# AUR FORM 2 – Disclosure of Owners and Other Interest Holders

## Name of Applicant:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section I: Owners** **and Other Interest Holders** | | | | | | | | | | | | | | | |
| List (A.) all persons and/or entities with any ownership interest with respect to applicant, **and** (B.) all officers, directors, members, managers or agents of applicant, **and** (C.) all persons or entities with managing or operational control with respect to applicant, its operations, the license and/or licensed facilities whether they have an ownership interest or not, **and** (D.) all investors or other persons or entities with any financial interest whether they have ownership interest or not, **and** (E.) all persons or entities that hold interest(s) arising under shared management companies, management agreements, or other agreements that afford third-party management or operational control with respect to applicant, its operations, the license and/or the licensed facilities (all persons and entities described in (A)-(E) being hereinafter individually referred to as an “Interest Holder” and collectively referred to as “Interest Holders”).  To the extent that any Interest Holder is an entity (corporation, partnership, LLC, *etc.*), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level. Attach a separate sheet(s) if necessary. | | | | | | | | | | | | | | | |
| 1. **LIST ALL PERSONS AND/OR ENTITIES WITH ANY OWNERSHIP INTEREST IN APPLICANT (including corporation stockholders, LLC members, and partners if a partnership; this includes parent companies if applicant is a subsidiary of another entity).**   To the extent that any Interest Holder is an entity (corporation, partnership, LLC, *etc.*), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level. | | | | | | | | | | | | | | | |
| Name of person or entity | | | SSN/FEIN | | | | | | DOB | | | Email Address | | | |
| Address (residence if person; business address if entity) | City | | State | | | | ZIP | | Phone Number | | | | | | |
| Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title | | Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) | | | | | | | | | | | Ownership interest in **applicant**. | | |
| Name of person or entity | | | SSN/FEIN | | | | | | DOB | | | Email Address | | | |
| Address (residence if person; business address if entity) | City | | State | | | | ZIP | | Address (residence if person; business address if entity) | | | | | | |
| Name of business this person or entity is associated with (i.e. Applicant, parent company name or subsidiary name) and Role/Title | | Ownership interest in entity listed in preceding box (Ex. ownership percentage, number of shares, etc.) | | | | | | | | | | | Ownership interest in **applicant**. | | |
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| Address (residence if person; business address if entity) | City | | State | | | | ZIP | | Address (residence if person; business address if entity) | | | | | | |
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| Name of person or entity | | | SSN/FEIN | | | | | | DOB | | | Email Address | | | |
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| 1. **LIST ALL OFFICERS, DIRECTORS, MANAGERS, MEMBERS OR AGENTS OF APPLICANT AND ANY OTHER ENTITIES DESCRIBED IN SECTION A.**   To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, *etc.*), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level | | | | | | | | | | | | | | | |
| Name of person or entity | | | SSN/FEIN | | | | | | DOB | | | Email | | | |
| Address (residence if person; business address if entity) | City | | State | | | | ZIP | | Phone Number | | | | | | |
| Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) | | List your title or role, with respect to the entity listed in the preceding box. | | | | | | | | | | | List your title or role, if any, with respect to the **Applicant** | | |
| Name of person or entity | | | SSN/FEIN | | | | | | DOB | | | Email | | | |
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| 1. **LIST ALL PERSONS OR ENTITIES WHO HAVE MANAGING OR OPERATIONAL CONTROL WITH RESPECT TO APPLICANT, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A OR B, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT).**   To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, *etc.*), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level. | | | | | | | | | | | | | | | |
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| 1. **LIST ALL INVESTORS OR OTHER PERSONS OR ENTITIES WHO HAVE ANY FINANCIAL INTEREST WITH RESPECT TO APPLICANT, ANY OTHER ENTITIES DESCRIBED IN SECTIONS A, B OR C, ITS OPERATIONS, THE LICENSE, AND/OR LICENSED FACILITIES (WHETHER THEY HAVE AN OWNERSHIP INTEREST OR NOT).**   To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, *etc.*), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level. | | | | | | | | | | | | | | | |
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| Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) | | Describe the financial interest in entity listed in preceding box | | | | | | | | | Describe the financial interest in **Applicant,** if different | | | | |
| Name of person or entity | | | SSN/FEIN | | | | | | DOB | | | | | Email | |
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| 1. **LIST all persons or entities that hold interest(s) arising under shared management companies, management agreements, or other agreements that afford third-party management or operational control with respect to applicant, its operations, the license and/or the licensed facilities.**   To the extent that any such Interest Holder is an entity (corporation, partnership, LLC, *etc.*), list all Interest Holders in that entity until all such Interest Holders are identified and disclosed down to the individual person level. | | | | | | | | | | | | | | | |
| Name of person or entity | | | | | SSN/FEIN | | | | | | | DOB | | | Email |
| Address (residence if person; business address if entity) | | | | City | | | | State | | ZIP | | Phone Number | | | |
| Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) | | | | | | Describe the management or operational role or interest | | | | | | | | | |
| Name of person or entity | | | | | SSN/FEIN | | | | | | | DOB | | | Email |
| Address (residence if person; business address if entity) | | | | City | | | | State | | ZIP | | Address (residence if person; business address if entity) | | | |
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| Name of person or entity | | | | | SSN/FEIN | | | | | | | DOB | | | Email |
| Address (residence if person; business address if entity) | | | | City | | | | State | | ZIP | | Address (residence if person; business address if entity) | | | |
| Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) | | | | | | Describe the management or operational role or interest | | | | | | | | | |
| Name of person or entity | | | | | SSN/FEIN | | | | | | | DOB | | | Email |
| Address (residence if person; business address if entity) | | | | City | | | | State | | ZIP | | Address (residence if person; business address if entity) | | | |
| Name of business this person or entity is associated with (i.e., Applicant, parent company or subsidiary) | | | | | | Describe the management or operational role or interest | | | | | | | | | |
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| **Section II:** Who, besides the owners and other Interest Holders listed in this Form 2 (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan, give, or otherwise provide money, property interests, equipment, inventory, furniture, licensing or other proprietary rights to or for use in this business, or hold a security interest therein; or who will receive money, profits, proprietary rights or other interests from this business. Attach a separate sheet if necessary.If any such person is an entity, list all persons with any ownership in or control of that entity. | | | | | | |
| **Name of person or entity** | **Address** | **Date of Birth** | **SSN/FEIN** | **Email Address** | **Phone Number** | **Interest, including dollar value** |
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| --- | --- | --- | --- | --- | --- | --- |
| **Section III:** List any persons (including, but not limited to, individuals, firms, partnerships, corporations, limited liability companies, trusts) that have entered into any contingent agreement to become an Interest Holder in the Applicant, i.e. an agreement that is not yet effective. This includes, but is not limited to, any agreement that is contingent upon licensure, Commission approval, or any other condition, as well as any agreement that has an effective date after the expected date of licensure. Attach a separate sheet if necessary. If any such person is an entity, list all persons with any ownership in or control of that entity. | | | | | | |
| **Name of person or entity** | **Address** | **Date of Birth** | **SSN/FEIN** | **Email Address** | **Phone Number** | **Describe the Interest** |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| **Section IV:**   1. Attach all organizational, governance documents, corporate bylaws, contractual agreements or similar that evidence the relationship between the Interest Holders listed above and the Applicant. 2. Attach an organizational chart that clearly depicts all Interest Holders identified in this Form 2. 3. Attach a list of all Interest Holders identified in Section I(A) and I(D) of Form 2 that are individual persons and include the effective ownership percentage and dollar amount of each Interest Holder’s interest with respect to Applicant, its operations, the license and/or licensed facilities. List them in order of their effective ownership percentage. 4. Attach a list of all Interest Holders identified in Section I(A), I(B), I(C) and I(E) of Form 2 and include the dollar amount of annual compensation/remuneration paid/to be paid to such Interest Holders with respect to Applicant, its operations, the license and/or licensed facilities for the last five years. | | | | | | |

## CERTIFICATION AS TO AUR FORM 2

The undersigned duly authorized signatory of Applicant, in his/her capacity as such, for and on behalf of Applicant, after due inquiry, hereby certifies to the Cannabis Control Commission (the “Commission”) that it/he/she has disclosed to the Commission in this Form 2:

1. With respect to Applicant, all persons and entities that:
2. Are owners, members, officers, directors, managers, or agents of Applicant; and
3. Have/will have managing or operational control with respect to Applicant/Licensee, its operations, the license and/or licensed facilities whether they have an ownership interest or not; and
4. Are investors or have any other financial interest therein; and
5. Hold interest(s) arising under shared management companies, management agreements, or other agreements that afford third-party management or operational control with respect to Applicant, its operations, the proposed license, and/or the licensed facilities (any person or entity in the foregoing (i), (ii) and (iii) being herein individually referred to as an “interest holder” and all such persons and entities in the foregoing (i), (ii), (iii), and (iv) being collectively referred to as the “interest holders”); and
6. To the extent that any interest holder described in (A) above is an entity, all interest holders in that entity until all such interest holders are identified and disclosed down to the individual person level.

The undersigned hereby acknowledges and agrees that Applicant has a continuing obligation to disclose any proposed changes and shall provide written notice to the Commission at least sixty (60) days prior to any change of the persons/entities/interest holders described and the certifications made in this Form 2 and that each such notice shall include an updated Form 2.

Under penalty of perjury, I hereby declare and verify that all statements on and information submitted with this Form 2 are complete, true, correct, and accurate.

Click here to enter a date.

Signature of Authorized Signatory Date

Printed Name

Printed Name

Print Title:

Print Name of Applicant: