



REGULATED CANNABIS BUSINESS LICENSE
OATH OF NO OVERLAP

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

Form with sections for License Type (Retail Store, Co-Located Medical and Retail Store), a declaration of no overlapping interests, and fields for Authorized Signature, Title, % Ownership, Printed Name, Business (dba), and Date.

STATE OF _____)

COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public Signature

My Commission Expires: _____