



ENTITY: PURCHASING A BUSINESS

Please provide the following information regarding the entities:

Entity Name & Record Number(s) Making Purchase	Assumed Name (if applicable)
Entity Name & Record Number(s) Being Purchased	Purchase Date
<p>Will this purchase be an entity purchase and/or an asset purchase? An entity purchase includes items such as: name or FEIN. An asset purchase includes items such as: real estate, facility fixtures, inventory, etc.</p> <p align="center"> <input type="checkbox"/> Entity Purchase <input type="checkbox"/> Asset Purchase <input type="checkbox"/> Entity & Asset Purchase </p>	
<p>Required for Entity Purchase:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Change of Ownership form with supporting documentation <input type="checkbox"/> Purchase Agreement <input type="checkbox"/> Proof of Payment 	<p>Business Plans</p> <ul style="list-style-type: none"> <input type="checkbox"/> Marijuana Business Location Plan <input type="checkbox"/> Business Plan including, but not limited to: <ul style="list-style-type: none"> <input type="checkbox"/> Technology Plan (3rd party integrating software with METRC) <input type="checkbox"/> Staffing Plan <input type="checkbox"/> Marketing Plan (advertising, propaganda, etc.) <input type="checkbox"/> Inventory & Recordkeeping Plan
<p>Required for Asset Purchase:</p> <p>Facility License Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Facility Demographics <p>Attestations</p> <ul style="list-style-type: none"> <input type="checkbox"/> G - Acknowledgment and Consent to Investigations, Statute, & Rule Compliance <input type="checkbox"/> H - Applicant's Interest & Experience Attestation <input type="checkbox"/> I - Confirmation of Sec. 205 Compliance (notarized) <input type="checkbox"/> J - Confirmation of Sec. 408 Compliance (notarized) <ul style="list-style-type: none"> <input type="checkbox"/> Declarations Page of the Insurance Policy or the Fully Executed Surety Bond <input type="checkbox"/> Acknowledgment of Attestations (notarized) 	<p>Additional Required Documents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Deed or Lease Agreement <input type="checkbox"/> Certificate of Occupancy <input type="checkbox"/> Certified Mail Receipt with Letter sent to Municipality <input type="checkbox"/> Documents Related to Transfer of Ownership (if applicable) <input type="checkbox"/> Purchase Agreement <input type="checkbox"/> Proof of Payment
<p>Will the entity have new ownership that has not been prequalified? If yes, submit a supplemental prequalification application for each new owner that will be considered an applicant under Medical Marihuana Facilities Licensing Act (MMFLA), 2016 PA 281 Sec. 102 (c)(i) to (vi).</p> <p align="center"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>Please check the appropriate status of the entity being purchased. Is the entity already licensed, have a pending facility license application, or awaiting public investigative hearing on a denied application? If applicable, surrender any existing licenses or withdraw current appeal.</p> <p align="center"> <input type="checkbox"/> Licensed <input type="checkbox"/> Pending Facility License Application <input type="checkbox"/> Awaiting Public Investigative Hearing </p>	
<p>License Number: _____</p>	

Person Completing Form

Name (First, Middle, Last)	Affiliation with Entity
Email Address	Phone