

Application for Registration as a Registered Organization

Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A **must** be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. **An Organizational Chart documenting your organizational structure must be included with this application.**

1. Business Name:	
This is the name that was entered in Section A of the Application for Registra	ation as a Registered Organization.
2. Name:	3. Title:
4. Briefly describe the role of this person or entity in the proposed registered organ	ization:
5. Will this person or entity come into contact with medical marijuana or medical marijuana. Yes No Any managers who may come in contact with or handle medical marijuana, i shall be subject to a fingerprinting process as part of a criminal history back procedures established by Division of Criminal Justice Services and submis history background checks must be done through Identogo at http://www.identedol.number.ny0412500 and the Fingerprint Reason "Control Substance"	including medical marijuana products, ground check in compliance with the sion of the applicable fee. Criminal entogo.com/FP/NewYork.aspx using
6. Has this person or entity held any position of management or ownership during greater interest in any other business which manufactured or distributed drugs	
If the answer to this question is yes, provide the name of the business, a star management or ownership held in such business, and any finding of violatic governmental agency against the business or person or entity.	

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7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding? □Yes □No					
If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.					
8. Phone:			9. Fax:		
10. Email:					
11. Residence Address:					
12. City: 13. State: 14. ZIP Code:					
15. Formal Education		Dates A	Attended Degree		
Institution	Address	From	То	Degree Received	Date Received

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16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.							
Type of Professional License	Licens Numb		Institu (Mailing	ition Granting Licens Address, Phone, Er	se nail)	Effective Date	Expiration Date
17. Employment History last 10 years. Attacl	for the Past h additional	10 Yea	rs: Start with Nof page 3, if ne	MOST RECENT empecessary.	oloyment a	and include employ	ment during the
Name of Employer:							
Type of Business:							
Street Address:							
City:			Ending Data of Em	Zip Code:			
Starting Date of Employment: Name of Supervisor			Ending Date of Employment:				
for Reference:		Supervisor Phone Number:					
Position/Responsibilities:							
Daniel Fair Daniel Land							
Reason For Departure:							
Name of Employer: Type of Business:							
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Street Address:				
City:	State:		Zip Code:	
Starting Date of Employment:		Ending Date of Employment:		
Name of Supervisor		Supervisor Phone Number:		
for Reference:		Supervisor Priorie Number.		
Position/Responsibilities:				
Reason For Departure:				
Name of Employer:				
Type of Business:				
Street Address:				
City:	State:		Zip Code:	
Starting Date of Employment:		Ending Date of Employment:		
Name of Supervisor		Supervisor Phone Number:		
for Reference: Position/Responsibilities:				
Reason For Departure:				
Name of Employer:				
Type of Business:				
Street Address:				
City:	State:		Zip Code:	
Starting Date of Employment:		Ending Date of En	nployment:	
Name of Supervisor for Reference:		Supervisor Phone Number:		
Position/Responsibilities:				
Reason For Departure:				
Name of Employer:				

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Type of Business:						
Street Address:						
City:	State:		Zip Code:			
Starting Date of Employment:		Ending Date of Emp	oloyment:	•		
Name of Supervisor		Supervisor Phone N	lumber:			
for Reference:		Caparvisor i ficile ivalisor.				
Position/Responsibilities:						
Danasa Fan Danastona						
Reason For Departure:		T (5 :				
Name of Employer:		Type of Busines	SS:			
Street Address:	T -					
City:	State:	1	Zip Code:			
	Starting Date of Employment:		Ending Date of Employment:			
Name of Supervisor for Reference:		Supervisor Phone Number:				
Position/Responsibilities:		_				
Reason For Departure:						
18. Offices Held or Ownership Interest in Other Businesses						
List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes						
serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.						
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA,						
or in other countries? \Box Yes \Box No						
From:	Name and Address of	Business:				
110111.						
To:						
Pusings Type	Office Held/Nature of	latava atı				
Business Type:	Office Held/Nature of	interest:		□open	\square closed	\square proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:						
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From:	Name and Address of Business:	
То:		
Business Type:	Office Held/Nature of Interest:	□open □closed □proposed
Name, Address and Phone Number	of Licensing/Regulatory Agency, if applicable:	
From:	Name and Address of Business:	
То:		
Business Type:	Office Held/Nature of Interest:	□open □closed □proposed
Name, Address and Phone Number	of Licensing/Regulatory Agency, if applicable:	
From:	Name and Address of Business:	
То:		
Business Type:	Office Held/Nature of Interest:	□open □closed □proposed
Name, Address and Phone Number	of Licensing/Regulatory Agency, if applicable:	

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Tor individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.				
20. The undersigned certifies, under penalty of perjury, that the true, and complete in all material respects.	e information contained herein or attached hereto is accurate,			
Signature:	Date:			
Notary Name:	Notary Registration Number:			
Notary (Notary Must Affix Stamp or Seal)	Date:			

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