



CHANGE OF OWNERSHIP

Licensed (Legal) Business Name	DBA	State License Number	
Mailing Address	City	State	Zip

CHECK APPLICABLE BOXES

- Redistributing ownership/control among current ownership group
- Distributing ownership to new persons who will have an ownership or controlling interest
- Adding new person or business with either a direct or financial interest in the licensee

QUESTIONS

Is this ownership change, transfer or change of financial interest being submitted 30 days prior to the transfer or change being completed? Yes No

Has the licensed entity requesting the changes or transfers detailed in this application received State approval for the changes? (Submit proof of State approval with this form) Yes No

CURRENT OWNERSHIP STRUCTURE*

List all persons and/or entities with any ownership interest, and all officers and directors, whether they have ownership interest or not. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest.

Name		Title			DOB
Address	City	State	Zip	Phone Number ()	
Business Associated With (Parent Business or Sub-Entity)	Own. % Business Associated With		Effective Own. % in Applicant		
Name		Title			DOB
Address	City	State	Zip	Phone Number ()	
Business Associated With (Parent Business or Sub-Entity)	Own. % Business Associated With		Effective Own. % in Applicant		
Name		Title			DOB
Address	City	State	Zip	Phone Number ()	
Business Associated With (Parent Business or Sub-Entity)	Own. % Business Associated With		Effective Own. % in Applicant		
Name		Title			DOB
Address	City	State	Zip	Phone Number ()	
Business Associated With (Parent Business or Sub-Entity)	Own. % Business Associated With		Effective Own. % in Applicant		

*List all persons and/or entities with ownership interest. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons Associated with such entity and their effective ownership in the license. Used additional sheets or attachments if necessary.

PROPOSED OWNERSHIP STRUCTURE*

Name						Title			DOB	
Address				City		State	Zip	Phone Number ()		
Business Associated With (Parent Business or Sub-Entity)				Own. % Business Associated With			Effective Own. % in Applicant			
Name						Title			DOB	
Address				City		State	Zip	Phone Number ()		
Business Associated With (Parent Business or Sub-Entity)				Own. % Business Associated With			Effective Own. % in Applicant			
Name						Title			DOB	
Address				City		State	Zip	Phone Number ()		
Business Associated With (Parent Business or Sub-Entity)				Own. % Business Associated With			Effective Own. % in Applicant			
Name						Title			DOB	
Address				City		State	Zip	Phone Number ()		
Business Associated With (Parent Business or Sub-Entity)				Own. % Business Associated With			Effective Own. % in Applicant			
Name						Title			DOB	
Address				City		State	Zip	Phone Number ()		
Business Associated With (Parent Business or Sub-Entity)				Own. % Business Associated With			Effective Own. % in Applicant			
Name						Title			DOB	
Address				City		State	Zip	Phone Number ()		
Business Associated With (Parent Business or Sub-Entity)				Own. % Business Associated With			Effective Own. % in Applicant			
<p>*List all persons and/or entities with ownership interest. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity and their effective ownership in the license. Used additional sheets or attachments if necessary.</p> <p>I, the undersigned, as authorized agent of the Applicant, do hereby certify that I have not knowingly made a false statement or omitted any material fact on this application or any attachments which could be cause for denial or termination of any local verification for an Optional Premises Cultivation Operation. I understand that further information I understand that further information may be requested of me in regard to this application and I agree to supply such information upon request.</p>										
Name of Person Completing Form (please print)								Title		
Signature								Date		