CABINET FOR HEALTH AND FAMILY SERVICES

KENTUCKY MEDICAL CANNABIS PROGRAM

INITIAL APPLICATION FOR CANNABIS BUSINESS LICENSE

**DISCLOSURE OF CRIMINAL HISTORY OF**

**APPLICANT’S PRINCIPAL OFFICER OR BOARD MEMBER**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am a principal officer or board member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which is applying for a cannabis business license in the Commonwealth of Kentucky. I have been convicted of the following felony criminal offense(s) in the jurisdictions identified below:

**Description of felony offense and jurisdiction of conviction**:

I hereby verify and affirm that all of the information contained in this Disclosure form is true and accurate, and that I have disclosed all my prior felony convictions on this form.

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

Signature of Principal Officer or Board Member

Date: