



## AFFIDAVIT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Personally came and appeared before me, the undersigned Notary, the within named \_\_\_\_\_, who is a resident of \_\_\_\_\_ County, State of \_\_\_\_\_, who having been duly sworn, stated upon oath and under penalty of perjury, the following:

I am an applicant as defined under the Mississippi Medical Cannabis Act. I declare under penalty of perjury that I have not been the subject of a conviction for a disqualifying felony offense.

Disqualifying felony offense means:

- (i) A conviction for a crime of violence as defined by Miss. Code Ann. §97-3-2. (97-3-2 is attached.)
- (ii) A conviction for a crime that was defined as a violent crime in the law of the jurisdiction in which the offense was committed, and that was classified as a felony in the jurisdiction where the person was convicted; or
- (iii) A conviction for a violation of a state or federal controlled substances law that was classified as a felony in the jurisdiction where the person was convicted, including the service of any term of probation, incarceration or supervised release within the previous five (5) years and the offender has not committed another similar offense since the conviction. Under this subparagraph (iii), a **disqualifying felony** offense shall not include a conviction that consisted of conduct for which this chapter would likely have prevented the conviction but for the fact that the conduct occurred before the effective date of this act.

I understand and acknowledge that I am not eligible to receive a medical cannabis business license if I have been convicted of a disqualifying felony offense.

Choose one [1]:

- ☐ I further certify that I **have not** been the subject of: (i) a warrant for arrest; (ii) an arrest; or (iii) a pending diversion agreement for a disqualifying felony offense.
- ☐ I further certify that I **have been** the subject of: (i) a warrant for arrest; (ii) an arrest or (iii) a pending diversion agreement for a disqualifying felony offense, as follows [please explain in the space below]:

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I understand and acknowledge that the State of Mississippi will be conducting a background check to determine whether I have been convicted of a disqualifying felony. To complete a background check, I understand and acknowledge that my information, including fingerprints, will be transmitted through the applicable federal and state databases. I understand and agree that results of my background check showing that I have been convicted of a disqualifying felony will constitute a basis for revocation or denial of any applicable medical cannabis business license.

I understand that a license issued under the Mississippi Medical Cannabis Act is not a property right, and as such is revocable.

I agree, to the fullest extent allowed by law, to indemnify, defend, save and hold harmless, protect, and exonerate the Governor of the State of Mississippi, the Mississippi Department of Public Safety, the Mississippi Department of Health, the Mississippi Department of Revenue, their commissioners, executive directors, board members, officers, employees, agents, and

representatives, and the State of Mississippi, from and against all claims, demands, liabilities, suits, actions, damages, losses, and costs of every kind and nature whatsoever including, without limitation, legal costs, investigative fees and expenses, and attorney's fees, arising out of the denial or revocation of a medical cannabis business license based on any disqualifying felony of which I may have been convicted.

DATED this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Affiant

SWORN to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC