



CHANGE IN OFFICERS AND DIRECTORS REQUEST FORM

This form is used to notify the Office of the Marijuana Commissioner of a change in officers or directors of a licensed entity, as required by 4 Del. C. § 1373. Licensees must submit this notice within seven (7) days of the election of any officer or director and provide all required information and supporting documentation.

LICENSEE INFORMATION

Entity Name:

Date of Request:

License Number:

License Status: Conditional Active

Date of Conditional/Active License
(Most recently renewed date as applicable)

License Type:

- Cultivation Facility Testing Facility Microbusiness – Cultivation
 Retail Marijuana Store Product Manufacturing Facility Microbusiness – Manufacturing
 Social Equity Licensee (check if applicable)

Note: Pursuant to 4 Del. C. § 1366(c), a social equity license may not be transferred to any person who does not meet the criteria for issuance of a social equity license until at least three (3) years after the licensee is awarded an active social equity license.

Facility Address:

City: _____ State: DE Zip: _____

Contact Person for This Submission:

Phone: _____ Email: _____

CHANGE IN OFFICERS AND DIRECTORS

Name of Officer/Director:

Position:

Date of Election:

This notice is submitted within seven (7) days as required by 4 Del. C. § 1373

Required Documents:

- Meeting Minutes or other official documentation noting the election or appointment.
- Updated list of all directors, officers, and managers.
- Completed fingerprinting and criminal background check if applicable.

CERTIFICATION & ACKNOWLEDGEMENT

Current Licensee Representative:

I hereby declare under penalty of perjury under the laws of the State of Delaware that the foregoing is true and correct. I understand that no transfer, ownership or financial interest change may be implemented without prior approval from the Commissioner.

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Proposed Officer or Director:

I hereby declare under penalty of perjury under the laws of the State of Delaware that the foregoing is true and correct. I understand that no transfer, ownership or financial interest change may be implemented without prior approval from the Commissioner. I agree to comply with all applicable Delaware laws and regulations governing marijuana establishments.

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

OFFICE USE ONLY

Date Received:

Complete Incomplete

Initial Review Completed:

Commissioner's Determination:

Approved Denied

_____ **Date of Decision:**

Commissioner, Joshua A. Sanderlin

Notes: