

Applicant Corporation \_\_\_\_\_

## Section G. Character & Competency Form

### Form for an Entity

#### Instructions

If you are completing a *Character and Competency Form* as an individual, please use this “**Form for an Individual.**” If you are completing a *Character and Competency Form* for an entity, please use the “**Form for an Entity.**”

A *Character and Competency Form* must be completed and signed by each of the following entities:

- Entity responsible for marijuana for medical use cultivation operations;
- Entity responsible for the RMD security plan and security operations;
- Each entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD.

If applicable and known during the application process, where a consulting or contracted company sends an individual employee or representative to perform onsite services as Cultivation or Security Manager or the equivalent, the individual who will provide the onsite services must also complete and sign a Character and Competency Form, in addition to the consulting or contracting company. Please have the individual complete a “**Form for an Individual.**”

For entities contributing 5% or more of initial capital to operate the proposed RMD, a Character and Competency Form must also be completed and signed by the entity’s Chief Executive Officer or Executive Director and President or Chair of the Board of Directors. Please have each individual complete a “**Form for an Individual.**”



## Section A. Entity Information

Name of Entity

Role of Entity at Applicant Corporation

Corporate Address of Entity

Applicant Corporation

## Section B. Questions

Answer “Yes” or “No” for each question. If you check “Yes,” please provide an explanation.

1. Has the entity ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority?

Yes  No  If yes, please explain:

2. Has the entity been the subject of any legal or enforcement actions in any state, in the past or pending, related to the cultivation, processing, distribution, or sale of marijuana for medical purposes?

Yes  No  If yes, please explain:

3. Has the entity been the subject of any past or pending denial, suspension, or revocation of a license or registration, or the denial of a renewal of a license or registration, for any type of business or profession, by any federal, state, or local government, or any foreign jurisdiction, including denial, suspension, revocation, or refusal to renew certification for Medicaid or Medicare?

Yes  No  If yes, please explain:

4. Has the entity been the subject of any past discipline by, or a pending disciplinary action or unresolved complaint by, the Commonwealth, or a like action or complaint by another state, the United States or a military, territorial, or Indian tribal authority with regard to any professional license or registration?

Yes  No  If yes, please explain:

5. Has the entity been the subject of any investigation or discipline for prescribing or distributing controlled substances or legend drugs other than for therapeutic or other proper medical or scientific purposes?

Yes  No  If yes, please explain:

6. Has the entity been the subject of a correction order issued under the laws or regulations of the Commonwealth or other states?

Yes  No  If yes, please explain:

7. Has the entity been the subject of a governmental investigation or enforcement action for lack of compliance with laws of the Commonwealth relating to taxes and child support?

Yes  No  If yes, please explain:

8. Has the entity been the subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes, which resulted in conviction, or guilty plea, or plea of nolo contendere, or admission of sufficient facts?

Yes  No  If yes, please explain:

9. Has the entity been the defendant or subject in any civil or administrative action under the laws of the Commonwealth, another state, the United States, or a military, territorial, or Indian tribal authority relating to its professional or occupational field or fraudulent practices, including but not limited to fraudulent billing practices?

Yes  No  If yes, please explain:

10. Has the entity been determined by a court or governmental agency or tribunal to have engaged in any attempt to obtain a registration, license, or approval to operate in any state by fraud, misrepresentation, or the submission of false information?

Yes  No  If yes, please explain:

**Section C. Attestation**

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.

\_\_\_\_\_  
Signature of the Individual

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name of Authorized Signatory of Entity

\_\_\_\_\_  
Title of Authorized Signatory of Entity