

REMOVAL OF AUTHORIZED CONTACT PERSON

Do not sign until notary is present

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

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 removal of an authorized contact person for the licensee.
2. I hereby request that the Cannabis Regulatory Agency (Agency) remove _____ as a contact person for the licensee. I understand that this person will no longer have access to licensing records of the licensee. Further, I understand that this person will no longer receive communications regarding the licensee and will no longer be able to contact the Agency on the licensee's behalf.
3. The contact person named above is to be removed from:
 - 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: _____.