

AFFIDAVIT

STATE OF _____:

SS:

COUNTY OF _____:

I, _____, the _____ of
(NAME) (TITLE/POSITION)

the applicant cannabis business, being duly sworn according to law, on my oath, under penalties of perjury, depose and say that I make this statement on behalf of the cannabis business, and that the statements contained in this Application are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that any misrepresentation or failure to reveal information may be deemed sufficient cause for the refusal to issue a permit/license to operate a cannabis business. I am voluntarily submitting this statement and understand that misleading statements may subject me to criminal or other sanctions or punishment. Further, I agree to provide updates to the statements provided herein as required under all applicable statutes and rules, or as requested by the New Jersey Cannabis Regulatory Commission.

Name of Cannabis Business Applicant

Cannabis Business Representative's Name and Title

Cannabis Business Representative's Signature

Subscribed and sworn to
before me this _____ day
of _____, 20 ____.

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and all Governmental Agencies – federal, state and local, without exception, both foreign and domestic.

On behalf of _____,
(NAME OF CANNABIS BUSINESS ENTITY)

I, _____ have
(NAME OF PRESIDENT OR CHIEF EXECUTIVE OFFICER)

authorized the New Jersey Cannabis Regulatory Commission to conduct a full investigation into the background of said Cannabis Business Applicant.

Therefore, you are hereby authorized to release any and all information pertaining to the said Cannabis Business Applicant, documentary or otherwise, as requested by any employee, agent or representative of the Cannabis Regulatory Commission provided that he or she certifies to you that said Cannabis Business Applicant has made an application before the Cannabis Regulatory Commission.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photocopy of this authorization will be considered as effective and valid as the original.

DATE

SIGNATURE

PRINTED NAME

Subscribed and sworn to
before me this _____ day
of _____, 20 _____.

NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

WAIVER OF LIABILITY

On behalf of _____,
(NAME OF CANNIBIS BUSINESS APPLICANT)

I, _____
(NAME OF PRESIDENT OR CHIEF EXECUTIVE OFFICER)

hereby waive liability, as to the State of New Jersey, the Cannabis Regulatory Commission and their instrumentalities and agents, for any damages resulting to the said Cannabis Business Applicant from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the permitting/licensing process or during any inquiries, investigations, or hearings.

DATE

SIGNATURE

PRINTED NAME

Subscribed and sworn to

before me this _____ day

of _____, 20 _____.

NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC