



ATTESTATION K - RENEWAL

(Use BLUE or BLACK ink ONLY)

CONFIRMATION OF MMFLA AND RULE COMPLIANCE

(To be completed and signed by an individual with authority to bind the licensee applicant for renewal)

Do not sign until notary is present

I, _____, on behalf of _____ (licensee applicant for renewal) hereby reaffirm, swear, acknowledge, and consent to the contents of the following attestations that were filed as part of 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 Marijuana Facilities Licensing Act (MMFLA) and the MMFLA Administrative Rules (Rules) to notify the Marijuana Regulatory Agency (MRA) 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 MRA to establish and 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 1-year time period for which the license(s) is/are to be renewed.

Signature of Individual with Authority to Bind the Licensee

Date

Individual with Authority to Bind the Licensee – Name and Title

Subscribed and sworn to by _____ before me on _____.
(Individual’s Name) (Date)

Notary Public Signature

Notary Public Printed Name

State of _____, County of _____. Acting in the County of _____, _____.
(County) (State)

My commission expires: _____.