

STATEMENT ON LOCAL PRIVILEGE LICENSES AND PERMITS

The City/County of _____ either (1) will not issue a local dispensary privilege license or permit until after receiving confirmation that the applicant has received a State-issued medical cannabis dispensary license; or (2) will not begin accepting applications for local privilege licenses or permits until _____ (date).

Therefore, I am submitting this statement as affirmation that I will seek the applicable local dispensary license or permit either (1) immediately after I receive my State-issued medical cannabis dispensary license; or (2) once the city/county begins accepting applications on _____ (date), as applicable.

I understand and agree that I cannot operate as a Medical Cannabis Dispensary until I have received all applicable licenses. I also agree that my failure to seek a local license or permit within 7 days of the applicable time as stated above or the denial of the applicable license or permit application by the city/county each serve as a basis for revocation of the State License by the Mississippi Department of Revenue.

SIGNATURE

NAME

ON BEHALF OF

DATE