

## AUTHORIZATION OF ADDITIONAL CONTACT PERSON

Do not sign until notary is present

**Add additional pages of this form as necessary to account for multiple contact persons.**

### PART A (to be completed by the licensee):

On behalf of \_\_\_\_\_, I \_\_\_\_\_,  
Legal Name of Licensee Name & Title of Individual Authorized to Sign on Behalf of Licensee

confirm the following:

1. I am the individual responsible for submitting this form and have full authority to execute the authorization of an additional contact person for the licensee.
2. I authorize the Cannabis Regulatory Agency (Agency) to add \_\_\_\_\_ as a contact person for the licensee. I understand that this person will have access to the following licensing records of the licensee: the prequalified record, license record(s), and renewal record(s). Further, I understand that this person will retain record access and is authorized to communicate with and receive communication from the Agency regarding the licensee until the licensee submits an official request to remove this person's access and cease communication with this person. The contact information for this person is provided in Part B below.
3. The contact person named above is to be added to:
  - the licensee's adult-use establishment licensing records only.
  - the licensee's medical facility licensing records only.
  - both the adult-use establishment and the medical facility licensing records of the licensee.

\_\_\_\_\_  
Authorized Individual Signature \_\_\_\_\_  
Date

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Authorized Individual Name) (Date)

\_\_\_\_\_  
(Notary Public Signature) \_\_\_\_\_  
(Notary Public Printed Name)

State of \_\_\_\_\_, County of \_\_\_\_\_, Acting in the county of \_\_\_\_\_,  
(county) (state)

My commission expires: \_\_\_\_\_.

### PART B (to be completed by the authorized contact person):

I \_\_\_\_\_, confirm the following:  
Name of Contact Person

1. I am the individual named in Part A above.
2. My contact information to be used in communications regarding the licensee named in Part A above is as follows:

Contact E-mail Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Person's Accela User ID (if applicable): \_\_\_\_\_

(IMPORTANT: Accela Login User ID is required if the contact person needs access to online licensing records. Please contact the Agency if you need assistance creating an Accela account.)

\_\_\_\_\_  
Contact Person Signature \_\_\_\_\_  
Date

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Contact Person Name) (Date)

\_\_\_\_\_  
(Notary Public Signature) \_\_\_\_\_  
(Notary Public Printed Name)

State of \_\_\_\_\_, County of \_\_\_\_\_, Acting in the county of \_\_\_\_\_,  
(county) (state)

My commission expires: \_\_\_\_\_.