

ATTESTATION K - RENEWAL
CONFIRMATION OF MMFLA AND RULE COMPLIANCE

(To be completed and submitted by the applicant)

Do not sign until notary is present

On behalf of _____, I _____,
Legal Name of Renewal Applicant Name & Title of Individual Authorized to Sign on Behalf of Renewal Applicant

hereby reaffirm, swear, acknowledge, and consent to the contents of the following attestations that were filed as part of the licensee's application for licensure and/or updated as may have been necessary (check all that apply):

- Attestation A – Entity: Acknowledgment, Agreement, & Consent
- Attestation B – Entity: Authorization to Release Information
- Attestation C – Entity: Verification & Affidavit of Full Disclosure
- Attestation D – Entity: Acknowledgment of Federal Law & Release of Liability
- Attestation F – Entity: Confirmation of Tax Compliance

I swear and attest that the application and information provided to renew all licenses currently subject to renewal is current, complete, true, and accurate.

I swear and attest that the licensee has fulfilled its obligation under the Medical Marihuana Facilities License Act (MMFLA) and the MMFLA Administrative Rules (Rules) to notify the Cannabis Regulatory Agency (Agency) of any change in information provided in its original license application and subsequent annual renewal application(s).

I swear and attest that the licensee has filed its online renewal application and that it has provided all information and documentation prescribed and required by the Agency to establish the determine that the licensee is eligible, qualified, and suitable to have its state operating license(s) renewed.

I further swear and attest that the licensee is ready and able to continue conducting its marijuana facility in compliance with the MMFLA and the Rules throughout the new one-year time period for which the license(s) is/are to be renewed.

 Signature of Individual Authorized to Sign on Behalf of Renewal Applicant

 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: _____.