

LICENSEE CERTIFICATION AND OATH

I, _____, certify under penalty of perjury that the organization applying for this Medical Cannabis Dispensary License does meet the qualifications of a licensee as described in the Mississippi Medical Cannabis Act and applicable regulations. I affirm that this organization will comply fully with the provisions of the Mississippi Medical Cannabis Act and applicable regulations in the purchase, sale, dispensing and handling of medical cannabis products and will keep all records and make all reports and remittances as required thereby. I certify that the information presented on this application to be true and correct. I also agree that making a material misrepresentation on this application (or personal record form attached hereto) shall be a basis for denial on this application or revocation of a license in the future.

Signature

Date

Title

SWORN TO AND SUBSCRIBED before me, this the ____ day of _____, _____.

NOTARY PUBLIC

My commission expires:
