



Bureau of Medical Marijuana

Change in Ownership of a Medical Marijuana Organization 28 Pa. Code § 1141a.39

This Change in Ownership of a Medical Marijuana Organization (CHOW) Submission, referred herein as “CHOW Submission,” must be submitted by a medical marijuana organization with an impending change in ownership involving a change in control of the medical marijuana organization from the ownership listed in the initial permit application or renewal permit application. *See* 28 Pa. Code § 1141a.39. For each person that is part of the proposed change in ownership, the medical marijuana organization (MMO) must include all of the information required under § 1141a.29 (relating to initial permit application) for the persons listed in those capacities. *See* 28 Pa. Code § 1141a.39(c). Therefore, while the Bureau of Medical Marijuana (Bureau) does not give a formal approval of a change in ownership, all underlying information must be reported.

Important Notice: in the event a change of ownership in the medical marijuana organization occurred as a result of legal proceedings, this CHOW Submission must be submitted by new ownership within five (5) business days of receiving legal ownership through the courts.

I. General Instructions

The Bureau requires knowledge of all impending change(s) in ownership of a MMO, voluntary or involuntary, from the ownership listed in the initial permit application or renewal application for proper oversight and to ensure that the change in control in ownership of a MMO does not affect the MMO’s ability to be ready, willing, and able to properly carry on the activity for which a permit was granted.

A MMO’s change in ownership will not be considered complete by the Bureau until this CHOW Submission and the corresponding fee are submitted. *See* 28 Pa. Code § 1141a.39(a) and (b).

A change in ownership of a MMO that occurs without the Bureau’s knowledge of all individuals affiliating with the MMO is a violation of the act and this part. *See* 28 Pa. Code § 1141a.39(d).

Fees

Pursuant to 28 Pa. Code § 1141a.28(c), a **\$250** fee in the form of a certified check or money order must be enclosed in an envelope with the CHOW Submission. The check or money order should be made out to “Commonwealth of Pennsylvania.”

Submitting your Request

A CHOW Submission is required for each legally, distinct permittee with an impending change in ownership.

A single CHOW Submission is permitted for multiple permits only if the permittee is an entity that was issued more than one permit, the Bureau considers it to be vertically integrated, and the

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current and impending ownership information requested, including affiliations and ownership interests, are all universally the same. If the current or impending ownership information being requested are different, for any reason, a separate CHOW Submission is required. The following permittees are considered to be vertically integrated by the Bureau:

- A clinical registrant with a Ch. 20 grower/processor permit and a Ch. 20 dispensary permit.
- A person who applied for and was issued a Ch. 6 grower/processor permit and a Ch. 6 dispensary permit. 35 P.S. § 10231.616(5).
- An independent grower/processor with a dispensary permit.
- An independent dispensary with a grower/processor permit.

A single CHOW Submission is permitted for a permittee who applied for and was issued up to five individual Ch. 6 dispensary permits, pursuant to 35 P.S. § 10231.616(3), only if the current and impending ownership information requested are all universally the same. Otherwise, each permit requires a separate CHOW Submissions.

All sections of the CHOW Submission must be completed. If a section is unapplicable, such as the “Forced Change in Ownership,” please place “N/A.” All sections must be saved as a PDF file on a single USB drive in accordance with the following file naming format: [Name on permit]_[Name of document]_CHOW Submission.

Send the CHOW Submission package, **along with the required fee**, to the following address:

PA Department of Health
Bureau of Medical Marijuana
ATTN: CHOW Submission
Health & Welfare Building, Room 825
625 Forster Street
Harrisburg, PA 17120

Please ensure the CHOW is properly signed and dated. A signature may be scanned and provided electronically in a PDF file for documents that do not require notarization.

Consent to Investigation, Background Checks, and Tax Clearances

By submitting this CHOW:

1. The persons identified in this pending change in ownership consent to any investigation of their ability to meet the requirements under the Medical Marijuana Act (Act) and regulations.
2. The persons identified in this pending change in ownership will complete the required federal background check process.

3. The persons identified in this pending change in ownership authorize the review of their tax records.

Disclosure of Information

CHOW Submissions, including all attachments, are public records subject to disclosure under the Right-to-Know Law (RTKL), 65 P.S. §§ 67.101-67.3104. Accordingly, it is the responsibility of the MMO to mark any trade secret or confidential proprietary information or other information that may be exempt under RTKL. If the CHOW Submission includes information exempt from disclosure under RTKL, a separate redacted version must also be submitted in an electronic format. Any proposed redactions should be BLACK on WHITE background, marked “RTKL [insert RTKL exemption number],” and only cover the exempt material. Section headings and content descriptors on the CHOW Submission and attachments must remain exposed.

Definitions

The CHOW Submission uses the definitions found in the regulations at 28 Pa. Code 1141a.22, and includes the following here for your reference:

Change in ownership – The addition or removal of a principal, operator or financial backer or a change in control of a medical marijuana organization after the Department approves an initial permit application or a permit renewal application.

Change in control – The acquisition by a person or group of persons acting in concert of a controlling interest in an applicant or permittee either all at one time or over the span of a 12-consecutive-month period.

Controlling interest -

- (i) For a publicly traded entity, voting rights that entitle a person to elect or appoint one or more of the members of the board of directors or other governing board or the ownership or beneficial holding of 5% or more of the securities of the publicly traded entity.
- (ii) For a privately held entity, the ownership of any security in the entity.

Notice of affiliation denial

As part of this CHOW Submission, each person that is part of the proposed change in ownership must meet the affiliation requirements. A financial backer, principal, or operator may not hold a volunteer position, position for remuneration or otherwise be affiliated with a MMO or a clinical registrant if the individual has been convicted for the criminal charges outlined in 35 P.S. § 10231.614 and 28 Pa. Code § 1141a.31(d). If the Bureau determines that the individual is prohibited from affiliating with the MMO, the Bureau will notify the MMO’s contact listed in this CHOW Submission. The denial of the affiliation will need to be addressed by the MMO and the Bureau does not assume responsibility for any adverse loss that may result from an affiliation denial.

If a principal, operator, or financial backer is a legal business entity.

Please note that if a principal, operator, or financial backer of a MMO is a legal business entity, each principal of that legal business entity may need to provide information and/or materials in lieu of the legal business entity itself. Please read this CHOW Submission carefully to ensure that the appropriate persons are providing the correct information or materials as instructed.

Auction notices and advertisements.

Please note that the Medical Marijuana Act and regulations prohibit the sale of the medical marijuana permit or of inventory of medical marijuana plants, postharvest plant material, medical marijuana products, or seeds, except as part of a Department-approved closure plan. MMOs are prohibited from advertising medical marijuana permits or inventory for sale, and from placing any notice of sale. An MMO that becomes aware that a creditor intends to attempt a sale of a permit or inventory via public auction, including having placed advertisements in newspapers or on social media, should report to the Department upon becoming aware pursuant to 28 Pa. Code § 1141a.38. Please be warned that the attempted sale of permits or inventory via public auctions, including the placement of related advertisements to the general public, creates an unnecessary diversion risk at the facility location.

II. Change in Ownership of a Medical Marijuana Organization (MMO) **Submission**

Section 1: Business Contact Information

Business Contact Information	
CHOW Submission Date:	
Business Contact Name:	
Business Contact Phone:	Business Contact Email:
If this CHOW Submission is for a forced change in ownership, please provide a primary contact, who is an individual that is readily available to discuss this CHOW Submission and is being affiliated:	
Primary Contact Name:	
Primary Contact Phone:	Primary Contact Email:

Section 2: Permittee Identification Information

If a separate CHOW Submission is being submitted by a permittee that was issued more than one permit because the current or impending ownership information being requested are different, complete the first section below and check either “grower/processor” or “dispensary” for the permit type.

MMO Submitting CHOW	
If the CHOW is for one permit type, complete this section:	
Permit Type (choose one): <input type="checkbox"/> Grower/Processor <input type="checkbox"/> Dispensary	
Permittee Name (full legal name):	Permit Number:
Other trade names and DBA (doing business as) names:	Entity Type: <input type="checkbox"/> Public <input type="checkbox"/> Private
Grower/Processor Facility Address:	Region:
Dispensary Facility Primary Location Address:	Region:
If the CHOW is for one of the below permittee types AND the current and impending ownership information is universally the same, complete this section:	
Permittee Type (choose one): <input type="checkbox"/> Ch. 20 Clinical Registrant	

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<input type="checkbox"/> Person issued a Ch. 6 Grower/Processor Permit <u>AND</u> Ch. 6 Dispensary Permit		
<input type="checkbox"/> Independent Grower/Processor with a Dispensary Permit		
<input type="checkbox"/> Independent Dispensary with a Grower/Processor Permit		
Permittee Name (full legal name):		Entity Type: <input type="checkbox"/> Public <input type="checkbox"/> Private
Other trade names and DBA (doing business as) names:	G/P Permit #:	D Permit #:
Grower/Processor Facility Address:		Region:
Dispensary Facility Primary Address:		Region:
If the CHOW is for the below permittee type AND the current and impending ownership information is universally the same, complete this section:		
Permittee Type:		
<input type="checkbox"/> Person issued up to five individual Ch. 6 Dispensary Permits		
Permittee Name (full legal name):		
Other trade names and DBA (doing business as) names:		Entity Type: <input type="checkbox"/> Public <input type="checkbox"/> Private
1. Dispensary Facility Primary Address:	Permit Number	Region:
2. Dispensary Facility Primary Address:	Permit Number	Region:
3. Dispensary Facility Primary Address:	Permit Number	Region:
4. Dispensary Facility Primary Address:	Permit Number	Region:
5. Dispensary Facility Primary Address:	Permit Number	Region:

IF MORE SPACE IS REQUIRED, PLEASE SUBMIT ADDITIONAL INFORMATION ON A SEPARATE PAGE TITLED "MMO INFORMATION (CONT'D)." IN ACCORDANCE WITH THE INSTRUCTIONS SPECIFIED ON THE ATTACHMENTS COVER PAGE.

Section 3 – Current Principals, Financial Backers, Operators Affiliated with the MMO

A. Natural Persons

List the principals, operators, and financial backers, who are natural persons, that are currently affiliated with the MMO.

Name and Residential Address				
First Name:	Middle Name:	Last Name:		
Also known as:			Date of birth:	
Address Line:		City:	State:	Zip Code:
Phone:	Email:			
The natural person is a (check all that apply): <input type="checkbox"/> Principal <input type="checkbox"/> Financial Backer <input type="checkbox"/> Operator				
If the MMO is a Corporation, the person has the following ownership:				
Stock type or class:	# of shares held:	Date Acquired:	Percentage of outstanding voting stock:	Terms, conditions, rights and privileges:
If the MMO is a Limited Liability Company, the person has the following ownership:				
Membership Unit type:	# of Units held or % of Ownership:	Date Acquired:	Voting rights and privileges:	
If the MMO is a Partnership or LLP, the person has the following ownership:				
Partner Type: <input type="checkbox"/> General/Full Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Dormant/Silent Partner <input type="checkbox"/> Other:		Ownership %:	Partnership participation from:	Description of participation in operation of the applicant:
Name and Residential Address				
First Name:	Middle Name:	Last Name:		
Also known as:			Date of birth:	

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Address Line:		City:	State:	Zip Code:
Phone:		Email:		
The natural person is a (check all that apply): <input type="checkbox"/> Principal <input type="checkbox"/> Financial Backer <input type="checkbox"/> Operator				
If the MMO is a Corporation, the person has the following ownership:				
Stock type or class:	# of shares held:	Date Acquired:	Percentage of outstanding voting stock:	Terms, conditions, rights and privileges:
If the MMO is a Limited Liability Company, the person has the following ownership:				
Membership Unit type:	# of Units held or % of Ownership:	Date Acquired:	Voting rights and privileges:	
If the MMO is a Partnership or LLP, the person has the following ownership:				
Partner Type: <input type="checkbox"/> General/Full Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Dormant/Silent Partner <input type="checkbox"/> Other:		Ownership %:	Partnership participation from:	Description of participation in operation of the applicant:
Name and Residential Address				
First Name:		Middle Name:	Last Name:	
Also known as:			Date of birth:	
Address Line:		City:	State:	Zip Code:
Phone:		Email:		
The natural person is a (check all that apply): <input type="checkbox"/> Principal <input type="checkbox"/> Financial Backer <input type="checkbox"/> Operator				
If the MMO is a Corporation, the person has the following ownership:				
Stock type or class:	# of shares held:	Date Acquired:	Percentage of outstanding voting stock:	Terms, conditions, rights and privileges:
If the MMO is a Limited Liability Company, the person has the following ownership:				
Membership Unit type:	# of Units held or % of Ownership:	Date Acquired:	Voting rights and privileges:	

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If the MMO is a Partnership or LLP, the person has the following ownership:			
Partner Type: <input type="checkbox"/> General/Full Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Dormant/Silent Partner <input type="checkbox"/> Other:	Ownership %:	Partnership participation from:	Description of participation in operation of the applicant:

IF MORE SPACE IS REQUIRED, PLEASE SUBMIT ADDITIONAL INFORMATION ON A SEPARATE PAGE TITLED "CURRENT LIST OF NATURAL PERSONS (CONT'D)." IN ACCORDANCE WITH THE INSTRUCTIONS SPECIFIED ON THE ATTACHMENTS COVER PAGE.

B. Business Entities

List the principals, operators, and financial backers, who are business entities, that are currently affiliated with the MMO.

Name and Business Address				
Business Name on Formation Documents:				
State of Incorporation or Registration:			Entity Type: <input type="checkbox"/> Public <input type="checkbox"/> Private	
Address Line:	City:	State:	Zip Code:	
Phone:	Email:			
The business entity is a (check all that apply): <input type="checkbox"/> Principal <input type="checkbox"/> Financial Backer <input type="checkbox"/> Operator				
If the MMO is a Corporation, the person has the following ownership in the MMO:				
Stock type or class:	# of shares held:	Date Acquired:	% of outstanding voting stock:	Terms, conditions, rights and privileges:
If the MMO is a Limited Liability Company, the person has the following ownership:				
Membership Unit type:	# of Units held or % of Ownership:	Date Acquired:	Voting rights and privileges:	
If the MMO is a Partnership or LLP, the person has the following ownership:				
Partner Type: <input type="checkbox"/> General/Full Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Dormant/Silent Partner <input type="checkbox"/> Other:	Ownership %:	Partnership participation from:	Description of participation in operation of the applicant:	
Provide the first and last name for each natural person currently affiliated with the MMO on behalf of this business entity:				
1. _____ 2. _____ 3. _____				
Name and Business Address				
Business Name on Formation Documents:				

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State of Incorporation or Registration:		Entity Type: <input type="checkbox"/> Public <input type="checkbox"/> Private		
Address Line:	City:	State:	Zip Code:	
Phone:	Email:			
The business entity is a (check all that apply): <input type="checkbox"/> Principal <input type="checkbox"/> Financial Backer <input type="checkbox"/> Operator				
If the MMO is a Corporation, the person has the following ownership:				
Stock type or class:	# of shares held:	Date Acquired:	% of outstanding voting stock:	Terms, conditions, rights and privileges:
If the MMO is a Limited Liability Company, the person has the following ownership:				
Membership Unit type:	# of Units held or % of Ownership:	Date Acquired:	Voting rights and privileges:	
If the MMO is a Partnership or LLP, the person has the following ownership:				
Partner Type: <input type="checkbox"/> General/Full Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Dormant/Silent Partner <input type="checkbox"/> Other:	Ownership %:	Partnership participation from:	Description of participation in operation of the applicant:	
Provide the first and last name for each natural person currently affiliated with the MMO on behalf of this business entity:				
1. _____ 2. _____ 3. _____				
Name and Business Address				
Business Name on Formation Documents:				
State of Incorporation or Registration:		Entity Type: <input type="checkbox"/> Public <input type="checkbox"/> Private		
Address Line:	City:	State:	Zip Code:	
Phone:	Email:			
The business entity is a (check all that apply): <input type="checkbox"/> Principal <input type="checkbox"/> Financial Backer <input type="checkbox"/> Operator				
If the MMO is a Corporation, the person has the following ownership:				
Stock type or class:	# of shares held:	Date Acquired:	% of outstanding voting stock:	Terms, conditions, rights and privileges:
If the MMO is a Limited Liability Company, the person has the following ownership:				
Membership Unit type:	# of Units held or % of Ownership:	Date Acquired:	Voting rights and privileges:	

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If the MMO is a Partnership or LLP, the person has the following ownership:				
Partner Type: <input type="checkbox"/> General/Full Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Dormant/Silent Partner <input type="checkbox"/> Other:	Ownership %:	Partnership participation from:	Description of participation in operation of the applicant:	
Provide the first and last name for each natural person currently affiliated with the MMO on behalf of this business entity: 1. _____ 2. _____ 3. _____				
Name and Business Address				
Business Name on Formation Documents:				
State of Incorporation or Registration:		Entity Type: <input type="checkbox"/> Public <input type="checkbox"/> Private		
Address Line:	City:	State:	Zip Code:	
Phone:	Email:			
The business entity is a (check all that apply): <input type="checkbox"/> Principal <input type="checkbox"/> Financial Backer <input type="checkbox"/> Operator				
If the MMO is a Corporation, the person has the following ownership:				
Stock type or class:	# of shares held:	Date Acquired:	% of outstanding voting stock:	Terms, conditions, rights and privileges:
If the MMO is a Limited Liability Company, the person has the following ownership:				
Membership Unit type:	# of Units held or % of Ownership:	Date Acquired:	Voting rights and privileges:	
If the MMO is a Partnership or LLP, the person has the following ownership:				
Partner Type: <input type="checkbox"/> General/Full Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Dormant/Silent Partner <input type="checkbox"/> Other:	Ownership %:	Partnership participation from:	Description of participation in operation of the applicant:	
Provide the first and last name for each natural person currently affiliated with the MMO on behalf of this business entity: 1. _____ 2. _____ 3. _____				

IF MORE SPACE IS REQUIRED, PLEASE SUBMIT ADDITIONAL INFORMATION ON A SEPARATE PAGE TITLED "CURRENT LIST OF BUSINESS ENTITIES (CONT'D)." IN ACCORDANCE WITH THE INSTRUCTIONS SPECIFIED ON THE ATTACHMENTS COVER PAGE. **PLEASE NOTE:** IF THE ADDITIONAL INFORMATION IS NEEDED ONLY TO LIST MORE NAMES OF NATURAL PERSONS AFFILIATED ON

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BEHALF OF A BUSINESS ENTITY, IT IS SUFFICIENT TO SIMPLY IDENTIFY THE NAME OF THE ENTITY AND CONTINUE THE PRIOR LIST.

C. Ownership & Affiliation Chart

By checking “Yes,” you affirm that Attachment A is accurate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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D. Reporting Principals, Financial Backers, and Operators Who Will No Longer Affiliated with the MMO or Who Are Changing Their Classification to Employee.

By checking “Yes,” you affirm that Attachment B lists <u>each</u> principal, financial backer, and operator who will no longer be affiliated with the MMO after the change in ownership.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By checking “Yes,” you affirm that Attachment B includes any request to change the classification of a principal, financial backer, or operator to an employee affiliated with the MMO after the change in ownership.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By checking “Yes,” you affirm that the removal or reclassification of the principals, financial backers, and operators was authorized.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 4 – New Principals, Financial Backers, Operators, and MMO Ownership

For each person that is part of this proposed change in ownership, the MMO shall include all of the information required under § 1141a.29 (relating to initial permit application) for those individuals listed in those capacities in the MMO’s initial permit application or any previously submitted permit renewal application. 28 Pa. Code § 1141a.39(c).

A. Natural Persons

List the principals, operators, and financial backers, who are natural persons, to be affiliated.

Name and Residential Address				
First Name:	Middle Name:	Last Name:		
Also known as:			Date of birth:	
Address Line:	City:	State:	Zip Code:	
Phone:	Email:			
The natural person is a (check all that apply): <input type="checkbox"/> Principal <input type="checkbox"/> Financial Backer <input type="checkbox"/> Operator				
If the MMO is a <u>Corporation</u> , the person has the following ownership:				
Stock type or class:	# of shares held:	Date Acquired:	Percentage of outstanding voting stock:	Terms, conditions, rights and privileges:

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If the MMO is a <u>Limited Liability Company</u>, the person has the following ownership:				
Membership Unit type:	# of Units held or % of Ownership:	Date Acquired:	Voting rights and privileges:	
If the MMO is a <u>Partnership or LLP</u>, the person has the following ownership:				
Partner Type: <input type="checkbox"/> General/Full Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Dormant/Silent Partner <input type="checkbox"/> Other:	Ownership %:	Partnership participation from:	Description of participation in operation of the applicant:	
Name and Residential Address				
First Name:	Middle Name:	Last Name:		
Also known as:			Date of birth:	
Address Line:		City:	State:	Zip Code:
Phone:	Email:			
The natural person is a (check all that apply): <input type="checkbox"/> Principal <input type="checkbox"/> Financial Backer <input type="checkbox"/> Operator				
If the MMO is a <u>Corporation</u>, the person has the following ownership:				
Stock type or class:	# of shares held:	Date Acquired:	Percentage of outstanding voting stock:	Terms, conditions, rights and privileges:
If the MMO is a <u>Limited Liability Company</u>, the person has the following ownership:				
Membership Unit type:	# of Units held or % of Ownership:	Date Acquired:	Voting rights and privileges:	
If the MMO is a <u>Partnership or LLP</u>, the person has the following ownership:				
Partner Type: <input type="checkbox"/> General/Full Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Dormant/Silent Partner <input type="checkbox"/> Other:	Ownership %:	Partnership participation from:	Description of participation in operation of the applicant:	
Name and Residential Address				
First Name:	Middle Name:	Last Name:		
Also known as:			Date of birth:	
Address Line:		City:	State:	Zip Code:
Phone:	Email:			
The natural person is a (check all that apply): <input type="checkbox"/> Principal <input type="checkbox"/> Financial Backer <input type="checkbox"/> Operator				

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If the MMO is a Corporation, the person has the following ownership:				
Stock type or class:	# of shares held:	Date Acquired:	Percentage of outstanding voting stock:	Terms, conditions, rights and privileges:
If the MMO is a Limited Liability Company, the person has the following ownership:				
Membership Unit type:	# of Units held or % of Ownership:	Date Acquired:	Voting rights and privileges:	
If the MMO is a Partnership or LLP, the person has the following ownership:				
Partner Type: <input type="checkbox"/> General/Full Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Dormant/Silent Partner <input type="checkbox"/> Other:	Ownership %:	Partnership participation from:	Description of participation in operation of the applicant:	

IF MORE SPACE IS REQUIRED, PLEASE SUBMIT ADDITIONAL INFORMATION ON A SEPARATE PAGE TITLED "LIST OF NATURAL PERSONS AFTER CHOW (CONT'D)." IN ACCORDANCE WITH THE INSTRUCTIONS SPECIFIED ON THE ATTACHMENTS COVER PAGE.

B. Business Entities

List the principals, operators, and financial backers, who are business entities, to be affiliated.

Name and Business Address				
Business Name on Formation Documents:				
State of Incorporation or Registration:			Entity Type: <input type="checkbox"/> Public <input type="checkbox"/> Private	
Address Line:		City:	State:	Zip Code:
Phone:		Email:		
The business entity is a (check all that apply): <input type="checkbox"/> Principal <input type="checkbox"/> Financial Backer <input type="checkbox"/> Operator				
If the MMO is a Corporation, the person has the following ownership:				
Stock type or class:	# of shares held:	Date Acquired:	% of outstanding voting stock:	Terms, conditions, rights and privileges:
If the MMO is a Limited Liability Company, the person has the following ownership:				
Membership Unit type:	# of Units held or % of Ownership:	Date Acquired:	Voting rights and privileges:	

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If the MMO is a <u>Partnership or LLP</u>, the person has the following ownership:				
Partner Type: <input type="checkbox"/> General/Full Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Dormant/Silent Partner <input type="checkbox"/> Other:	Ownership %:	Partnership participation from:	Description of participation in operation of the applicant:	
Provide the first and last name for each natural person to be affiliated with the MMO on behalf of this business entity: 1. _____ 2. _____ 3. _____				
Name and Business Address				
Business Name on Formation Documents:				
State of Incorporation or Registration:		Entity Type: <input type="checkbox"/> Public <input type="checkbox"/> Private		
Address Line:	City:	State:	Zip Code:	
Phone:	Email:			
The business entity is a (check all that apply): <input type="checkbox"/> Principal <input type="checkbox"/> Financial Backer <input type="checkbox"/> Operator				
If the MMO is a <u>Corporation</u>, the person has the following ownership:				
Stock type or class:	# of shares held:	Date Acquired:	% of outstanding voting stock:	Terms, conditions, rights and privileges:
If the MMO is a <u>Limited Liability Company</u>, the person has the following ownership:				
Membership Unit type:	# of Units held or % of Ownership:	Date Acquired:	Voting rights and privileges:	
If the MMO is a <u>Partnership or LLP</u>, the person has the following ownership:				
Partner Type: <input type="checkbox"/> General/Full Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Dormant/Silent Partner <input type="checkbox"/> Other:	Ownership %:	Partnership participation from:	Description of participation in operation of the applicant:	
Provide the first and last name for each natural person to be affiliated with the MMO on behalf of this business entity: 1. _____ 2. _____ 3. _____				
Name and Business Address				
Business Name on Formation Documents:				

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State of Incorporation or Registration:		Entity Type: <input type="checkbox"/> Public <input type="checkbox"/> Private		
Address Line:		City:	State:	
Phone:		Email:		
The business entity is a (check all that apply): <input type="checkbox"/> Principal <input type="checkbox"/> Financial Backer <input type="checkbox"/> Operator				
If the MMO is a <u>Corporation</u>, the person has the following ownership:				
Stock type or class:	# of shares held:	Date Acquired:	% of outstanding voting stock:	Terms, conditions, rights and privileges:
If the MMO is a <u>Limited Liability Company</u>, the person has the following ownership:				
Membership Unit type:	# of Units held or % of Ownership:	Date Acquired:	Voting rights and privileges:	
If the MMO is a <u>Partnership or LLP</u>, the person has the following ownership:				
Partner Type: <input type="checkbox"/> General/Full Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Dormant/Silent Partner <input type="checkbox"/> Other:	Ownership %:	Partnership participation from:	Description of participation in operation of the applicant:	
Provide the first and last name for each natural person to be affiliated with the MMO on behalf of this business entity:				
1. _____ 2. _____ 3. _____				

IF MORE SPACE IS REQUIRED, PLEASE SUBMIT ADDITIONAL INFORMATION ON A SEPARATE PAGE TITLED “LIST OF BUSINESS ENTITIES AFTER CHOW (CONT’D).” IN ACCORDANCE WITH THE INSTRUCTIONS SPECIFIED ON THE ATTACHMENTS COVER PAGE.

C. Ownership and Affiliation Chart After CHOW

By checking “Yes,” you affirm that Attachment C is accurate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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D. Compliance with Applicable Laws and Regulations

By checking “Yes,” you affirm the principals, financial backers, and operators to be affiliated are able to continuously comply with all applicable Commonwealth laws and regulations relating to the operation of the MMO.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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E. Qualifications, Description of Duties, and Training

Please provide a description of the duties, responsibilities, and roles of each principal, financial backer, and operator to be affiliated.
1.
2.
3.
4.
5.
6.

Please describe the qualifications of each principal to be affiliated.
1.
2.
3.
4.
5.
6.

IF MORE SPACE IS REQUIRED, PLEASE SUBMIT ADDITIONAL INFORMATION ON A SEPARATE PAGE TITLED “QUALIFICATIONS AND DESCRIPTIONS OF DUTIES (CONT’D).” IN ACCORDANCE WITH THE INSTRUCTIONS SPECIFIED ON THE ATTACHMENTS COVER PAGE.

By checking “Yes,” you affirm that the principals, financial backers, and operators to be affiliated have completed the 2-hour mandatory training course.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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F. Reporting Principals, Financial Backers, and Operators to be Affiliated.

By checking “Yes,” you affirm that Attachment D was completed for each new principal, financial backer, and operator to be affiliated with the MMO.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By checking “Yes,” you affirm that Attachment D discloses all new principals, financial backers, and operators to be affiliated with the MMO.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By checking “Yes,” you affirm that the affiliation of each principal, financial backer, and operator was authorized.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By checking “Yes,” you affirm that proof of fingerprinting and completion of the 2-hour mandatory training course for each required principal, financial backer, and operator is included in Attachment D.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

G. Personal Identification

By checking “Yes,” you affirm that Attachment E contains personal identification documents for each principal, financial backer, and operator to be affiliated with the MMO.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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H. Affidavit of Business History

By checking “Yes,” you affirm that Attachment F was completed for each principal, financial backer, and operator to be affiliated with the MMO.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By checking “Yes,” you affirm that the affidavit(s) in Attachment F were authorized to be executed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I. Affidavit of Criminal Offense

By checking “Yes,” you affirm that Attachment G was completed for each principal, financial backer, and operator to be affiliated with the MMO.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By checking “Yes,” you affirm that the affidavit(s) in Attachment G were authorized to be executed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

J. Civil and Administration Action

By checking “Yes,” you affirm the following statement: No principal, financial backer, or operator to be affiliated as part of this CHOW Submission has been a party in any civil or administrative action under the laws of the Commonwealth or any other state, the United States or a military, territorial or tribunal authority relating to the principal, financial backer, or operator’s profession, occupation, or fraudulent practices, including fraudulent billing practices.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	---------------------------------	--------------------------------

If you checked “Yes,” above, you must state your reasoning in “Schedule A” below.

Schedule A: Civil and Administrative Action					
Defendant	Name of Case & Docket #	Nature of Charge or Complaint	Date of Charge or Complaint	Disposition	Name and Address of the Administrative Agency Involved, and the Tribunal or Court

K. Request for Tax Clearance Review

By checking “Yes,” you affirm that Attachment H includes a tax clearance review request form for each principal, financial backer, or operator to be affiliated.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By checking “Yes,” you affirm that the tax clearance review request forms in Attachment H were authorized to be executed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 5 – Impacts of change in ownership on MMO and its Operations.

A. Complete List of Persons Affiliated after Change in Ownership

Complete the table below with all persons that will be affiliated as principals, financial backers, or operators at the conclusion of the change in ownership. This should include the persons that were previously affiliated as a principal, financial backer, or operator, but were not removed as part of this CHOW Submission, and the natural persons affiliated on behalf of a principal, financial backer, or operator that is a legal business entity.

If the principal, financial backer, or operator is a business entity, put the legal name in the first column and the natural person(s) affiliated on its behalf in the second column.

If the principal, financial backer, or operator is a natural person in the first column, put “N/A” in the corresponding second column.

IF MORE SPACE IS REQUIRED, PLEASE SUBMIT ADDITIONAL INFORMATION ON A SEPARATE PAGE TITLED “ALL AFFILIATED PERSONS AFTER CHOW (CONT’D).” IN ACCORDANCE WITH THE INSTRUCTIONS SPECIFIED ON THE ATTACHMENTS COVER PAGE.

B. Employee Affiliations

By checking “Yes,” you affirm that any employee affiliations, including those for medical professionals, as part of this change in ownership are being completed using the employee affiliation forms and process.	— Yes	— No
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C. Diversity Goals

In narrative form, describe any positive and negative impacts this change in ownership has on the current diversity of the MMO. The narrative should include the diversity status of the principal, financial backer, and operator to be affiliated with the MMO, including whether these persons are Diverse Participants or Diverse Groups. The narrative should also detail whether the change of ownership will result in the MMO losing any certification that qualifies it as a Diverse Group.

By checking “Yes,” you affirm that the impacts this change in ownership has on the current diversity of the MMO have been disclosed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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D. Community Impact

In narrative form, briefly describe any positive or negative impacts this change in ownership has on the current community impact.

E. Updated Plans of Operations

By checking “Yes,” you affirm that Attachment I contains any updated Plan of Operation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Section 6 – Legal Agreements

By checking “Yes,” you affirm that Attachment J contains the legal agreements executed to accomplish this change in ownership.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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MMOs are subject to the Act and regulations that impact the activities an MMO may engage in and therefore, can alter whether certain terms and conditions in legal agreements can go into effect. This includes, terms and conditions involving remedies for default, some of which, if implemented, violate the Act by improperly transferring a permit or triggering a public sale of medical marijuana inventory. Such activities may require the Bureau to revoke an MMO’s

permit. The Bureau does not assume responsibility for liabilities arising from implementing such terms and conditions included in legal agreements.

Section 7 – Forced Change in Ownership

The Bureau is unable to process any forced change in ownership without MMO consent, without evidence that the applicant has legal ownership of the MMO. The applicant must provide a copy of all court documents establishing the new ownership to the satisfaction of the Bureau. The applicant must also provide a copy of any legal agreement(s) that were the impetus for the legal proceedings.

In narrative form, describe the circumstances that led to the forced to change in ownership.
--

By checking “Yes,” you affirm that Attachment K contains all court documents related to the forced change in ownership.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By checking “Yes,” you affirm that you have the legal authority to complete this CHOW.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 7 – Acknowledgements & Attestation

The authorized representative of the MMO completing this CHOW Submission shall carefully review and execute the following attestation.

Attestation

- I acknowledge that I am authorized to submit this change in ownership of the medical marijuana organization.
- I acknowledge that a change in ownership of the medical marijuana organization that occurs without the Bureau’s knowledge of all individuals affiliating with the medical marijuana organization is a violation of the Medical Marijuana Act and regulations.
- I acknowledge that this change in ownership of the medical marijuana organization will not impact the medical marijuana organization’s right to use the grower/processor or dispensary site and facility, including equipment, to properly perform the activity for which the permit was granted.
- I acknowledge that this change in ownership of the medical marijuana organization will not impact the medical marijuana organization’s ability to continuously maintain effective security, surveillance, and accounting control measures to prevent diversion, abuse, and other illegal conduct regarding medical marijuana.

Pennsylvania Department of Health, Bureau of Medical Marijuana
Change in Ownership in a Medical Marijuana Organization

I acknowledge that this change in ownership of the medical marijuana organization will not impact the medical marijuana organization's ability to continuously comply with all applicable laws of the Commonwealth.

I acknowledge that this CHOW Submission is not being used to effectuate the transfer or sale of the permit from the medical marijuana organization.

I acknowledge that a false statement made by me in this CHOW Submission are punishable under the applicable provisions of 18 Pa. C.S. Ch. 49 (relating to falsification and intimidation).

Signature of Authorized Representative

Date

Printed Name

Title in MMO

Bureau of Medical Marijuana Change in Ownership of a Medical Marijuana Organization

Attachments

The following attachments must be submitted in conjunction with the CHOW Submission. Instructions for each attachment are at the beginning of each attachment.

Attachment A: Current Ownership & Affiliation Chart

Attachment B: Reporting Persons No Longer Affiliated or Who Are Changing Their Classification to Employee

Attachment C: Ownership & Affiliation Chart After CHOW

Attachment D: Reporting Persons to be Affiliated

Attachment E: Personal Identification

Attachment F: Affidavit of Business History

Attachment G: Affidavit of Criminal Offense

Attachment H: Request for Tax Clearance Review

Attachment I: Updated Plans of Operations

Attachment J: Legal Agreements

Attachment K: Legal Proceeding Documents

ADDITIONAL ATTACHMENTS:

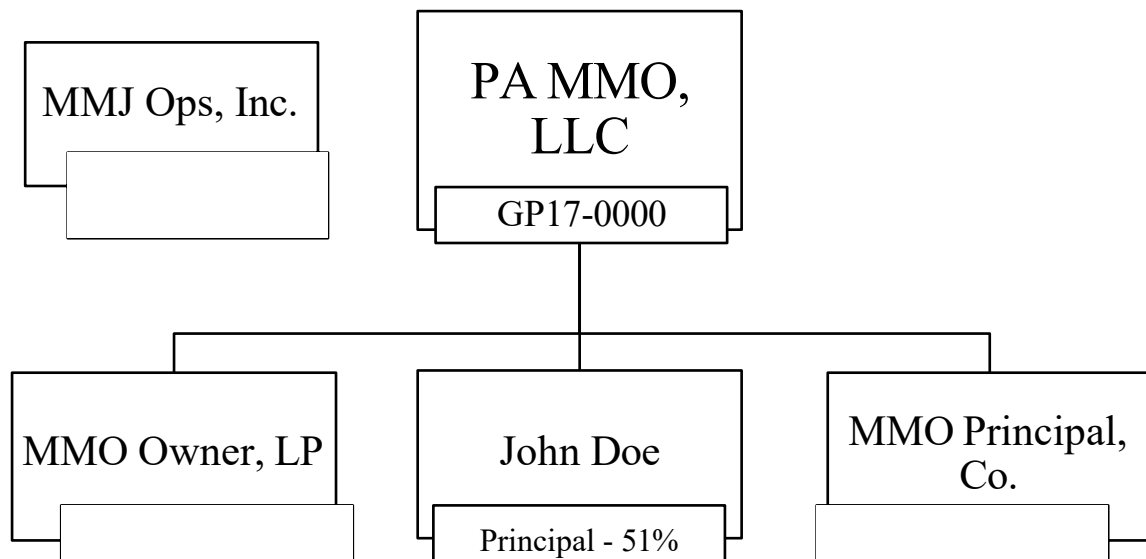
If separate pages were needed to provide additional information, please fill out the below chart. For example: "Attachment 1" – "MMO Information (Cont'd) – "2"

Attachment No.	Title	No. of Pages
Attachment 1		
Attachment 2		
Attachment 3		
Attachment 4		
Attachment 5		
Attachment 6		

Attachment A: Current Ownership & Affiliation Chart

- A cover sheet is not needed.
- Attach an organizational chart that depicts the principals, financial backers, and operators of the MMO before the change in ownership. The chart must identify the MMO by its legal name and permit number; identify the principals, financial backers, and operators by their legal names; and principals must identify their ownership interest (by number of shares held or by ownership percentage).
- If this CHOW Submission is for a permittee that has been issued multiple permits, each permit number must be shown with the MMO.
- If a principal, financial backer, and operator is a business entity, you do not need to include those individual natural persons who were affiliated on behalf of that business entity.

Please note: the below illustration is *only* meant to provide an example for clarity of the above instructions.



Attachment B: Reporting Persons No Longer Affiliated or Who Are Changing Their Classification to Employee

Instructions:

- This form must be completed for each principal, financial backer, and operator who will no longer be affiliated with the MMO after the change in ownership.
- If the principal, financial backer, and operator is a legal business entity, this form must be completed for each natural person who was affiliated on behalf of that business entity.
- If the principal, financial backer, and operator is a legal business entity, the contact information to be provided under the Identification Information should be the natural person’s contact information.
- If the principal, financial backer, or operator is being removed from those capacities but will still an employee affiliated with the MMO, you must fill out the Re-Classification Information Section.
- If the MMO’s permit type has multiple permit numbers, each individual permit number must be provided.

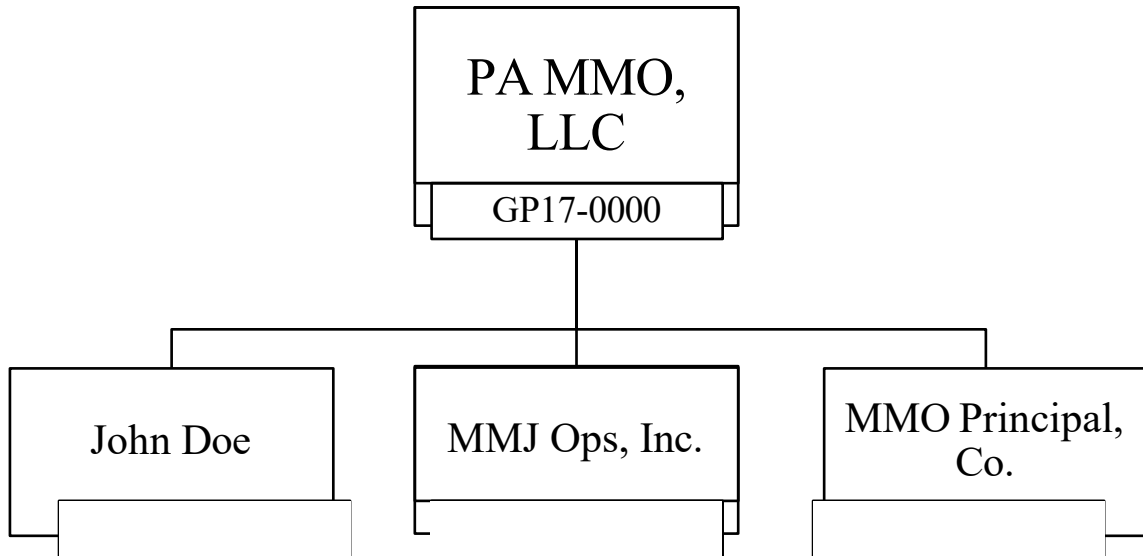
MMO Submitting CHOW	
Permittee Name:	Permit Number(s):
Classification Information	
The person below is a: <input type="checkbox"/> Principal <input type="checkbox"/> Financial Backer <input type="checkbox"/> Operator	
Identification Information	
Legal Name of Principal, Financial Backer, or Operator:	
If the person above is a business entity, name of the natural person affiliated on its behalf:	
Mailing Address:	Phone:
	Email:
Re-Classification Information	
Check the box if the person above is to be re-classified as an employee. <input type="checkbox"/>	
New Job Title:	MJ Freeway (choose one): <input type="checkbox"/> No Access <input type="checkbox"/> General Access
By checking this box, you acknowledge that the person may no longer act in the capacity as principal, financial backer, or operator and to do so without properly affiliating them as a principal, financial backer, or operator is a violation. <input type="checkbox"/>	

Attachment C: Ownership & Affiliation Chart After CHOW

Instructions:

- Attach an organizational chart that depicts the principals, financial backers, and operators of the MMO after the change in ownership. The chart must identify the MMO by its legal name and permit number; identify the principals, financial backers, and operators by their legal names; and principals must identify their ownership interest (by number of shares held or by ownership percentage).
- If this CHOW Submission is for a permittee that has been issued multiple permits, each permit number must be shown with the MMO.
- If a principal, financial backer, and operator is a business entity, you do not need to include those individual natural persons who are being affiliated on behalf of that business entity.

Please note: the below illustration is *only* meant to provide an example for clarity of the above instructions.



Attachment D: Reporting Persons to be Affiliated

Please carefully read the instructions below.

- **Please Note:** The MMO's change in ownership will not be considered complete until the names of all incoming affiliates have been submitted. 28 Pa. Code § 1141a.39(b).
- **Please Note:** Pursuant to 28 Pa. Code § 1141a.39(d), a change in ownership of a MMO that occurs without the Bureau's knowledge of all persons affiliating is a violation.

An affiliation form must be submitted for each principal, financial backer, and operator to be affiliated with the MMO and each natural person affiliating on behalf of a principal, financial backer, and operator that is a legal business entity, regardless of whether a natural person affiliating on behalf of a legal business entity falls into one of the exceptions for a criminal history record check.

CRIMINAL HISTORY RECORD CHECK

A criminal history record check is required for each principal, financial backer, and operator who is a natural person requesting to be affiliated.

If a principal, financial backer, or operator is a legal business entity, a natural person owning securities in that legal business entity must complete the affiliation form on behalf of that principal, financial backer, or operator and submit fingerprints to receive a criminal history record check unless the natural person falls in one of the two exceptions pursuant to 35 P.S. § 10231.602(a)(4):

Exception 1: If the principal, financial backer, or operator is a publicly traded corporation, the natural person owning securities in that public entity and affiliating on its behalf is not required to submit fingerprints to obtain a criminal history record check.

Exception 2: If the principal, financial backer, or operator is a privately held entity, the natural person affiliating on behalf of that private entity is not required to submit fingerprints to obtain a criminal history record check if the natural person owns 5% or less of the securities in that private entity and is not determined to be substantially involved in the activities of the MMO by the Bureau. **Please note:** If the natural person will gain access to MJ Freeway or to the MMO's facility location(s), then a criminal history record check is required.

Each principal, financial backer, and operator required to receive a criminal history record check must submit fingerprints for a federal criminal background check before completing the affiliation form. Each individual must attach proof that their fingerprints were submitted and submit their state background check results as part of this Attachment D.

Proof of fingerprint submission. The receipt from the location where the individual submitted fingerprints is acceptable proof. Enrollment to be fingerprinted is not acceptable proof. **Please note:** If the individual's fingerprints are rejected due to poor quality of prints, the individual has 30 days to be reprinted.

State background check results. If the individual resides outside of Pennsylvania, the appropriate state background check must be submitted.

TWO-HOUR TRAINING COURSE

Each Principal, Financial Backer, and Operator must include proof of completion of the mandatory 2-hour training course as part of this Attachment D.

MMO WITH MULTIPLE PERMITS

If the affiliation form is being submitted for a person to be affiliated with an MMO issued multiple permits, you will need to list each permit number.

MJ FREEWAY ACCESS

You must specify which access type is to be granted to the person affiliating. Access to MJ Freeway is only granted to those who require it. "General Access" is appropriate for those wishing to access and transact the system's "normal" operational functions. "Admin Access" should only be granted to select individual(s) who you wish to name as your custodian of the MJ Freeway system, the individual responsible for ensuring appropriate use by all affiliates.

MMO Submitting CHOW	
Permittee Name:	Permit Number(s):
Classification Information	
The person listed below is a (check all that apply): <input type="checkbox"/> Principal <input type="checkbox"/> Financial Backer <input type="checkbox"/> Operator	
Principal, Financial Backer, Operator Information	
Complete this section if the Principal, Financial Backer, or Operator is a natural person:	
Name:	Email:
Mailing Address:	Phone:
	Proof of fingerprinting is attached. <input type="checkbox"/>
Required access to MJ Freeway (choose one): <input type="checkbox"/> No Access <input type="checkbox"/> General Access <input type="checkbox"/> Admin Access	
Complete this section if the Principal, Financial Backer, or Operator is business entity:	
Business Name on Formation Documents:	
Name of natural person affiliating on behalf of the business entity:	
1. Is the business entity a publicly traded corporation? <input type="checkbox"/> Yes (next question). <input type="checkbox"/> No (skip to next box)	
2. Is access to MJ Freeway required by natural person? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to no. 3)	
If yes, which MJ Freeway access is required (choose one): <input type="checkbox"/> General Access <input type="checkbox"/> Admin Access	
3. Does natural person need access to the MMO's facility location(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No (proof of fingerprinting is not required)	
If yes, check the box to acknowledge the required proof of fingerprinting is attached. <input type="checkbox"/>	
1. If the business entity is a privately held entity, does the natural person own more than 5% of the securities? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to no. 3)	
2. If ownership is more than 5%, the following MJ Freeway access required (choose one): <input type="checkbox"/> No Access <input type="checkbox"/> General Access <input type="checkbox"/> Admin Access	

Check the box to acknowledge the required **proof of fingerprinting is attached.**

3. If ownership is 5% or less, does the natural person have voting rights to elect or appoint one or more members of the board of directors or other governing board?

Yes No (skip to “if no” question)

If yes, which MJ Freeway access required: No Access General Access Admin Access

Check the box to acknowledge the required **proof of fingerprinting is attached.**

4. If no voting or appointment rights, which type of MJ Freeway access is required?

No Access (go to no. 5) General Access Admin Access

If access is required, check the box to acknowledge the required proof of fingerprinting is attached.

5. Does the natural person need access to the MMO’s facility location(s)?

Yes No (proof of fingerprinting is not required)

If yes, check the box to acknowledge the required proof of fingerprinting is attached.

Mailing Address:

Email:

Phone:

Attachment E: Personal Identification

Instructions:

- Complete this cover sheet. Each individual permit number must be listed for an MMO submitting a single CHOW Submission for a permittee that was issued multiple permits.
- For each principal, financial backer, and operator to be affiliated, attach the following:
 1. A curriculum vitae or resume, maximum of two pages
 2. One form of a verification of identity, which may be any of the following:
 - A valid and unexpired Pennsylvania Photo Driver's License
 - A valid and unexpired Pennsylvania Photo Identification Card
 - A valid and unexpired Pennsylvania Photo Exempt Driver's License
 - A valid and unexpired Pennsylvania Photo Exempt Identification Card
 - A valid and unexpired U.S. Armed Forces Common Access Card
 - A valid and unexpired U.S. passport

Please note: Personal identification only needs to be supplied once for each individual, regardless of whether the individual serves in multiple capacities.

MMO Submitting CHOW	
Permittee Name:	Permit Number(s):

Attachment F: Affidavit of Business History

Instructions:

- Each principal or operator to be affiliated must complete the Affidavit of Business History.
- **Please note:** The Bureau will accept individual affidavits from each principal, financial backer, and operator or one affidavit signed by a principal or operator that includes every principal, financial backer, and operator.
- The Affidavit of Business History must be executed and notarized
- A cover sheet is not needed.

Affidavit of Business History

State of _____

County of _____

The undersigned, _____, hereby certifies the following:

During the 10 years preceding the submission date of the change in ownership, the following principal(s), operator(s), and financial backer(s), have held a position of management or ownership of a controlling interest in any other business in this Commonwealth or any other jurisdiction involving the manufacturing or distribution of medical marijuana or a controlled substance:

Name of individual	Role (principal, operator, or financial backer)	Business name and address	Position of management or ownership of a controlling interest	Dates

I hereby certify that I am authorized to execute this affidavit on behalf of the medical marijuana organization submitting the change in ownership and that the information contained herein is true and correct and that there is no misrepresentation, falsification, or omissions in this affidavit. I am further aware that any false or misleading statement or omitted information is punishable under the applicable provisions of 18 Pa. C.S. Ch. 49 (relating to falsification and intimidation).

Signature of Affiant and Title

Date

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

MY COMMISSION EXPIRES:

An electronic version of this document shall be accepted as an original signature.

January 2026

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Attachment G: Affidavit of Criminal Offense

Instructions:

- Each principal or operator to be affiliated must complete the Affidavit of Criminal Offense.
- **Please note:** The Bureau will accept individual affidavits from each principal, financial backer, and operator or one affidavit signed by a principal or operator that includes every principal, financial backer, and operator. If you are unsure if a conviction must be disclosed, please list the conviction in the interest of full disclosure.
- The Affidavit of Criminal Offense must be executed and notarized.
- A cover sheet is not needed.

Affidavit of Criminal Offense

State of _____

County of _____

The undersigned, _____, hereby certifies the following by checking the boxes below:

Principal(s):

No principal(s) listed in the CHOW Submission have been convicted of any felony criminal offense related to the manufacture, delivery or possession with intent to manufacture or deliver a controlled substance in violation of the act of April 14, 1972 (P.L. 233, No. 64), known as The Controlled Substance, Drug, Device and Cosmetic Act, or similar law in any other jurisdiction within the past 10 years.

One or more principals listed in the CHOW Submission have been convicted of a felony criminal offense related to the manufacture, delivery or possession with intent to manufacture or deliver a controlled substance in violation of the act of April 14, 1972 (P.L. 233, No. 64), known as The Controlled Substance, Drug, Device and Cosmetic Act, or similar law in any other jurisdiction within the past 10 years.

If one or more principal(s) listed in the CHOW Submission has been convicted of a felony criminal offense related to the manufacture, delivery or possession with intent to manufacture or deliver a controlled substance within the past 10 years, please provide below the name(s) of the principal(s) and the offense(s) of which one or more principal(s) was convicted.

Name(s): _____

Offense(s): _____

Operator(s):

No operator(s) listed in the CHOW Submission have been convicted of any felony criminal offense related to the manufacture, delivery or possession with intent to manufacture or deliver a controlled substance in violation of the act of April 14, 1972 (P.L. 233, No. 64), known as The Controlled Substance, Drug, Device and Cosmetic Act, or similar law in any other jurisdiction within the past 10 years.

One or more operator(s) listed in the CHOW Submission has been convicted of a felony criminal offense related to the manufacture, delivery or possession with intent to manufacture or deliver a controlled substance in violation of the act of April 14, 1972 (P.L. 233, No. 64), known as The Controlled Substance, Drug, Device and Cosmetic Act, or similar law in any other jurisdiction within the past 10 years.

If one or more operator(s) listed in the CHOW Submission have been convicted of a felony criminal offense related to the manufacture, delivery or possession with intent to manufacture or

deliver a controlled substance within the past 10 years, please provide below the name(s) of the operator(s) and the offense(s) of which one or more operator(s) was convicted.

Name(s): _____

Offense(s): _____

Financial Backer(s):

No financial backer(s) listed in the CHOW Submission have been convicted of any felony criminal offense related to the manufacture, delivery or possession with intent to manufacture or deliver a controlled substance in violation of the act of April 14, 1972 (P.L. 233, No. 64), known as The Controlled Substance, Drug, Device and Cosmetic Act, or similar law in any other jurisdiction within the past 10 years.

One or more financial backer(s) listed in the CHOW Application have been convicted of a felony criminal offense related to the manufacture, delivery or possession with intent to manufacture or deliver a controlled substance in violation of the act of April 14, 1972 (P.L. 233, No. 64), known as The Controlled Substance, Drug, Device and Cosmetic Act, or similar law in any other jurisdiction within the past 10 years.

If one or more financial backer(s) listed in the CHOW Submission have been convicted of a felony criminal offense related to the manufacture, delivery or possession with intent to manufacture or deliver a controlled substance within the past 10 years, please provide below the name(s) of the financial backer(s) and the offense(s) of which one or more financial backer(s) was convicted.

Name(s): _____

Offense(s): _____

Signature of Affiant and Title

Date

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

MY COMMISSION EXPIRES:

An electronic version of this document shall be accepted as an original signature.

Attachment H: Request for Tax Clearance Review

Instructions:

- Each principal, financial backer, and operator to be affiliated must complete a request for tax clearance review form.
- If a principal, financial backer, and operator is a legal business entity, then only the business entity submits a request for tax clearance review form. The persons that make up that business entity are not required to request a tax clearance review.

Important Notice:

- By completing this request for tax clearance review form, the undersigned authorizes the Pennsylvania Department of Revenue (DOR) and the Department of Labor and Industry (L&I) to review the tax records of the undersigned person as part of a medical marijuana organization’s CHOW application with the Pennsylvania Department of Health, Bureau of Medical Marijuana (Bureau).
- Your signature on this request form also represents a waiver of confidentiality of tax information, allowing the exchange of tax information between the Bureau, DOR, an L&I.

MMO Submitting CHOW:	Permit Number(s):
Name listed on tax return:	Employer Identification Number (EIN) or Social Security Number:
Address Line, City, State Zip Code:	
<p>I certify that I am the person whose tax records are to be reviewed. If the tax records are for an entity, I certify that I am an authorized signatory.</p>	
_____ Signature of person or authorized signatory	_____ Date

Attachment I: Updated Plans of Operations

Instructions:

- Attach a copy of any Plan of Operation that is being updated as part of this change in ownership.
- Complete this cover letter.

Title of Updated Plan of Operation	Subject Matter
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Attachment J: Legal Agreements

Instructions:

- Attach a copy of any legal agreements executed to accomplish this change in ownership, including but not limited to, equity agreements, loan agreements, sale-leaseback agreements, and master service agreements.
- Complete this cover sheet.

List of attached legal agreements.

1.

2.

3.

4.

5.

6.

7.

8.

Attachment K: Legal Proceeding Documents

Instructions:

- Attach a copy of all court documents establishing legal authority to new ownership.
- Attach a copy of any legal agreement(s) that were the impetus for the legal proceedings.
- Complete this cover sheet.

List of attached documents related to the forced change in ownership.

1.

2.

3.

4.

5.

6.

7.

8.