

Government of Guam  
 Department of Public Health and Social Services  
**Declaration of Statement**

I, \_\_\_\_\_, the Authorized Responsible Official, for the business \_\_\_\_\_, attest that the business has 51% ownership by legal residents of Guam and that none of the persons who are proposed to be owners, officers, or board members of the business have served as an owner, officer, or board member for a licensed medical cannabis business that has had its license revoked within three years of the current application date.

I certify that the business will not knowingly employ a person who was convicted of a felony offense, is under the age of 21, or who may have a conflict of interest as a practitioner providing written certification to a qualified patient for the use of medical cannabis.

\_\_\_\_\_  
 Authorized Responsible Official

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Notary Public