Dispensary and Grower Processor Attachments

The following attachments A through J must be submitted in conjunction with 1) An Application for Approval of an Act 63 of 2023 Permit and 2) a Medical Marijuana Grower/Processor or Dispensary Permit Application. Instructions for each attachment are at the beginning of each attachment.

**Attachment A:** Signature Page

**Attachment B:** *NOT USED*

**Attachment C:** Property Title, Lease, or Option to Acquire Property Location

**Attachment D:** Site and Facility Plan

**Attachment E:** Personal Identification

**Attachment F:** Affidavit of Business History

**Attachment G:** Affidavit of Criminal Offense

**Attachment H:** Tax Clearance Certificates

**Attachment I:** Affidavit of Capital Sufficiency

**Attachment J:** Sample Medical Marijuana Product Label *(for Grower/Processor applicants only)*

## Attachment A: Signature Page

Instructions:

**This attachment is the signature page for your application.**

* Please review the application.
* By checking the appropriate boxes, indicate the sections that are included in your submission.
* Print this attachment.
* Sign the document.
* Scan this sheet and save it as a file called “Attachment A,” using the appropriate file name format.

|  |  |  |
| --- | --- | --- |
| By checking “Yes,” you acknowledge that you have read the Medical Marijuana Organization Permit Application Instructions before completing an application for a medical marijuana organization permit. | Yes | No |

The applicant hereby submits this application for a Medical Marijuana Organization Permit to the Pennsylvania Department of Health, which consists of the completed application and attachments listed below:

Fees:

Application Fee

Permit Fee

Application:

Completed Application

Redacted Application

Written statement signed by an applicant representative stating that all redactions made by the applicant constitute trade secret or confidential proprietary information as defined under the Right-to-Know Law

Other Attachments:

Attachment C: Property Title, Lease, or Option to Acquire Property Location

Attachment D: Site and Facility Plan

Attachment E: Personal Identification

Attachment F: Affidavit of Business History

Attachment G: Affidavit of Criminal Offense

Attachment H: Tax Clearance Certificates

Attachment I: Affidavit of Capital Sufficiency

Attachment J: Sample Medical Marijuana Product Label (for Grower/Processor applicants only)

Background Checks:

The applicant has requested background checks, as described in the instructions.

Additional attachments:

Please list any other electronic documents submitted as part of this application:

|  |  |  |
| --- | --- | --- |
| File Name | Name of Document | Purpose |
|  |  |  |
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**A false statement made in this application is punishable under the applicable provisions of 18 Pa. C.S. Ch. 49 (relating to falsification and intimidation).**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature Title in Applicant’s Business Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

**A false statement made in this application is punishable under the applicable provisions of 18 Pa. C.S. Ch. 49 (relating to falsification and intimidation).**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature Title in Applicant’s Business Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

**A false statement made in this application is punishable under the applicable provisions of 18 Pa. C.S. Ch. 49 (relating to falsification and intimidation).**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature Title in Applicant’s Business Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

A photocopy, facsimile or other electronic version of this document shall be accepted as an original signature.

## Attachment C: Property Title, Lease, or Option to Acquire Property Location

Instructions:

* Attach one of the following:
* Evidence of the applicant’s clear legal title to or option to purchase the proposed site and facility.
* A fully-executed copy of the applicant’s unexpired lease for the proposed site and facility and a written statement from the property owner that the applicant may operate a medical marijuana organization on the proposed site for, at a minimum, the term of the permit
* Other evidence that shows that the applicant has a location to operate its medical marijuana organization.
* Complete this cover sheet. Scan this sheet and the appropriate document(s) and save it as a PDF file called “Attachment C,” using the appropriate file name format.

|  |  |  |
| --- | --- | --- |
| Business Name, as it appears on the applicant’s certificate of incorporation, charter, bylaws, partnership agreement or other official documents: | | |
| Trade names and DBA (doing business as) names: | | |
| Principal Business Address: | | |
| City: | State: | Zip Code: |
| Phone: | Fax: | Email: |

## Attachment D: Site and Facility Plan

Instructions:

* Applicants must show that they can expeditiously obtain a site and facility to meet the activities described in the permit by attaching one of the following:
  + If the facility is in existence at the time the permit application is submitted, submit plans and specifications drawn to scale for the interior of the facility.
  + If the facility is in existence at the time the permit application is submitted, and the applicant plans to make alterations to the facility, submit renovation plans and specifications for the interior and exterior of the facility.
  + If the facility does not exist at the time the permit application is submitted, submit a plot plan that shows the proposed location of the facility and an architect’s drawing of the facility, including a detailed drawing, to scale, of the interior of the facility.
* The applicant also must submit evidence that the applicant is in compliance or will be in compliance with the municipality’s zoning requirements.
* The applicant must execute and notarize the affidavit related to schools and daycares.
* Complete this cover sheet. Scan this sheet and the appropriate documents and save it as a PDF file called “Attachment D,” using the appropriate file name format.

|  |  |  |
| --- | --- | --- |
| Business Name, as it appears on the applicant’s certificate of incorporation, charter, bylaws, partnership agreement or other official documents: | | |
| Trade names and DBA (doing business as) names: | | |
| Principal Business Address: | | |
| City: | State: | Zip Code: |
| Phone: | Fax: | Email: |

**Schools/Daycares Affidavit**

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certifies the following:

* The applicant has conducted a good-faith public search of each of the proposed locations listed within the application and attest that each proposed location is not located within 1,000 feet of the property line of a public, private or parochial school, or daycare center.
* If any proposed location is determined to be located within 1,000 feet of the property line of a public, private, or parochial school, or day-care center, the applicant must demonstrate that it is entitled to a waiver from the Bureau of Medical Marijuana (Bureau) before the applicant can take action to operationalize.
* The applicant assumes all risks related to its failure to obtain a waiver from the Bureau through the requisite demonstration of evidence, if it is determined that a waiver is required for the location.

I hereby certify that I am authorized to execute this affidavit on behalf of the applicant 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.

## Attachment E: Personal Identification

Instructions:

* For each principal, financial backer, operator and employee, attach the following:

1. A curriculum vitae or resume, maximum of two pages.
2. A verification of identity satisfactory to the Department, including but not limited to the following forms of verification of identity:

* 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, such as owner and principal.
* Complete this cover sheet. Scan this sheet and the curricula vitae or resume and identification documents and save as a PDF file called “Attachment E,” using the appropriate file name format.

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| --- | --- | --- |
| Business Name, as it appears on the applicant’s certificate of incorporation, charter, bylaws, partnership agreement or other official documents: | | |
| Trade names and DBA (doing business as) names: | | |
| Principal Business Address: | | |
| City: | State: | Zip Code: |
| Phone: | Fax: | Email: |

## Attachment F: Affidavit of Business History

**Affidavit of Business History**

Instructions:

* Each principal or operator of the applicant must complete the Affidavit of Business History.
* **Please note:** The Department will accept individual affidavits from each principal, operator, financial backer and employee or one affidavit signed by a principal or operator that includes every principal, operator, financial backer and employee .
* Execute and notarize the affidavit and save as a PDF file called “Attachment F,” using the appropriate file name format. A cover sheet is not needed.

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certifies the following:

During the 10 years preceding the submission date of the permit application, the following principal(s), operator(s), financial backer(s) and employee(s), have held a position of management or ownership of a controlling interest in another 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, financial backer or employee)** | **Business name and address** | **Position of management or ownership of a controlling interest** | **Dates** |
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I hereby certify that I am authorized to execute this affidavit on behalf of the applicant 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.

## Attachment G: Affidavit of Criminal Offense

**Affidavit of Criminal Offense**

Instructions:

* Each principal, financial backer, or operator of the applicant must complete the Affidavit of Criminal Offense.
* **Please note:** the Department will accept individual affidavits from each principal, operator, and financial backer or one affidavit signed by a principal or operator that includes every principal, operator, and financial backer. If you are unsure if a conviction must be disclosed, please list the conviction in the interest of full disclosure.
* Execute and notarize the affidavit as instructed and save as a PDF file called “Attachment G,” using the appropriate file name format. A cover sheet is not needed.

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Principal(s):**

No principal(s) listed in this permit application 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 this permit 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 principal(s) listed in this permit application 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 this permit application 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 this permit application 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 this permit 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 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 this permit application 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 this permit 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 this permit 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 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: Tax Clearance Certificates

Instructions:

* Complete this cover sheet. Scan this sheet with the completed Application for a Tax Clearance Review and save it as a PDF file called “Attachment H,” using the appropriate file name format.
* **An Application for a Tax Clearance Review form is required for the applicant entity and for each principal, financial backer, and operator who is being affiliated as part of the dispensary or grower/processor application.**
* If a principal, financial backer, or operator is a legal business entity, then only the business entity submits an Application for a Tax Clearance Review form. The persons that make up that business entity are not required to submit an Application for a Tax Clearance Review form.

**Important Notice:**

* By completing this Application for Tax Clearance Review form, the undersigned authorizes the Pennsylvania Department of Revenue (DOR) and the Pennsylvania Department of Labor and Industry (L&I) to review the tax records of the applicant and its principals, financial backers, and operators as part of the permit application review by the Department of Health (Department). Your signature on this form also represents a waiver of confidentiality of tax information, allowing the exchange of tax information between the Department, DOR, and L&I.

|  |  |  |
| --- | --- | --- |
| Business Name, as it appears on the applicant’s certificate of incorporation, charter, bylaws, partnership agreement or other official documents: | | |
| Trade names and DBA (doing business as) names: | | |
| Principal Business Address: | | |
| City: | State: | Zip Code: |
| Phone: | Fax: | Email: |

Application for a Tax Clearance Review

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name listed on tax return Employer Identification Number or Social Security Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A

ddress City State Zip Code

I certify that I am the individual whose tax records are to be reviewed. If the tax records are for an entity, I certify that I am an authorized signatory for the applicant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Signature of officer or authorized signatory Telephone number Date

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

## Attachment I: Affidavit of Capital Sufficiency

Instructions:

* The applicant must submit an affidavit stating that the applicant meets the capital requirements set forth in 28 Pa. Code § 1141a.30 (relating to capital requirements).
* The capital sufficiency requirements in this application are independent from capital allocated to existing medical marijuana organizations issued permits in this Commonwealth.
* **Please note:** There are two affidavits available, one for a grower/processor applicant and one for a dispensary applicant.
* Execute and notarize the appropriate affidavit and save as a PDF file called “Attachment I,” using the appropriate file name format. A cover sheet is not needed.

## Attachment I-1: Affidavit of Capital Sufficiency for a Grower/Processor Permit Applicant

**COMMONWEALTH OF PENNSYLVANIA**

**DEPARTMENT OF HEALTH**

**AFFIDAVIT OF CAPITAL SUFFICIENCY**

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I/WE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS PHONE

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CITY STATE ZIP CODE COUNTY

## For the following applicant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF BUSINESS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS PHONE

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CITY STATE ZIP CODE COUNTY

hereby certify that the Applicant named has at least $2,000,000 in capital, $500,000 of which is on deposit with one or more financial institutions, as follows (capital may include cash or securities, real estate, or other assets):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Capital** | **Source of Capital** | **Total Value of Capital** | **Value not encumbered by debt or other obligations** | **If on deposit, name and address of financial institution** | **If on deposit, account number** |
|  |  |  |  |  |  |
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I hereby certify that I am authorized to execute this affidavit on behalf of the applicant 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.

## Attachment I-2: Affidavit of Capital Sufficiency for a

## Dispensary Permit Applicant

**COMMONWEALTH OF PENNSYLVANIA**

**DEPARTMENT OF HEALTH**

**AFFIDAVIT OF CAPITAL SUFFICIENCY**

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I/WE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ADDRESS PHONE

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CITY STATE ZIP CODE COUNTY

For the following applicant:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NAME OF BUSINESS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS PHONE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY STATE ZIP CODE COUNTY

hereby certify that the Applicant named has at least $150,000 on deposit with one or more financial institutions, as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Capital** | **Source of Capital** | **Name and address of financial institution** | **Account number** |
|  |  |  |  |
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I hereby certify that I am authorized to execute this affidavit on behalf of the applicant 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

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 J: Sample Medical Marijuana Product Label

Instructions: **Please note:** Attachment J is only required for Grower/Processor applicants.

* Provide a sample label for each medical marijuana product you expect to produce.
* Complete this cover sheet. Scan this sheet and the sample labels and save it as a PDF file called “Attachment J,” using the appropriate file name format.

|  |  |  |
| --- | --- | --- |
| Business Name, as it appears on the applicant’s certificate of incorporation, charter, bylaws, partnership agreement or other official documents: | | |
| Trade names and DBA (doing business as) names: | | |
| Principal Business Address: | | |
| City: | State: | Zip Code: |
| Phone: | Fax: | Email: |