

**CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF MEDICAL CANNABIS
RENEWAL APPLICATION FOR CANNABIS BUSINESS LICENSE**

RENEWAL APPLICATION SIGNATURE PAGE

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

Business Name/DBA: _____ License Number: _____

Printed Name of Licensee Authorized Representative

Signature of Licensee Authorized Representative

STATE OF _____

COUNTY OF _____

The above named individual, _____, appeared before me to swear or affirm that the statements made in the Licensee's Renewal Application for Cannabis Business License were true and correct to the best of his/her knowledge and belief this _____ day of _____, 2025.

Notary Public, State at Large
My Commission Expires:

