

Affidavit of Capital Adequacy Initial Application – GROWERS/PROCESSORS

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:	Principal Operator	Financial Backer	Employee Other:

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

The applicant/entity has at least two million dollars (\$2,000,000) in capital as required by *W. Va. Code R.* § 64-109-25, and that at least five-hundred thousand dollars (\$500,000) of the required capital is on deposit with one or more financial institutions.

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

Type of Capital	Funding Source	Total Value	Encumbered Value

A photocopy, facsimile, or other electronic version of this document may be accepted as an original signature.



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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 Growers/Processors 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.

State of	Signature of Authorized Agent	Date
County of		
This record was acknowledged before me on	by	
Notary Public		
My commission expires		
	Place Stamp H	lere

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(Supplemental Form)

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