

Verification of Application

I attest that I am authorized to act as an agent of _____, the business entity completing an online application to become a Medical Cannabis Organization permit holder in the State of West Virginia. I certify that all information contained within the application is true and correct 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 Affiant

Date

State of _____

County of _____

This record was acknowledged before me on _____ by _____

Notary Public

My commission expires _____

Place Stamp Here