



**DISPENSING ORGANIZATION APPLICATION**

**ACKNOWLEDGEMENTS**

\_\_\_\_\_  
(Initials) I acknowledge that I am familiar with the federal laws governing marijuana and its interstate transportation.

\_\_\_\_\_  
(Initials) I acknowledge the authority of Department personnel to enter and to inspect the controlled premises, including locations where low-THC cannabis or products are stored, sold, dispensed, or tested, or any other records required to be kept by the statutes, laws, regulations, or rules governing the Texas Compassionate Use Program in accordance with TAC §12.21.

\_\_\_\_\_  
(Initials) I understand that all directors, owners, managers, members, and employees are responsible for knowing and complying with all state laws and regulations governing the Texas Compassionate Use Program, cannabis, or the interstate transportation thereof, as well as all rules promulgated thereunder. I agree to comply with all applicable laws, statutes, regulations, and rules.

\_\_\_\_\_  
(Initials) I understand that no low-THC cannabis products or byproducts will be acquired, possessed, cultivated, manufactured, tested, dispensed, sold, served, delivered, or transported on any Dispensing Organization premises or property prior to receiving official approval to do so by the Department and local jurisdictional authorities in which the premises reside.

\_\_\_\_\_  
(Initials) I verify that all information provided in the application and any attached exhibit is true and correct, and I understand that this is an official government record and that any false statement made on this document, or any other supplement provided to the Department may result in criminal prosecution.

\_\_\_\_\_  
(Initials) I understand all fees submitted to Department are non-refundable and are not transferable.

\_\_\_\_\_  
(Initials) I understand that all communications will be sent to the following email: \_\_\_\_\_

\_\_\_\_\_  
(Initials) I affirm that this application does not include a physician who is registered to prescribe under the Texas Compassionate Use Program, either as an owner or with any ownership interest.

\_\_\_\_\_  
(Initials) I affirm that none of the ownership interest under this application also holds an ownership interest, directly or indirectly, in any additional application for a Texas Compassionate Use Program license.

\_\_\_\_\_  
(Initials) I affirm that neither I, nor any individual with ownership or control interest in the business, is disqualified from participating in the Texas Compassionate Use Program due to criminal history, regulator violations, or other disqualifying factors as defined by state law.

\_\_\_\_\_  
*Printed Name and Title of the individual authorized to submit the application on behalf of this business*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Owner or Company Representative Signature*

\_\_\_\_\_  
*Date*