



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

Owner Certification Form

Applicant Business Name: _____

Name of Owner Completing Form: _____

Notice: A separate form is required to be completed and submitted by **each owner** with a 5% or greater ownership interest.

1. I certify that I do not and have not held an ownership interest in a *Cannabis* license or its equivalent in any state or territory of the United States that has had the registration or license suspended, revoked, placed on probationary status or subject to disciplinary action.
2. I certify that I have not managed or served on the board of any business or not-for-profit that was convicted, fined, censured, or had a registration suspended or revoked in an administrative or judicial proceeding.
3. I certify that I am not a party to any legal proceeding where damages, fines, or civil penalties may reasonably be expected to exceed insurance coverage available to cover the claim by \$500,000 or more.
4. I certify that I am not delinquent on the filing of state or federal taxes.
5. I certify that I have not held a *Cannabis*, medical *Cannabis*, or medical marijuana license or registration in any State for which I have been disciplined by the State, including, but not limited to, restriction, suspension, or termination.
6. I certify that I have not been denied a professional license or privilege of taking an examination or had a professional license or permit disciplined by a licensing authority in any State.
7. I acknowledge I have actual notice that, notwithstanding any State law:
 - *Cannabis* is a prohibited Schedule I controlled substance under Federal law;
 - Any activity not sanctioned by Iowa Code chapter 124E and proposed administrative rules may be a violation of State or Federal law and could result in arrest, prosecution, conviction, or incarceration.



- 8. I certify that I have not been convicted of a disqualifying felony offense defined as a violation under federal or state law of a felony under federal or state law, which has an element the possession, use, or distribution of a controlled substance, as defined in 21 U.S.C. §802(6).

- 9. I acknowledge that the license application fee to be submitted to the Department with the application is **non-refundable**. Refer to the RFP for the amount.

Owner Name – Signature: _____

Name – Printed: _____

Date: _____