



Iowa Department of Public Health
Medical Cannabidiol Manufacturer Application Certification and Conditions
Request for Proposal #58821019

Applicant Entity Information:

Legal Name include d/b/a (doing business as) if applicable:	
Last Four Digits of the Federal Tax ID Number:	
Address:	
Phone:	
Email Address:	

This form provides for the certification and assurance of the Applicant’s intent and commitment to provide the services included in the application if a license is issued.

This Certification and Conditions Form is required to be completed, signed and dated by the applicant.

The Department reserves the right to accept or reject any exception taken by an applicant to the terms and conditions listed. Should the applicant take exception to the terms and conditions listed by responding 'no' to any of the conditions listed, the successful applicant's exceptions may be rejected and the Department may elect to reject the application.

Application Certification and Conditions:

By marking 'Yes' to each statement below you are affirming and certifying your acceptance of each condition. Marking 'No' to a statement means you are taking exception to an application condition and the Department reserves the right to reject the application.

Condition	Yes	No
The information contained in the Application Forms is accurate, to the best of my knowledge.		
An Applicant's submission of an application constitutes mutual agreement among the Department and the Applicant that, as a		



condition for licensure (if a manufacturer license is issued), the applicant will begin supplying medical cannabidiol to licensed dispensaries in Iowa no later than July 1, 2021, at the approved medical cannabidiol dispensary location.		
If a manufacturing license is awarded, the organization has the resources to meet the code and rules as referenced in the RFP.		
If a manufacturing license is awarded, based on my authority, the organization is committed to fulfilling the statutory requirements and rules.		
I certify that my agency is not suspended or debarred or otherwise excluded from participating in provision of services in the event application is approved.		
I have read and understood the applicable code and rules for this license.		

Authorized Signature for the Applicant: _____

Title of Signatory: _____

Date Form is Completed and Signed: _____