proprietorship
 Partnership
 Limited Partnership
 C-Corporation
 Limited Liability Company
 S-Corporation
 Trust
 Other (Describe) _____

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 2: CURRENT DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES

Maryland Medical Cannabis Commission

Cannabis Grower License Supplemental Application MMCC Form – 100(8/16)

Provide information for each Director, Partner, Officer and Trustee of the applicant. Include any Grantors or Beneficiaries of a Trust who is required to be licensed as a Principal as defined in this application.

Name, Home Address & Business Address of Director, Partner, Officer or Trustee				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City		State/Province	Postal Code	
Country		email address	Contact number	
Business Address Line 1		Business Address Line 2		
City		State/Province	Postal Code	
Country		Business email address	Business Contact number	

Title/Position Held, Dates, Compensation (List Current Position first, then work backward)			
Title/Position	From Date/To Date	Annual Compensation	Structure of Compensation (i.e. Salary, wages, bonus, fees, commission etc.)

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 3: FORMER DIRECTORS, PARTNERS, OFFICERS AND TRUSTEES

Provide the following information for all Directors, Partners, Officers and Trustees who are no longer actively involved with the Applicant but held the position in the last ten (10) years.

**Maryland Medical Cannabis Commission
Cannabis Grower License Supplemental Application MMCC Form – 100(8/16)**

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province	Postal Code		
Country	email address	Contact number		
Business Address Line 1		Business Address Line 2		
City	State/Province	Postal Code		
Country	Business email address	Business Contact number		

Title/Position Held, Dates, Compensation (List Current Position first, then work backward)

Title/Position	From Date/To Date	Annual Compensation & Value	Structure of Compensation (i.e. Salary, wages, bonus, fees, commission etc.)

Note: Attach additional copies of Exhibit pages as needed

Exhibit 5: BONUS, PROFIT SHARING, PENSION, RETIREMENT, DEFERRED COMPENSATION & SIMILAR PLANS

Provide a description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans in existence or to be created. If the space provided in the Exhibit is insufficient to describe the plan, the Applicant may attach additional pages as necessary to describe each and every plan.

Plan

**Maryland Medical Cannabis Commission
Cannabis Grower License Supplemental Application MMCC Form – 100(8/16)**

Name of Plan			
Trustee Name			
Address Line 1		Address Line 2	
City		State	Postal Code
Country	Email address		Contact Number

Plan Specifications

Material Specifications of Plan		
Method of Financing Plan		
Class of Person in Plan	Number of Individuals in each Class	Amount Distributed to Each Class during the Last Fiscal Year Plan was in Effect

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 6: STOCK DESCRIPTION (Corporations - C & S; LLC's)

Provide the nature, type and number of authorized and issued shares. Provide the terms, conditions, rights and privileges of all classes of voting, non-voting and other stocks issued or to be issued by the Applicant or a holding, intermediary, subsidiary, affiliate and any other type similar business entity of Applicants. This should include the number of shares of each class of stock authorized or to be authorized and the number of shares of each class of stock outstanding as of this date. If the right of holders of any class of stock may be modified by less than a majority or more of outstanding shares of the class affected, voting as a class, please state which class and explain briefly.

**Maryland Medical Cannabis Commission
Cannabis Grower License Supplemental Application MMCC Form – 100(8/16)**

Home Address Line 1		Home Address Line 2	
City	State/Province	Postal Code	
Country	email address	Contact number	
Business Address Line 1		Business Address Line 2	
City	State/Province	Postal Code	
Country	Business email address	Business Contact number	

Stock Types/Classes

Stock Type/Class	Number of shares held	Acquisition Date	% of outstanding shares held	Term, Conditions, Rights etc. of Stock

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 7b:

NON-VOTING SHAREHOLDERS

Provide information on each person or entity holding of record or having a beneficial interest of 5% or more in any non-voting stock issued by the Applicant as of the date of filing the Application.

Name, Home Address & Business Address

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
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**Maryland Medical Cannabis Commission
Cannabis Grower License Supplemental Application MMCC Form – 100(8/16)**

Home Address Line 1		Home Address Line 2	
City	State/Province	Postal Code	
Country	email address	Contact number	
Business Address Line 1		Business Address Line 2	
City	State/Province	Postal Code	
Country	Business email address	Business Contact number	

Partner Type (place X next to type of Partner)	% of Ownership in Applicant	Date Acquired interest	Please explain participation in Applicant's business, if any
<input type="checkbox"/> Full/General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Dormant/Silent Partner <input type="checkbox"/> Nominal Partner ___ other: _____			

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 8b: INTEREST OF FORMER PARTNERS

List all Former Partners. List the type of partnership, the percentage of ownership of each partner, date partner entered partnership and the description of participation in the operation by each partner. Only include information concerning former partners who left the partnership in the last Ten (10) years.

Name, Home Address & Business Address				
Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth

**Maryland Medical Cannabis Commission
Cannabis Grower License Supplemental Application MMCC Form – 100(8/16)**

Home Address Line 1		Home Address Line 2	
City	State/Province	Postal Code	
Country	email address	Contact number	
Business Address Line 1		Business Address Line 2	
City	State/Province	Postal Code	
Country	Business email address	Business Contact number	

Partner Type (place X next to type of Partner)	% of Ownership in Applicant	Held interest To/From	Please explain participation in Applicant's business, if any	Reason for Leaving
<input type="checkbox"/> Full/General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Dormant/Silent etc. Partner <input type="checkbox"/> Nominal Partner <input type="checkbox"/> other: _____				

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 9: EXTENT AND HOLDER OF LONG TERM DEBT

List the holder(s) and to describe the nature, type, terms, covenants, conditions and priorities of all outstanding bonds, loans, mortgages, trust deeds, notes, debentures or other forms of indebtedness issued or executed (including loans made by shareholders), or to be issued or executed, by the Applicant or for Applicant and the holding, intermediary, subsidiary, affiliate and any other type similar business entity of Applicants, which mature more than one (1) year from the date of issuance or which, by their terms, are renewable for a period of more than one (1) year from the date of issuance.

Type of instrument (Place X next to type)	Dated Issued	Repayment Due Date	Principal Amount	Interest Rate	Renewable or Non-Renewable (State One)
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**Maryland Medical Cannabis Commission
Cannabis Grower License Supplemental Application MMCC Form – 100(8/16)**

- Bond
- Note
- Loan
- Credit line
- Mortgage
- Trust Deed
- Debenture
- Shareholder/Partner Loan
- other _____

Explain type, class, terms, conditions and priorities etc. for the debt instrument

Name and Address of Person Holding Debt

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province		Postal Code	
Country	email address	Contact number		
Current balance of this debt				

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 10: HOLDER AND TYPE OF OTHER INDEBTEDNESS AND SECURITY DEVICES

Identify the holder(s) and describe the nature, type, terms, conditions and covenants of all outstanding loans, mortgages, trust deeds, pledges, lines of credit, or other evidence of indebtedness or security devices utilized by the Applicant other than those described in response to Exhibit 9 for Applicant and the holding, intermediary, subsidiary, affiliate and any other similar business entity of Applicants.

Type of Instrument	Dated Issued	Repayment Due Date	Principal Amount	Interest Rate	Renewable or Non-Renewable(State One)
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**Maryland Medical Cannabis Commission
Cannabis Grower License Supplemental Application MMCC Form – 100(8/16)**

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Explain type, class, terms, conditions and priorities etc. for the debt instrument

Name and Address of Person Holding Debt

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Home Address Line 1		Home Address Line 2		
City	State/Province		Postal Code	
Country	email address		Contact number	
Current balance of this debt				

EXHIBIT 11:

SECURITIES OPTIONS – DESCRIPTION

Provide detailed description of any options existing or to be created with respect to securities issued by the Applicant which description shall include, but not be limited to the title and amount of securities subject to option, the year or years during which the options were or will be granted, the conditions under which the options were or will be granted, the consideration for granting the option and the year or years during which, and the terms under which, optioned became or will become, entitled to exercise the options, and when such options expire.

**Maryland Medical Cannabis Commission
Cannabis Grower License Supplemental Application MMCC Form – 100(8/16)**

Name of Institution		Federal Identification Number
Address Line 1	Address Line 2	
City	State/Province	City
Country	email address	Contact Number

Accounts at the Financial Institution

Account Number	Account Type	Purpose of Account	Purpose of Closing	Date Opened and Closed

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 15:

CONTRACTS

Provide information with respect to all contracts or Agreements, written or oral, that the Applicant has entered into. This includes all contracts or agreements of \$100,000 or more in value or from whom the corporation has received \$100,000 or more in goods or services in the past six months. Contracts or Agreements already furnished as part of this application do not need to be provided as part of this Exhibit.

**Maryland Medical Cannabis Commission
Cannabis Grower License Supplemental Application MMCC Form – 100(8/16)**

NAME OF CASE AND DOCKET NUMBER	NATURE OF CHARGE OR COMPLAINT	DATE OF CHARGE OR COMPLAINT	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITON (ACQUITTED, CONVICTED, DISMISSED, ETC.)	SENTENCE	DIRECTOR, PARTNER, OFFICER OR TRUSTEE

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 19: INVESTIGATIONS, TESTIMONY OR POLYGRAPHS

Has the Applicant, any of its subsidiaries, principals, directors, partners, trustees or officers ever been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury or investigatory body (municipal, state, county, provincial, federal national, etc.) other than in response to minor traffic related offenses?

**Maryland Medical Cannabis Commission
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Name of case and docket number	Name and address of law court involved in litigation	Name of all parties involved in litigation	Nature of Claim(s) and judgment (if judgment has been rendered)

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 21: ANTITRUST, TRADE REGULATION AND SECURITIES JUDGMENTS; STATUTORY AND REGULATORY VIOLATIONS

Has the corporation ever had a judgment, order, consent decree or consent order pertaining to a violation or alleged violation of the federal antitrust, trade regulation or securities laws, or similar laws of any state, province or country entered against it?

In the past ten years, has the corporation had a judgment, order, consent decree or consent order pertaining to any state or federal statute, regulation or code that resulted in a fine or penalty of \$10,000 or more entered against it?

**Maryland Medical Cannabis Commission
Cannabis Grower License Supplemental Application MMCC Form – 100(8/16)**

Title Or Case And Docket Number	Name And Address Of Court Or Agency	Date Of Offense
Nature Of Offense		
Disposition of Action		
Nature Of Judgment, Decree Or Order		

Title Or Case And Docket Number	Name And Address Of Court Or Agency	Date Of Offense
Nature Of Offense		
Disposition		
Nature Of Judgment, Decree Or Order		

Note: Attach additional copies of Exhibit pages as needed

Maryland Medical Cannabis Commission

Cannabis Grower License Supplemental Application MMCC Form – 100(8/16)

EXHIBIT 23:

LICENSES (Medical Cannabis Grower License)

Has the Applicant, or any affiliate, intermediary, subsidiary or holding company ever applied in any jurisdiction, including but not limited to, any federal, state, local or Native American governments for a license, permit or other authorization to participate in lawful growing, processing and dispensary operations, etc.)?
Has the Applicant, or any affiliate, intermediary, subsidiary or holding company ever had any license application, license, permit or other authorization issued by a government agency in this state or any other jurisdiction denied, suspended or revoked in last ten year period?

Type Of License Or Permit	Name And Location Of Governmental Agency	Application Number	Disposition (i.e. Granted, Denied, Pending, Expired, Suspended, Revoked Withdrawn etc.)	Disposition Date	If Issued, Give Appropriate License, Permit Or Other Such Number And Expiration Date. If Denied, Pending, Expired, Suspended, Conditioned, Withdrawn Or Revoked, Provide Why

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 24:

CONTRIBUTIONS AND DISBURSEMENTS

**Maryland Medical Cannabis Commission
Cannabis Grower License Supplemental Application MMCC Form – 100(8/16)**

During the last ten year period, has the Applicant, or any affiliate, intermediary, subsidiary or holding company, director, officer, or employee or any third party acting for or on behalf of the corporation made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any employee, company or organization to obtain favorable treatment?

Has the Applicant, or any affiliate, intermediary, subsidiary or holding company, director, officer or employee or any third party acting for or on behalf of the corporation made any bribes or kickbacks or made any payments alleged to have been bribes or kickbacks to any government official, domestic or foreign to obtain favorable treatment in the last ten year period?

In the last ten (10) years, has Applicant, or any affiliate, intermediary, subsidiary or holding company maintained any bank account, domestic or foreign, not reflected on the Applicant’s books or records?

During the last ten year period, has the Applicant, or any affiliate, intermediary, subsidiary or holding company, maintained any numbered accounts or any account in the name of a nominee for the Applicant?

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Entity Name				
Address Line 1		Address Line 2		
City	State/Province	Postal Code		
Country	email address	Contact number		

Last Name	First Name	Middle Name	Suffix (Jr., Sr., etc.)	Date of Birth
Entity Name				
Address Line 1		Address Line 2		
City	State/Province	Postal Code		
Country	email address	Contact number		

Note: Attach additional copies of Exhibit pages as needed

EXHIBIT 25:

REQUIRED ATTACHMENTS - EXPLANATIONS



LARRY HOGAN
Governor

BOYD K. RUTHERFORD
Lieutenant Governor

DAVID R. BRINKLEY
Secretary

MARC L. NICOLE
Deputy Secretary

**EXHIBIT 26
AUTHORIZATION FOR RELEASE OF INFORMATION**

TO: _____

FROM:

(Printed Name of Applicant Entity)

I am the authorized representative of an Applicant for a Maryland Medical Cannabis Grower License in the State of Maryland.

The Maryland Medical Cannabis Commission (“Commission”) is required by law to conduct an investigation of an applicant for a Maryland Medical Cannabis License. That investigation requires the Commission to collect and evaluate information about the entity that I represent. On behalf of the entity, I irrevocably give consent to the Commission, and persons authorized by the Commission, to: (1) verify all information provided in the license application documents; (2) conduct a background investigation of the entity; and to have access to any and all information that the entity has provided to any other jurisdiction seeking a similar license in that jurisdiction, as well as the information obtained by that other jurisdiction during the course of any investigation that it may have conducted about the entity.

By executing this Authorization, I authorize any of the following entities to release to the Commission any and all information about the entity that the Commission requests: local, State or federal government unit; commercial or business enterprise; non-profit entity; individual; or any other public or private entity. The requested information may be released in written, verbal, electronic, or any other form.

With respect to any claims or liability arising from the release of the requested information to the Commission, on behalf of the entity, I expressly waive, release, discharge and forever hold harmless and agree to indemnify, the unit, entity, or individual that releases information to the Commission under the authority of this Authorization. Photo, facsimile, or electronic copy of this signed and dated Authorization shall be equally effective as an original.

Signature of Individual Completing Form Date

Printed Name Title

NOTARY PUBLIC

The undersigned, a Notary Public in and for the County of _____, in the State of _____, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This _____ day of _____, 20____, and to which witness my hand and seal.

Notary Public

Stamp or Seal

Printed Name

My commission expires _____,

20_____

**EXHIBIT 27
AFFIDAVIT OF REPRESENTATIVE OF APPLICANT**

I, _____ (printed name), am authorized to complete and execute this Maryland Medical Cannabis License Application on behalf of _____ (printed name of Applicant). I am also authorized to provide all of the information requested on this Form to the Maryland Medical Cannabis Commission, its employees, agents, and vendors (collectively, "the Commission"), and to make the representations set forth in this Affidavit.

I have read, and understand, every page of this Application. To the best of my knowledge, information, and belief, the information that I have provided on, or attached to, this Application is accurate, complete, and not misleading. I understand that any misrepresentation or omission may lead to the delay or denial of an application for a license, or may result in the Commission imposing sanctions against the Applicant, up to and including revocation of its license if it has been awarded or issued a license. I understand that any misrepresentation or omission on this Application may also subject me, or the manufacturer that I represent, to civil or criminal liability. I understand and acknowledge that the manufacturer has an ongoing duty to promptly notify the Commission if any information it provides the Commission changes.

By a separate Authorization for Release of Information, I am authorizing any entity or individual that has information about the Applicant that I represent, to release that information to the Commission for purposes of its investigation of an applicant for a Maryland Medical Cannabis Grower License. .

On behalf of the Applicant and its successors and assigns, I expressly waive, release, discharge, and forever hold harmless and agree to indemnify, the Commission, the State of Maryland, and their employees, agents, and representatives, from liability for any and all claims or legal action arising from any actions that the Commission or the State of Maryland may take related to the collection of information from the Applicant and the use of that information in connection with investigating an Institutional Investor.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

PRINTED NAME OF AUTHORIZED REPRESENTATIVE

TITLE

NOTARY PUBLIC

The undersigned, a Notary Public in and for the County of _____, in the State of _____, certifies that the above named individual appeared in person, and before me, either known to me or satisfactorily proven to be the individual whose name subscribed to the within instrument and signed the Authorization and Notification.

This _____ day of _____, 20_____, and to which witness my hand and seal.

Notary Public

Stamp or Seal

Printed Name

My commission expires _____,

20_____

APPENDICES

Attachments are appendices you are to provide or create. Attachments do not contain corresponding questions, exhibits or charts. Each document provided as an attachment must be presented in the same order as listed below provided to the Commission in the manner described above in **A.12** and **A.13** (separated, secure and labeled).

If an attachment is not applicable to the applicant, indicate “**N/A**”, then use **Exhibit 25** to explain why it is not applicable. All information shall be provided **in addition** to the exhibits that are to be submitted.

Appendix	Appendix Description	X IF ATTACHED (ALL FORMS ARE MANDATORY)
1	Description of all bonus, profit sharing, pension, retirement, deferred compensation and similar plans.	
2	Description of long term debt for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants. Provide this information in addition to both Exhibit 9 & 10 .	
3	Description of other indebtedness and security devices for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants. Provide this information in addition to both Exhibit 11 & 12 .	
4	Description of Security Options for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants. Provide this information in addition to both Exhibit 13 & 14 .	
5	Description of Existing Litigation. Description of any settled or closed litigation against the Applicant for the past three (3) years. Also describe any existing or settled or closed litigation for the past three (3) years for any holding, intermediary, subsidiary or affiliate. A description of any judgments against Applicant, holding, intermediary, subsidiary or affiliate for the past five (5) years. Describe if any judgments were covered by insurance and if so the insurance company. Provide this information in addition to both Exhibits 20 & 22 .	
6	Audited financial statements for the last five years for Applicant and Applicant’s holding, intermediary, subsidiary, affiliate and any other type of business entity, including the last fiscal year. If audited financial statement do not exist, then provide unaudited financial statements.	
7	Annual reports for the last five years for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants.	
8	Annual reports prepared on the SEC’s form 10K for the last 5 years.	
9	A copy of the last quarterly unaudited financial statement for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants.	
10	Copy of any interim report for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants.	
11	A copy of the last definitive proxy or information statement (SEC).	
12	A copy of all registration statements for the last five years filed in accordance with the Securities Act of 1933.	
13	Copies of all other reports prepared in the last five years by independent auditors for the Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants.	
14	Certified copies of the Articles of Incorporation, Charter and By-laws, and all amendments and proposed amendments for Applicant and for the holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicants.	
15	Current ownership table of organization for the Applicant.	
16	Current organizational chart for all holding, intermediaries, subsidiaries, affiliates or any other type of business entity of the Applicant.	

17	Functional table of organization for the Applicant filing this form, job descriptions and names of employees earning in excess of \$100,000.	
18	Copies of 1120 forms and 941 forms filed with the IRS in the last five years.	
19	Copies of IRS 5500 form filed in the last 5 years.	
20	If Applicant or a holding, intermediary, subsidiary, affiliate and any other type of business entity of Applicant has held a gaming license in another jurisdiction, provide a letter of reference from the gaming or casino enforcement or regulatory agency with the Applicant, specifying the experiences of the agency with the Applicant, the Applicant's associates and the Applicant's gaming operation.	
21	Provide a chart of existing vendors including the name, address, phone and tax identification number of the vendor, type of good and/or services provided by the vendor, total amount of business with vendor in the past twenty four (24) months.	
22	Details of planned, committed and un-committed future capital expenditures.	
23	Schedule of insurance policies currently in effect, including deductibles and policy limits, and any self-insurance retentions.	
24	Along with the description provided in Exhibit 22 , provide the nature and results of any other material reorganization, readjustment or success of the applicant, holding, intermediary, subsidiary or affiliate. Also describe the acquisition or disposition of any material amount of assets otherwise than in the normal course of business and any material change in the way business was conducted by the applicant, holding, intermediary, subsidiary or affiliate because of such a proceeding.	