

Personal History Disclosure for Laboratory Testing and Sampling OCM-06005 (8/22)

APPLICANTS OR PERMITTEES SHOULD KEEP A COPY OF THIS PERSONAL HISTORY DISCLOSURE AND THE SUPPORTING DOCUMENTS FOR THEIR RECORDS.

The Office will not be able to process this form unless it is completed using the <u>desktop version of Adobe Acrobat</u>. The form may not be printed. A form that is printed or that is completed in your web browser will not have a valid digital signature and will not be accepted by the Office.

A holder of a cannabis laboratory testing permit or sampling approval, and its True Parties of Interest, and their immediate family members, shall have no interest in an adult-use cultivator, processor, distributor, retail dispensary, cooperative, microbusiness, delivery, nursery, on-site consumption, registered organization, cannabinoid hemp processor, or any other license or permit pursuant to the Cannabis Law.

True Parties of Interest, include, but are not limited to, those assuming any of the following positions:

- Sole Proprietor, General Partner, Limited Partner, Partner, LLC Member, LLC Manager, Stockholder;
- · Chairman, Board Member, Director, Trustee;
- President, Vice President, Treasurer, Secretary, Officer, or Person with Equivalent Title or Responsibility;
- · Current or Future Right to Investment, Ownership, Compensation, or Receive Revenue or Profit;
- · Joint Account Holder or Guarantor;
- · Authority to/ or Exercises Control; and
- Executive, Manager, or Supervising Employee with Ability to Control Licensee Decision Making (not intended to include line managers or supervisors)

Immediate family members include parents, guardians, spouses or dependents.

At the time of application, a cannabis laboratory must submit the Personal or Entity Disclosure form for all individuals and entities holding at least ten percent (10%) or more of any class of shares (including whether current or future), and for any individuals and entities that are true parties of interest (TPI) by any other positions or means as outlined above. Individuals and entities holding less than 10% of shares in a licensed entity remain True Parties of Interest in that licensee, and are therefore prohibited from holding any direct or indirect interest in any other license issued by the Office of Cannabis Management.

Each True Party of Interest of the applicant or permittee, as established in this guidance, must provide a completed, dated, and signed Personal History Disclosure and New York State Department of Tax and Finance Clearance Form (OCM-06002) to the applicant or permittee. The applicant or permittee will use the information from each Personal History Disclosure to complete the application. Each Personal History Disclosure and Tax and Finance Clearance Form must be submitted along with the application.

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1. True Party of Interest Individual Information

1a. P	ersonal Iden	tity Info	rmation				
F	ïrst Name:			Middle Name:		Last Name:	Suffix:
U	IS Citizen:	Yes	No	If not a U.S. ci	tizen - country of	citizenship:	
S	ocial Security	/ Numbe	r (if applicab	le):			
D	ate of Birth:						
Α	liases:						
	hysical Addı	ress					
	street 1:						
	treet 2:						
С	City, Town, or	Village:			State:	Country:	Zip:
4 - N	a: :	/:£	ifa wa mat fu a wa	ah awa)			
	lailing Addre	iss (ii aii	ierent irom	above)			
	street 1:						
	street 2:	\ (*)!			0	0 1	
C	City, Town, or	Village:			State:	Country:	Zip:
1d. P	ersonal Con	tact Info	rmation				
	hone 1:				Type:		
Р	hone 2:				Type:		
Е	mail:						
1e. C	ontact (if dif	ferent fr	om 1d)				
N	lame of Conta	act:					
C	Office Address	3:					
С	city, Town, or	Village:			State:	Country:	Zip:
Р	hone:				Email:		
1f. Se	ex Please s	select:					
1g. E	thnicity		Hienanio	or Latino	Not Hispanic or I	Latino	
	-		тпэраті	or Lauro	140t i lispatilo di 1	Laurio	
ıh R∶	aca Please s	elect.					

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1f. Affiliated NYS Cannabis Applicant / Permittee

Applicant/Permittee that the Individual is a True Party of Interest to:

License Number (if applicable):

1g. If you are a TPI of a business entity that is also recognized as a TPI in a cannabis testing laboratory or sampling applicant or permittee then enter such entity's business name, FEIN, and relationship.

1h. Does the applicant or permittee have any compensation agreements with you, whether the agreement is directly with this party or indirectly through an intermediate entity? A compensation agreement is a legal document that guarantees that an individual or entity will receive compensation for certain actions. It can include compensation for an individual or entity getting paid as an employee, a commission that a worker is entitled to receive, compensation for a Non-Compete Agreement, etc.? If yes, describe the nature of the agreement and please provide a copy of the agreement with this disclosure.

Yes No

1i. Do you have any proposed or executed contract, term sheet, agreement, or side letter with the applicant or another party that relates to the ownership and control structure, assets, liabilities, real or intellectual property, revenue, funding or capitalization, royalties, or profit, or future profit, of the applicant or proposed permittee or comparable documents? If yes, describe the nature of the agreement and please provide a copy of the agreement with this disclosure.

Yes No

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2. Position or Interest You Hold:

2a. Positions:

Select all that apply. If a spouse, select Spouse and the interest(s) held by your spouse

Sole Proprietor	President	Board Member	Current or Future Right to ownership*
Partner	Vice President	Trustee	Current or Future Right to investment*
General Partner	Treasurer	Immediate Family Member	Current or Future Right to compensation*
Limited Partner	Secretary	Joint Account Holder	Manager or Supervising Employee

LLC Member Officer Guarantor*

LLC Manager Chairman Authority to/ or Exercises Control*
Stockholder Director Right to receive revenue or profit*

Other

Percentage of ownership Number of shares owned Percentage or revenue or profit entitled to

*If you are a guarantor, have authority to or exercise control over the applicant or permittee; or have right to receive profit or revenue or have a current or future right to ownership, investment or compensation arrangement, please state your relationship to the applicant or permittee and, if applicable, the type of interest including but not limited to, options, warrants, convertible notes, unvested stock, or any other unit of equity or voting interest:

2b. Please list names of all immediate family members directly interested in the permit or sampling approval:

2c. Identify all persons that have control, authority, a relationship, interest, or influence over any guarantor; any person that has authority to or exercises control over the applicant; or any person that has a right to receive profit or revenue or has a current or future right to ownership, investment or compensation arrangement with the applicant:

3. Residence History

List your residence history for the past FIVE (5) years to the PRESENT DATE			
Address City, Town, Village; State or Province; Country; Zip Code	From:	To:	

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4. Employment History

Type of Business:

List your employment history for the past FIVE (5) years to PRESENT DATE.

Also, list any employment history that shows experience in the cannabis industry. Add additional sheets if necessary.

From: To: Employer: Position: **Employer Address:** Type of Business: Reason for Leaving: From: To: Employer: Position: Employer Address: Type of Business: Reason for Leaving: To: From: Employer: Position: Employer Address: Type of Business: Reason for Leaving: From: To: Employer: Position: **Employer Address:** Type of Business: Reason for Leaving: From: To: Employer: Position: **Employer Address:**

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Reason for Leaving:

5. License History/ Affiliations

5a. Do you have any interest, direct or indirect, in any premises or business currently licensed by the Office of Cannabis Management where any cannabis is cultivated, processed, manufactured, distributed, tested, transported from, delivered from or sold at wholesale or retail, whether by stock ownership, interlocking directors, sharing parent companies, passive investor, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans? If yes list:

Business Name Business Address Type of Interest Date Interest Began NYS Cannabis License ID

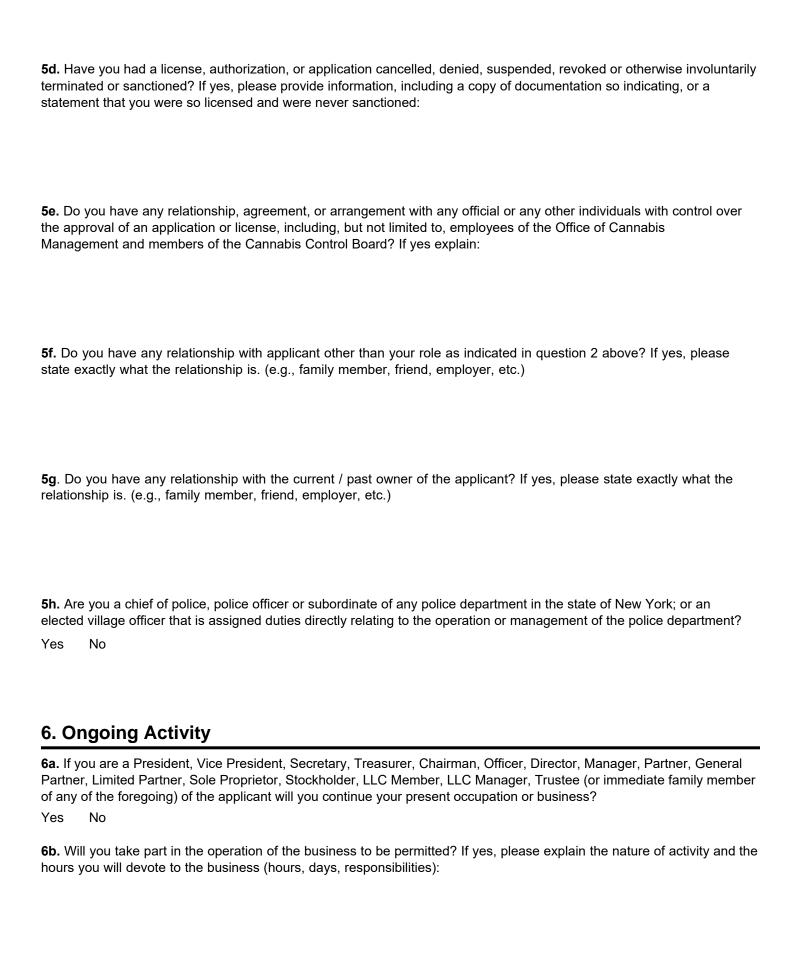
5b. Do you currently or have you previously had any interest, direct or indirect, in a license or were you otherwise authorized in another state or jurisdiction to cultivate, process, manufacture, distribute, test, transport, deliver, or sell at wholesale or retail cannabis products in any form? If yes, list below. You must also provide a copy of each license or authorizing document verifying licensure in that state or jurisdiction with your disclosure.

State or Jurisdiction License Type License Number Date Issued Date Expiration

5c. Other than as itemized in 5a or 5b have you ever applied in NYS or anywhere for a license to cultivate, process, manufacture, distribute, test, transport, deliver, or sell at wholesale or retail cannabis products in any form, including any application as a partnership, limited liability entity, corporation, institution, trust, estate, association, or any other entity? If yes list:

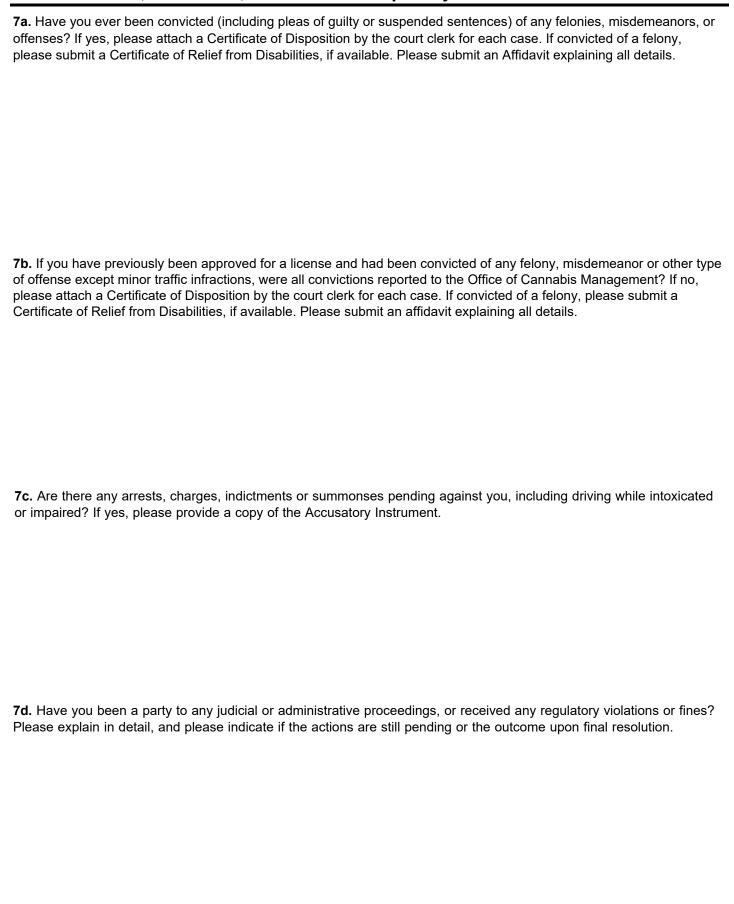
Name of Applicant Address of Premises Disposition Date of Filing License Number

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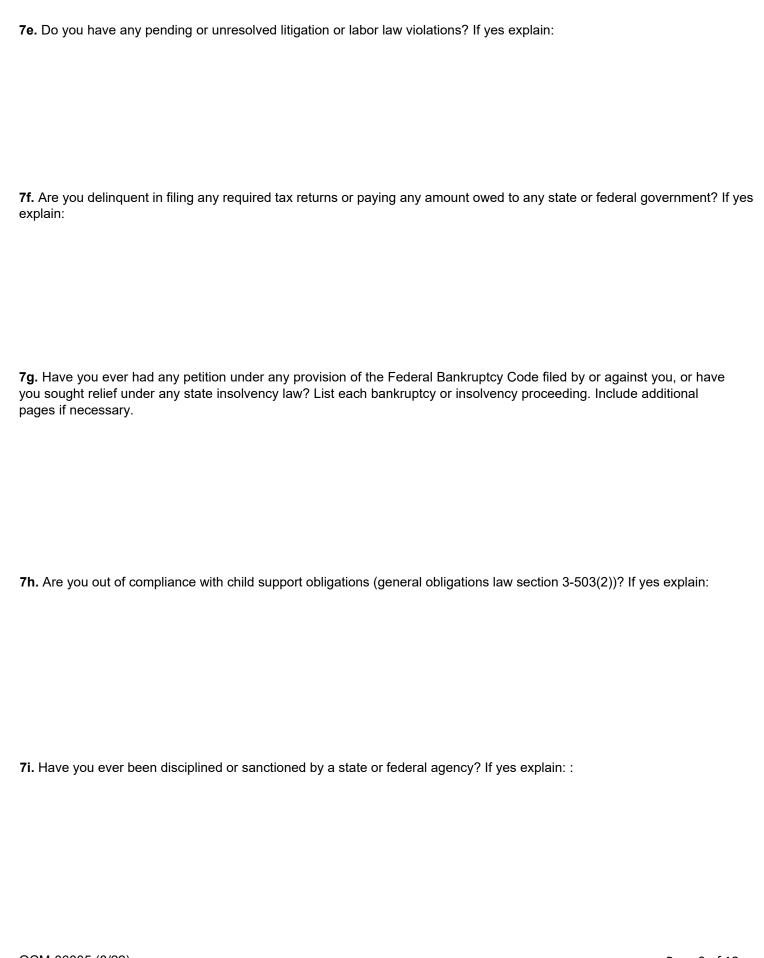


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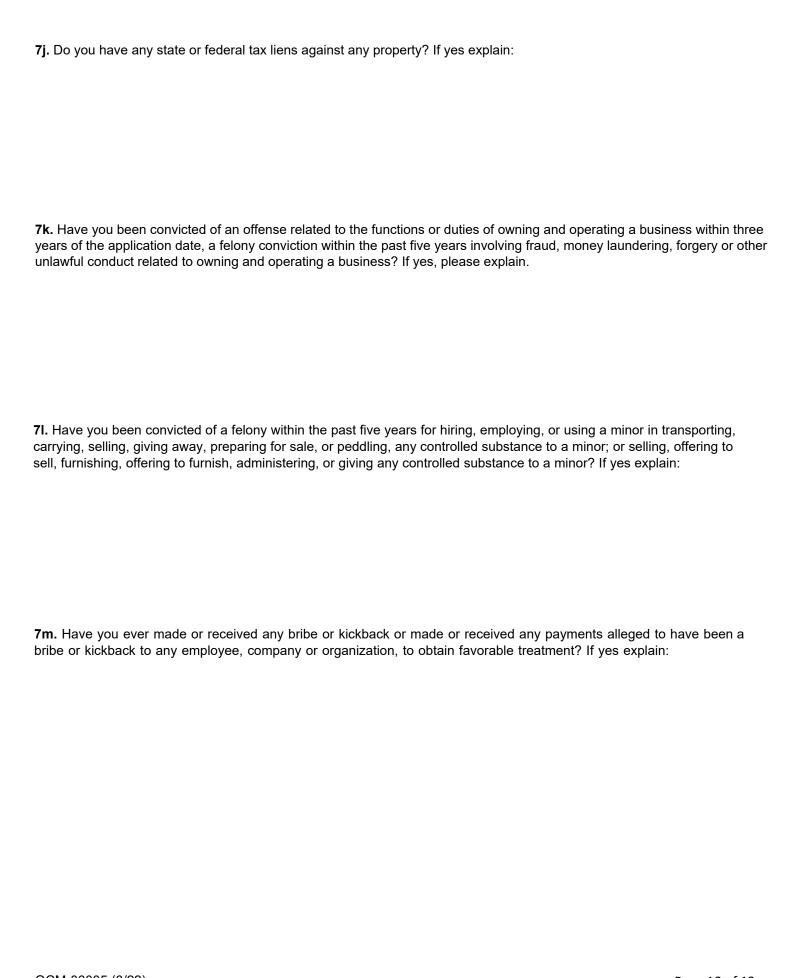
7. Convictions, Sanctions, And Other Disciplinary Actions



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8. Financial Disclosure

8a. List any New York State cannabis licenses for which you are a passive investor.

Licensee or Applicant Name of Licensee/Applicant

License ID # (if applicable) Interest % Type of Interest

8b. List any New York State cannabis licenses for which you are a financier.

Licensee or Applicant

Name of Licensee/Applicant

License ID # (if applicable) Interest % Type of Interest

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8c. True Parties of Interest must disclose all expenses of the applicant or licensee covered by the True Party of Interest, all cash given to the applicant or licensee that does not need to be repaid, and all lent funds that must be repaid. Include copies of all relevant contracts.

8i. **Expenses** (Actual or Estimated. Please describe type of expense) **Dollar Amount** \$\$\$\$\$\$\$\$\$\$\$\$

Total Expenses Covered:

Cash includes funds given that do not need to be repaid.

8ii. Cash Date Given **Dollar Amount**

\$\$\$\$\$\$\$\$\$\$\$

Total Cash:

Borrowed funds include funds that must be repaid. For example, loans, mortgages, lines of credit and promissory notes. Attach copies of agreements or other financial documentation.

Borrowed Date Lent **Dollar Amount**

\$\$\$\$\$\$\$\$\$\$

\$ Total Borrowed:

(Total Cash plus Total Borrowed)

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9. Attestations
, the , understand that the Office of Cannabis Management will rely on each and every answer in the application and accompanying documents in reaching its determination and state, under penalty of perjury, that all statements and representations therein are true to the best my knowledge and belief; and
I attest that all required items are included with this form and/or have been submitted to a third party as specified by the Office of Cannabis Management at the time this document was submitted; and
I attest that I shall not have any direct or indirect ownership interest in a New York State Adult-Use Cannabis licensee, permittee, or Registered Organization; and
l attest that I shall not hold a permit, registration, or license in any category under the Cannabis Law; and
I attest that neither I am not, nor is any member of my immediate family, a board member, officer, manager, owner, partner, principal stakeholder or member of a registered organization under the Cannabis Law; and
l attest that I am of good moral character; and
By submitting this application, I agree to allow the Department of Taxation and Finance to share my confidential tax information with the Office of Cannabis Management for purposes of determining my eligibility to receive or hold a licens to conduct an adult-use cannabis business; and
l attest that I am at least 21 years of age.

Signed: Date:

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