



### LICENSEE CERTIFICATION AND OATH

I, \_\_\_\_\_, certify under penalty of perjury that the organization applying for this Medical Cannabis Establishment License does meet the qualifications of a licensee as described in the Mississippi Medical Cannabis Act and applicable state and local regulations. I affirm that this organization will comply fully with the provisions of the Mississippi Medical Cannabis Act and applicable state and local regulations in the cultivation, processing, transportation, testing, research, dispensing and disposal of medical cannabis products, as applicable to the organization, 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 of this application or revocation of a license in the future, or imposition of potential criminal penalties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

SWORN TO AND SUBSCRIBED before me, this the \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission expires:  
  
\_\_\_\_\_