

NO ALCOHOL OR TOBACCO APPLICANT ATTESTATION

LIC-4020-FORM

Applicant Entity Name:				
Business Premises Loca	tion:			
DCR Record No.:			TM	
Instructions: This attest Cannabis Procedures w alcoholic beverages or to	hich requires that the	Applicant attest tha		•
	t I do not possess a pe ages or tobacco			•
	ucting a Commercial (e from the Department			ne Applicant is
I attest that the informat signature below. I have the Applicant Entity identified failure to disclose materi the license, and/or any ot	ne authority to make the dabove. I understand al facts may result in c	ne attestations conta that submission of fa lenial of the applicat	ined within this form online or misleading info	on behalf of the ormation or the
Please check one of the	following and sign belo	w. I am: Owner	- Authorized Age	nt
Name/ Title		Signature	Date	

Signature instructions: This form requires a signature from the Authorized Agent designated on the Authorized Agent Acknowledgement (LIC-4009-FORM). If an Authorized Agent has <u>not</u> been designated, signatures are required from a sufficient number of Level 1 Owners to constitute a majority (51%) of the ownership of the Applicant or Licensee. "Level 1 Owners" are the natural persons or entities that own the Applicant or Licensee entity directly without any intervening entities or persons. If a Level 1 Owner is an entity, the CEO or President, or equivalent executive position, may sign on behalf of the entity.