



REGULATED CANNABIS BUSINESS LICENSE
OATH OF APPLICANT

Each Owner with 10% or greater financial interest must complete and sign.

Check Cannabis Application Type:
License Type:
I declare that this entire application packet, including the state application on which the City will rely, statements, and attachments are true, correct, and complete to the best of my knowledge.
I consent to any background investigation necessary to determine my present and continuing suitability pursuant to state and City rules or regulations, and that this consent continues as long as I hold a regulated cannabis business license.
Authorized Signature: Title (owner, manager, director, etc.) % Ownership:
Printed Name: Business (dba): Date:

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public Signature

My Commission Expires: \_\_\_\_\_