**FORM 5\***

**Interest Holders**

**Certification Statement Form**

On behalf of the Applicant, and with respect to the Applicant and each of the Interest Holders/Key Persons described in Form 2, the undersigned certifies as follows:

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| 1. I certify that none of the Applicant, any Interest Holder and any Marijuana business entity or its equivalent in which such persons hold or have held an interest, has had a registration or license, suspended, revoked, placed on probationary status or subject to any disciplinary action. If no, provide an explanation. | Yes | No |
| 4. Neither the Applicant or any Interest Holder is delinquent on the filing of State or Federal taxes. If delinquent, provide an explanation. | Yes | No |
| 5. If the Applicant or any Interest Holder or any Marijuana business entity or its equivalent in which such persons hold or have held an interest holds or has held a medical Marijuana or medical marijuana license or registration in another State, have any such person(s) been disciplined (including, but not limited to restricted, suspended, or terminated) by any State? If yes, provide a brief explanation. | Yes | No |
| 6. I certify that none of the Applicant and any Interest Holder has been denied a professional license, privilege of taking an examination, or had a professional license or permit disciplined by a licensing authority in Rhode Island or other State. If no, provide a brief explanation. | Yes | No |
| 7. Is any Interest Holder employed by the State of Rhode Island? If no, skip next question. | Yes | No |
| 8. If any Interest Holder is employed by the State, please state the name, agency and position: |  |  |
| 9. Does any Interest Holder have any “material financial interest or control” (as defined in Section 1.5(E)(5) of the Regulations) in another licensed cultivator, a compassion center, a licensed cooperative cultivation, or a Rhode Island DOH-approved third party testing provider or vice versa. If no, skip the next question. | Yes | No |
| 10. If any Interest Holder has such “material financial interest or control” or vice versa, please describe below. |  |  |
| 11. I acknowledge that I fully understand that:  Marijuana is a Schedule I controlled substance under the Controlled Substances Act of 1970 (21 U.S.C. 801 et seq.);  Manufacture, distribution, cultivation, processing, possession, or possession with intent to distribute a Schedule I controlled substance, or conspiring or attempting to do so, are offenses subject to harsh penalties under federal law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges; and  Any activity regarding Marijuana that does not comply with Rhode Island law or regulations is a violation of State law and could result in arrest, prosecution, conviction, incarceration, fine, seizure of property, and loss of licenses or other privileges. | Yes    Yes    Yes | No    No    No |
| 12. I certify my acknowledgement that Application Fees are non-refundable. | Yes | No |
| 13. I acknowledge that in filing an Application for a license, the following:   1. The Department of Business Regulation is vested with broad discretion to select the Applicants to be approved for a Cultivator License; and 2. The Department of Business Regulation’s decision in approving or denying an Application shall be final. | Yes | No |

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| Dated this \_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Signatory  Printed Name:  Title:  Sworn to and subscribed before me on this \_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_.  (SEAL) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary Public |