



Affidavit of Suitability For Participation in a Medical Cannabis Organization

This form must be completed for each individual identified in the medical cannabis organization permit application.

Medical Cannabis Organization Name:		
Name:	Title:	
Residential Address:		
City:	State:	Zip Code:
Affiliation: <input type="checkbox"/> Principal <input type="checkbox"/> Operator <input type="checkbox"/> Financial Backer <input type="checkbox"/> Employee		Phone Number:

I, _____, the undersigned, hereby certify the following:

Within a 10-year period, prior to the initial permit application to become a Medical Cannabis Organization in the State of West Virginia, I have held the following position(s) of management or ownership in any other business involving the growing, processing, manufacturing, or distributing of medical cannabis or controlled substances:

Business Name	Title/Role	Dates To/From

I have never held a position of management or ownership in a similar business relating to the growing, processing, manufacturing or distributing of medical cannabis or controlled substances.

I have held business registration, permit, or license relating to the growing, processing, manufacturing or distributing of medical cannabis or controlled substances. for the following:

Type of Permit/License	Permit/License Number	Issuing State	Discipline Actions Y/N	Current Permit/License Status

I have never held a business registration, permit, or license relating to the growing, processing, manufacturing or distributing of medical cannabis or controlled substances.



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For every criminal offense other than a traffic offense not involving impairment or bodily injury, please provide the following:

Offense	Date of Conviction

I have no criminal convictions.

I am aware that any false statement made in this application is punishable to the fullest extent under the law.

Signature of Affiant Date

State of _____

County of _____

This record was acknowledged before me on _____ by _____

Notary Public

My commission expires _____

Place Stamp Here