



Affidavit of Capital Adequacy Initial Application – DISPENSARY

Medical Cannabis Organization Name:			
Principal Business Address:	Number/Street	State	Zip Code
Name of Entity Owner(s):			FEIN/TIN#
Address:	Number/Street	State	Zip Code
Name of Authorized Agent:			Phone Number:
Authorized Agent’s Position: <input type="checkbox"/> Principal <input type="checkbox"/> Operator <input type="checkbox"/> Financial Backer <input type="checkbox"/> Employee <input type="checkbox"/> Other:			

I, _____, the undersigned, hereby certify the following:

The applicant/entity has at least one-hundred and fifty thousand dollars (\$150,000) of capital on deposit with one or more financial institutions as required by *W. Va. Code R. § 64-109-25*.

Please list the type of capital, funding source, total value, and encumbered value, if any.

Type of Capital	Funding Source	Total Value	Encumbered Value



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If the capital is on deposit with a financial institution, provide the name and address of the financial institution and the account number.

Financial Institution Name	Financial Institution Address	Account #

* If necessary, use the Affidavit of Capital Adequacy Dispensary supplemental form for additional space.

Additionally, I certify that I am authorized to execute this affidavit on behalf of the business entity, and that the information contained in this affidavit is true and accurate to the best of my knowledge. I am aware that any false statement made in this application is punishable to the fullest extent under the law.

Signature of Authorized Agent Date

State of _____

County of _____

This record was acknowledged before me on _____ by _____

 Notary Public
 My commission expires _____

Place Stamp Here



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(Supplemental Form)

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