



Iowa Department of Public Health
Medical Cannabidiol Manufacturer License Application
Request for Proposal #58821019

Licensing/Regulatory Authority Release Form

Applicant Business Name: _____

Name of Person Completing Form: _____

1. Yes or No. Have the applicant manufacturing business owners applied for, are currently, or have previously been, licensed, authorized, or registered to produce or otherwise distribute *Cannabis* and/or cannabidiol products in any form, in any states or jurisdictions (including Iowa)?

2. If the answer to question #1 is yes, complete this form **for each license**, authorization, and registration, for each state and jurisdiction:
 - a. State or Jurisdiction: _____
 - b. State Licensing/ Regulatory Authority: _____
 - c. State Agency or Authority Contact Name, Phone, and Email: _____

 - d. License, Authorization, or Registration Number: _____
 - e. Name of Applicant's Business Licensed, Authorized or Registered in the other state/ jurisdiction: _____

I hereby specifically grant the Iowa Department of Public Health permission to contact the above listed state or jurisdiction and licensing/ regulatory authority to confirm the accuracy of information contained in this application.

I hereby specifically grant permission to the above listed state or jurisdiction and its licensing/ regulatory authority to release to the Iowa Department of Public Health any and all information relating to the application, licensure, authorization, or registration to dispense or otherwise distribute cannabis and/or cannabidiol products in any form. Such information includes but may not be limited to the following:

- Any denial, suspension, revocation, notices of noncompliance, or other sanction of the application, license, or authorization, and
- A copy of documentation so indicating; or
- A statement that the applicant was so licensed, authorized, or registered and was never sanctioned.



Name – Signature: _____

Name – Printed: _____

Date: _____