



STATE OF FLORIDA
DEPARTMENT OF HEALTH

Medical Marijuana Treatment Center Request for Change of Ownership

This Medical Marijuana Treatment Center Request for Change of Ownership (Request) is designed to allow the Florida Department of Health (Department), Office of Medical Marijuana Use, to review a Medical Marijuana Treatment Center's (MMTC) request for a change of ownership.

Instructions

When submitting a Request, it must be organized so that each submitted document is accurately and completely labeled. Requests must be saved as optical character recognition portable document format (OCR PDF) files.

Requests must be submitted either electronically to OMMULicenseOperation@flhealth.gov or delivered to The Office of Medical Marijuana Use at 4052 Bald Cypress Way, Bin M-01, Tallahassee, Florida 32399. Requests physically delivered to the Department at the above address must be submitted on a USB Flash Drive.

Requests submitted to the Department are public records. Any exemption to public records law must be identified at the time the Request is submitted. To claim a public records exemption, the requestor must provide a redacted copy of the Request and any attachments with a clearly identified statutory basis for each exemption.

UNLESS INFORMATION FALLS UNDER ANOTHER PUBLIC RECORDS EXEMPTION, FAILURE TO SPECIFICALLY AND CLEARLY IDENTIFY INFORMATION CLAIMED AS EXEMPT AS A TRADE SECRET OR CONFIDENTIAL BUSINESS INFORMATION OR FAILURE TO PROVIDE A REDACTED COPY OF THIS FORM, INCLUDING ALL ATTACHMENTS, AT THE TIME OF SUBMISSION WILL RESULT IN THE RELEASE OF THE FULL FORM, INCLUDING ALL ATTACHMENTS, IN RESPONSE TO PUBLIC RECORDS REQUESTS.

Part I

MMTC Entity Name:

(For the entity holding a MMTC license, provide the name as registered with the Florida Department of State)

MMTC Fictitious Name:

MMTC Mailing Address:

Street Address City ZIP Code

MMTC Contact Name: _____

Phone Number: _____ **Email Address:** _____

List all other MMTC contacts to be included in correspondence regarding this Request below.

MMTC Contact Name	Phone Number	Email Address

Part II

Provide a detailed description of the proposed change of ownership, including any effect(s) the proposed request will have on the registered MMTC, as an attachment.

Part III

Provide a proposed capital structure, including a fully diluted capitalization table identifying each security holder for all securities issued, including options, warrants, calls, rights of first refusal, and any right to acquire an interest. Provide an explanation of each security offered, to include all rights associated with each security. Fully diluted capitalization tables must account for 100 percent of securities.

For any entity listed in the proposed full diluted capitalization table, provide the following information.

- a. Registered business name and the jurisdiction where the name is registered.
- b. Date of registration.
- c. Any registered tradename(s).
- d. All owners, officers, board members, and managers.

For each individual meeting the definition of “owner” pursuant to Rule 64-4.001(15), F.A.C., provide the requested information in the table below. This table may be provided as a separate attachment.

Name of Individual	Date of Birth	Date of Background Screening	Name of Entity (if applicable)	Proposed Percentage of MMTC Ownership

Each identified individual must go to the Florida Department of Law Enforcement (FDLE) or one of its approved vendors for fingerprinting and, at such time, give to FDLE or the FDLE-approved vendor the entity ORI number FL924890Z (DOH – OFFICE OF MEDICAL MARIJUANA USE). The list does not indicate passage of any background screening. All owners must successfully pass the required background screening prior to the Department approving a change of ownership.

Part IV

Provide the following documents and requested narratives as attachments to this Request.

1. A copy of the sales contract or transfer agreement germane to the requested change of ownership.
2. A list of the proposed new owner's subsidiaries.
3. If a proposed new owner is identified as a wholly-owned subsidiary, identify the parent company.
4. A statement identifying whether any individual or entity comprising any portion of the proposed new owner owns, controls, or holds power to vote five (5) percent or more of voting shares of any another medical marijuana treatment center.

Part V

Attestation of Accuracy of Representations to the Department by the authorized MMTC representative:

I do hereby attest that all information submitted and attached to this Request is true and correct to the best of my knowledge.

Signature of MMTC representative

Date

Printed Name

Title