

**ADULT USE OF MARIJUANA PROGRAM
FINANCIAL INSTITUTION STATEMENT (v. 1.0)**

To be completed by an authorized representative of an in-state or out-of-state financial institution, as defined in A.R.S. §6-101. Multiple forms may be submitted with an application, if necessary, to provide documentation that the applying entity, principal officer(s), and/or board member(s) have at least \$500,000 in liquid capital, as defined by A.R.S. §6-851.

APPLICANT INFORMATION

Name of Entity Applying for a Marijuana Establishment License			
Name of Principal Officer and/or Board Member whose name the liquid assets are in, if applicable			
Street Address of Proposed Marijuana Establishment			Ste., Unit, etc. #
City	County	State	Zip Code
Legal Description of the Property and/or Assessor's Parcel Number			

FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution	
Title of Authorized Representative	Name of Authorized Representative
Phone Number (XXX) XXX-XXXX	Email Address

FINANCIAL INSTITUTION STATEMENT

Select **One** Box Below, Sign, and Date

The entity listed on this form has at least \$500,000 in liquid capital, as defined in A.R.S. §6-851.

The principal officer and/or board member listed on this form has at least \$500,000 in liquid capital, as defined in A.R.S. §6-851.

The entity listed on this form has at least \$ _____ in liquid capital, as defined in A.R.S. §6-851.

The principal officer and/or board member listed on this form has at least \$ _____ in liquid capital, as defined in A.R.S. §6-851.

Signature of Authorized Representative of Financial Institution _____ Date Signed _____