**FORM 3\***

**BUSINESS LICENSE IDENTIFICATION FORM**

I/We, on behalf of the undersigned Applicant, hereby state(s) as follows:

With respect to the Applicant and the Interest Holders described in Form 2, Part I, such persons have either applied for or are currently or have been previously licensed or authorized to produce or otherwise deal in the manufacture or distribution of Marijuana in any form, in the following States or jurisdiction and corresponding agency or authority:

|  |  |  |  |
| --- | --- | --- | --- |
| **State & Name of Agency** | **Type of License** | **Name of Licensee** | **License or Registration #** |
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I/we have disclosed and provided any and all denial, suspension, revocation or other sanction of the license or authorization listed above as instructed in FORM 5.

I/we hereby authorize the Rhode Island Department of Business Regulation to contact the state agencies indicated above for information regarding the Applicant and the licenses/registrations listed above and by our signature below, authorize such state agencies to provide any and all information requested by the Department regarding the licenses/registrations. If hereafter requested by the Department, I/we will provide any additional authorization required by any of the state agencies in order to provide information requested by the Department.

Click here to enter a date.

Name- Authorized Signatory Date

Name- Printed

Name- Printed