

**CABINET FOR HEALTH AND FAMILY SERVICES
KENTUCKY MEDICAL CANNABIS PROGRAM
INITIAL APPLICATION FOR CANNABIS BUSINESS LICENSE**

APPLICANT SIGNATURE PAGE

I hereby verify and affirm that I am an authorized representative of the Applicant and have been given authority to execute this document on behalf of the Applicant. Further, I hereby verify and affirm on behalf of the Applicant that all of the information provided in and with this Initial Application for Cannabis Business License is true and accurate. I understand that if the Cabinet for Health and Family Services (CHFS) later determines any of the information provided in the Initial Application for Cannabis Business License to be false, misleading, or inaccurate, CHFS may suspend or revoke any cannabis business license issued to the Applicant.

By submitting this application, the Applicant further acknowledges and understands there is no guarantee to receive a cannabis business license from CHFS and that licenses in cannabis business categories will be issued pursuant to a lottery if the number of eligible applications in a category exceeds the maximum number of licenses available within that category following the close of the initial license application period. By signing below, the Applicant consents to entry into a license lottery in accordance with 915 KAR 1:020E, Section 3, and understands the risks associated with participation in a lottery.

Printed Name of Applicant Authorized Representative

Signature of Applicant Authorized Representative



STATE OF _____
COUNTY OF _____

The above named individual, _____, appeared before me to swear or affirm that the statements made in the Applicant's Initial Application for Cannabis Business License were true and correct to the best of his/her knowledge and belief this _____ day of _____, 2024.

Notary Public, State at Large
My Commission Expires: