



Business Structure

V4 7/2023

This form must be completed for each entity applying as a Person of Interest. Completed forms are submitted with other application materials at time of application. The Cannabis Control Division may request additional documentation as needed per [16-12-203 \(1\)\(g\)](#), [16-12-210 \(3\)\(d\)](#), MCA and [ARM 42.39.107 \(8\)](#).

Please note all return correspondence will be directed to the Primary Contact listed on the license application. Completion of this form does not constitute an approved license or application.

Section A: Cannabis Control Division License Information

- 1. License Number(s) (if applicable) _____
- 2. Cannabis Licensee _____
(must match Secretary of State, if applicable, and Organizational Chart)

Section B: Financial and Ownership Information

- 1 Do any listed owners have a financial interest in any other marijuana license?
 No Yes (If yes, identify below. Attach additional pages as needed.)

Individual's Name _____
 Business Name _____
 Address _____
 Association _____

- 2 Do any persons or entities not listed as owners or members have a financial interest in the business proposed for licensing?
 No Yes (If yes, identify below. Attach additional pages as needed.)

Individual's Name _____
 Business Name _____
 Address _____
 Association _____

- 3 Do any listed owners, through a business or family relationship, share in the profits or liabilities of any other Cannabis Control Division licensed business?
 No Yes (If yes, identify below. Attach additional pages as needed.)

Individual's Name _____
 Business Name _____
 Address _____
 Association _____

4 Do any persons or entities not listed as owners have an ownership interest in, derive income from, or have liabilities associated with the business proposed for licensing?

No Yes (If yes, identify below. Attach additional pages as needed.)

Individual's Name _____

Business Name _____

Address _____

Association _____

Section C: Declaration and Signature

I declare under the penalties of false swearing and/or the denial/revocation of my Cannabis Control Division license(s), that I have examined this reporting form, including any attachment(s), and that the responses are true, correct and complete. I understand if this application or attachment(s) contains false information, I am subject to the criminal penalties of [45-7-202](#), [45-7-203](#), and [45-7-208](#), MCA, and/or denial/revocation of my Cannabis Control Division license(s). I affirm under penalty of perjury that reasonable care has been exercised to confirm that all passive beneficial owners, financial interest holders, and qualified institutional investors are not persons prohibited pursuant to [16-12-203, MCA](#) or otherwise restricted from holding an interest under the Marijuana Regulation and Taxation Act. An applicant's or marijuana business's failure to exercise reasonable care is a basis for denial, fine, suspension, revocation, or other sanction by the department ([16-12-203 \(1\)\(e-f\), MCA](#)).

Signature _____ Date _____

Printed Name _____

Signature _____ Date _____

Printed Name _____

Signature _____ Date _____

Printed Name _____

Signature _____ Date _____

Printed Name _____

Signature _____ Date _____

Printed Name _____

Signature _____ Date _____

Printed Name _____

Signature _____ Date _____

Printed Name _____

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.