

## Transfer of Ownership Application

### Instructions and Required Attachments

A. All information and documentation must be received **before** an application will be placed on the MMC agenda. The deadline for submission is noon on the Friday before a scheduled meeting. **No exceptions will be made.** We strongly encourage applicants to submit all items at least seven (7) business days before a scheduled meeting in case reviewing staff has questions or requires additional documentation.

B. Incomplete applications will be returned.

C. Regarding Section 3, Schedule of Ownership:

1. List the ownership of the licensed business as it is BEFORE and will be AFTER the proposed transfer of interest is affected.
2. Current ownership percentages in # 1, "Prior to Transfers" must match ownership percentages on record with the Division.
3. Proposed ownership percentages in Section III, #2, "Subsequent to Transfer" must total 100%.
4. If additional space is needed, please use a continuation page

D. REQUIRED ATTACHMENTS

The MMC must receive documentation supporting the transaction, including without limitation, as applicable:

1. All legal contracts/agreements detailing ownership transaction(s).
2. Organizational chart of new ownership structure including officers and board members. Ownership percentages must be specified in the organizational chart and equal 100 percent.
3. Description of any change in the terms of the original application due to the requested transfer.
4. If one individual/entity has authority to legally act on behalf of all owners, include documentation signed by all owners authorizing transfer of authority to that one individual.
5. Agent cards & background checks up to date for owners, officers and board members.
6. Updated Operating agreement or By-Laws including all amendments.

Transfer of Ownership Application - [select cultivator or dispensary] Facility

SECTION 1. LICENSEE INFORMATION

Facility License Number: \_\_\_\_\_

Licensee Name (Business Name): \_\_\_\_\_

Individual Named on License: \_\_\_\_\_

Contact Information (Please provide preferred methods of contact for the purposes of this application.)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

SECTION 2. TRANSACTION DETAILS

Check Applicable box(es):

- Reallocation of ownership/control among current ownership group (including removal of, but NO additional new owners)
  
- Distributing ownership to new persons/entities who will have ownership or controlling interest (including adding owner(s) to current ownership group). New owners who are individuals, and the ownership, board members, and officers of entities that are new owners, must undergo a Criminal Background Check, provide proof of residency (if an Arkansas resident) and two documents to establish proof of identity (birth certificate, passport, or driver's license).

Current Owner/Seller Information

1. Full name of Current Owner/Seller: \_\_\_\_\_  
\_\_\_\_\_

2. Residence address: \_\_\_\_\_

3. Contact phone # \_\_\_\_\_ 4. Email address: \_\_\_\_\_

5. Percentage to be transferred Number of Shares/Units: \_\_\_\_\_

6. Upon consummation of proposed transfer of interest, state your position and responsibilities:

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7. Briefly explain the reason for the transfer:

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Buyer Information

1. Full name of Buyer: \_\_\_\_\_

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2. Residence address

3. Contact phone # \_\_\_\_\_ 4. Email address: \_\_\_\_\_

5. Percentage to be acquired: \_\_\_\_\_ Number of Shares/Units: \_\_\_\_\_

6. Upon consummation of proposed transfer of interest, state your position and responsibilities:

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SECTION 3. SCHEDULE OF OWNERSHIP

1. Prior to Transfer:

Name	% Held	No. of Shares/Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Subsequent to Transfer:

Name	% Held	No. of Shares/Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Total number of Shares Authorized \_\_\_\_\_ 4. Number of Shares Issued \_\_\_\_\_

SECTION 5. ATTESTATIONS

I, \_\_\_\_\_, being first duly sworn, depose and attest that:

I have read the foregoing document entitled TRANSFER OF OWNERSHIP APPLICATION and know the contents thereof; and

The information contained in this application is true of my own knowledge and information.

\_\_\_\_\_  
Seller signature

\_\_\_\_\_  
Date

State of Arkansas)

County of Pulaski)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_. 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn, depose and attest that:

I have read the foregoing document entitled TRANSFER OF OWNERSHIP APPLICATION and know the contents thereof; and

The information contained in this application is true of my own knowledge and information.

\_\_\_\_\_  
Seller signature

\_\_\_\_\_  
Date

State of Arkansas)

County of Pulaski)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_. 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

# APPLICATION FOR MEDICAL MARIJUANA CULTIVATION FACILITY

## SECTION B. Applicant, Owner, Officer, or Board Member Disclosure Statement APPENDIX 1 – ESTABLISH LEGAL NAME

Any person submitting a Disclosure Statement must present at least one (1) of the source documents listed below to prove his or her legal name. You may provide legible copies of the original documents. The Medical Marijuana Commission reserves the right to request and review the original of any document submitted by copy. Any documents submitted in response to this requirement must be labeled with "Section B, Appendix 1".

1. Certified copy of a birth certificate or marriage certificate filed with a state office of vital statistics or equivalent agency in the individual's state of birth or marriage;
2. Valid, unexpired U.S. passport or U.S. passport card;
3. Consular report of birth abroad Form FS-240, DS-1350 or FS-545 issued by the U.S. Commission of State;
4. Valid, unexpired permanent resident card (Form I-551) issued by the Commission of Homeland Security (DHS) or the U.S. Citizenship and Immigration Services (USCIS);
5. Unexpired employment authorization document issued by the Commission of Homeland Security, Form I-766 or Form I-688B;
6. Unexpired foreign passport with the following: a valid, unexpired U.S. visa affixed, and an approved I-94 form documenting the applicant's most recent admittance into the United States or a Commission of Homeland Security admittance stamp on the passport;
7. Certificate of naturalization issued by Commission of Homeland Security, Form N-550 or Form N-570;
8. Certificate of citizenship, Form N-560 or Form N-561, issued by Commission of Homeland Security;
9. Court-issued, certified copy of a divorce decree; or
10. Certified copy of a legal change of name order.

## IMPORTANT INFORMATION AND INSTRUCTIONS REGARDING A CRIMINAL BACKGROUND CHECK

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1. Alcoholic Beverage Control Administration rules and regulations prohibit the issuance of a registry identification card to a person who has been convicted of an excluded felony offense.
2. Attached is a criminal background application which must be completed and submitted to the Arkansas State Police. They will return the Arkansas background check results to you; the original document must accompany the ABC Notice of Intent to Hire Form. If this report indicates you have not been convicted of an excluded felony offense your application will be eligible for consideration by the agency. Amount of \$25.00 (check or money order) is due at time of submission to Arkansas State Police.

A SELF-ADDRESSED, STAMPED ENVELOPE MUST BE ENCLOSED WITH SUBMISSION OF THE ABOVE.

3. If you wish to complete this process in person, go to the Arkansas State Police Headquarters. You will be required to show a state issued photo ID or driver's license. Payment must be by check or money order made payable to Arkansas State Police.

Background investigation questions; call Arkansas State Police at  
501-618-8500.

MAIL TO:           Arkansas State Police  
                      ATTN: Identification Bureau  
                      #1 State Police Plaza  
                      Little Rock, Arkansas 72209

4. Once an acceptable application has been received by the ABC office, then a fingerprint card will be given/mailed for the employee listed on the Intent to Hire form. DO NOT USE FINGERPRINT CARDS FROM ANY AGENCY OTHER THAN ABC ADMINISTRATION.

