



*A photocopy, facsimile, or other electronic version of this document may be accepted as an original signature.

Application for a Change in Ownership within a Medical Cannabis Organization

Items to include with application for change in ownership:

For each new person to be added:

Full legal name, phone number, email address, visible copy of their valid photo ID, date of birth, last 4 of SSN, electronic, residential, and mailing addresses, expected percentage of ownership.

West Virginia Secretary of State Business License or Certificate of Authority for Out of State Businesses.

Updated Organizational Chart – Legal entity as well as functional operation

Updated Tax Clearance Certificates

Did the Title/Lease/or option to purchase agreement change? Yes or No

If yes, provide the updated agreement.

Primary Contact information

Full legal name, title, phone number, email address, fax number, and mailing address.

CV (or résumé) for Individuals – a current CV must be attached for EVERY new principal, operator, financial backer, and employee. Applicants that are Business Entities - new Corporations or Limited Liability Companies listed in the Applicant’s Section as Principals, Operators, or Financial Backers, see 64 CSR 109, subdivision 6.2.g, and for General Partnerships, Limited Partnerships, Limited Liability Partnerships, and Limited Liability Limited Partnerships listed in the Applicant’s section as Principals, Operators, or Financial Backers; see 64 CSR 109, subdivision 6.2.h for required documentation.

Description of Duties for Applicants

Affidavit of Suitability – for each new person being included in the change of ownership application.

Criminal Background Check Applicant’s Rights Acknowledgement - each new person being included into the change of ownership application, for whom a criminal background check will be performed, must acknowledge receipt of this information.

Updated Plan of Operation reflecting changes, if any

Updated medical cannabis label *(if applicable)*

Submitted by Signature: _____

Title: _____ Date: _____

Reviewed by: _____

Approved Denied

Reason if denied: _____

Approver’s Signature: _____ Date: _____