



ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

ADULT USE OF MARIJUANA PROGRAM PRINCIPAL OFFICER AND BOARD MEMBER ATTESTATION FOR INITIAL ESTABLISHMENT LICENSE APPLICATION

I, _____, attest that:
(Please print full legal name)

- I understand and will comply with the requirements in A.R.S. Title 36, Chapter 28.2 and A.A.C. Title 9, Chapter 18.
- If issued a marijuana establishment license, the proposed establishment will not operate until the proposed establishment is inspected and obtains approval to operate from the Department.
- The information provided to the Department to apply for a marijuana establishment license is true and correct.

Principal Officer/Board Member Signature

Date Signed