



OFFICE OF
MEDICAL CANNABIS

**Application to Request Approval
of a Change in Cannabis
Business Ownership**

License No. _____

License
Category _____

County _____

Date _____

Instructions and Required Attachments

All information and documentation must be received **before** a request will be reviewed. The change in ownership of a licensee from the ownership listed in the initial license application will not occur unless and until the Office of Medical Cannabis approves the pending change in ownership in writing.

The Office will consider the initial license application requirements contained in KRS Chapter 218B and 915 KAR Chapter 1 in making its determination. The Office will review the request and notify the licensee in writing whether the request is approved or denied.

If the Office determines that an application to request approval of a change in ownership is lacking sufficient information upon which to make a determination, the Office will notify the licensee in writing of the areas that require additional information and documentation. The licensee will have fifteen (15) calendar days from the mailing date of the notice to provide the requested information and documentation to the Office. A licensee's failure to provide the required information and documentation to the Office by the deadline shall be grounds for the denial of the requested change in ownership.

Submit this completed form and all required attachments via email in PDF format to: kymedcanreporting@ky.gov.

Required Information: For each new individual or entity that is part of the proposed change in ownership, the licensee shall include in its request the information required of owners in the initial license application, including a document showing the proposed new ownership organizational structure of the cannabis business. The licensee shall also provide the Office with the names of all outgoing individuals or entities previously listed as owners in the initial license application.

Section I. Licensee Information

License No. : _____

License Category: _____ Dispensary Region (if applicable): _____

Applicant Name (Business Name): _____

Business Phone Number: _____ Business Email-Address: _____

Business Mailing Address: _____

Primary Contact Information

Legal Name: _____ Business Title/Role: _____

Phone Number: _____ Email-Address: _____

Section II. *Pending Change in Ownership Details*

A. Reason for Change in Ownership Request: (check all that apply)

- Reallocation of ownership/control among current ownership group (including removal).
- Distribution of ownership to new persons/entities who will have ownership or controlling interest (including adding owner(s) to current ownership group).

B. Current Ownership Information

Owner #1 Information:

Legal Name: _____ Business Title/Role: _____

Address: _____

Phone Number: _____ Email-Address: _____

Percentage of Cannabis Business to be transferred (number of shares/units), if any: _____

Owner #2 Information:

Legal Name: _____ Business Title/Role: _____

Address: _____

Phone Number: _____ Email-Address: _____

Percentage of Cannabis Business to be transferred (number of shares/units), if any: _____

Owner #3 Information:

Legal Name: _____ Business Title/Role: _____

Address: _____

Phone Number: _____ Email-Address: _____

Percentage of Cannabis Business to be transferred (number of shares/units), if any: _____

Owner #4 Information:

Legal Name: _____ Business Title/Role: _____

Address: _____

Phone Number: _____ Email-Address: _____

Percentage of Cannabis Business to be transferred (number of shares/units), if any: _____

Owner #5 Information:

Legal Name: _____ Business Title/Role: _____

Address: _____

Phone Number: _____ Email-Address: _____

Percentage of Cannabis Business to be transferred (number of shares/units), if any: _____

C. New Ownership Information

Proposed Owner #1 Information:

Legal Name: _____ Business Title/Role: _____

Address: _____

Phone Number: _____ Email-Address: _____

Percentage of Cannabis Business to be transferred (number of shares/units), if any: _____

Does this Proposed Owner presently hold any type of Cannabis Business license? Yes No

If yes, please identify the following: License No: _____ License Category: _____

Is this Proposed Owner a Medical Cannabis Practitioner? Yes No

Proposed Owner #2 Information:

Legal Name: _____ Business Title/Role: _____

Address: _____

Phone Number: _____ Email-Address: _____

Percentage of Cannabis Business to be transferred (number of shares/units), if any: _____

Does this Proposed Owner presently hold any type of Cannabis Business license? Yes No

If yes, please identify the following: License No: _____ License Category: _____

Is this Proposed Owner a Medical Cannabis Practitioner? Yes No

Proposed Owner #3 Information:

Legal Name: _____ Business Title/Role: _____

Address: _____

Phone Number: _____ Email-Address: _____

Percentage of Cannabis Business to be transferred (number of shares/units), if any: _____

Does this Proposed Owner presently hold any type of Cannabis Business license? Yes No

If yes, please identify the following: License No: _____ License Category: _____

Is this Proposed Owner a Medical Cannabis Practitioner? Yes No

C. New Ownership Information (continued)

Proposed Owner #4 Information:

Legal Name: _____ Business Title/Role: _____

Address: _____

Phone Number: _____ Email-Address: _____

Percentage of Cannabis Business to be transferred (number of shares/units), if any: _____

Does this Proposed Owner presently hold any type of Cannabis Business license? Yes No

If yes, please identify the following: License No: _____ License Category: _____

Is this Proposed Owner a Medical Cannabis Practitioner? Yes No

Proposed Owner #5 Information:

Legal Name: _____ Business Title/Role: _____

Address: _____

Phone Number: _____ Email-Address: _____

Percentage of Cannabis Business to be transferred (number of shares/units), if any: _____

Does this Proposed Owner presently hold any type of Cannabis Business license? Yes No

If yes, please identify the following: License No: _____ License Category: _____

Is this Proposed Owner a Medical Cannabis Practitioner? Yes No

D. Proposed Ownership Organizational Structure

Prior to transfer:

| Owner Name | Percent (%) Held | Number of Shares/Units |
|------------|------------------|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Subsequent to transfer:

| Proposed Owner Name | Percent (%) Held | Number of Shares/Units |
|---------------------|------------------|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Section III. *Acknowledgment and Signature*

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 that all of the information provided in and with this Application to Request Approval of a Change in Cannabis Business Ownership is true and correct. I understand that if the Office of Medical Cannabis later determines any of the information provided in this Application to be false or misleading, the Office may suspend or revoke any cannabis business license issued to the Applicant. I further acknowledge that any false statement made to the Office is punishable under the applicable provisions of KRS 523.100.

Printed Name of Applicant's Authorized Representative

Signature of Applicant's Authorized Representative

Date