



NATURAL MEDICAL SOLUTIONS

MEDICAL MARIJUANA
TREATMENT CENTER SUBMISSION

Applicant Name | **MSD Enterprises LLC DBA Natural Medical Solutions**
Full Address | **2311 North Andrews Ave., Fort Lauderdale, FL 33311**

Phone | **954-295-2913**
Designated Contact | **Michael S. Davis**

Section 4.1 Applicant Information

**FORM 1: APPLICANT GENERAL INFORMATION**

Applicant Information				
Applicant Name				
MSD Enterprises LLC d/b/a Natural Medical Solutions				
Mailing Address				
2311 North Andrews Avenue				
City	Apt/Ste #	State	ZIP Code	Country
Fort Lauderdale		Florida	33311	USA

Contact Information		
First Name	Last Name	Middle Initial
Michael	Davis	S
Telephone Number	Designated Email (for Department/Applicant Communications)	
954-295-2913	mdatmsdenterprisesllc@gmail.com	

Medical Director Information		
First Name	Last Name	Middle Initial
Wellington	Chen	
Florida Physician (MD or DO) License Number	Telephone Number	Email
ME30555	941-544-8454	wchen44803@gmail.com

Emergency Rule 64ER22-9
 Effective: 12/2022
 DH8052-OMMU 12/12/2022

Page 60 of 76

Section 4.2 Declaration of Exempt Information

Applicant, MSD Enterprises, LLC, DBA Natural Medical Solutions, has provided below a list of information claimed to be exempt from public disclosure. The list identified below details each section of the application that has been excluded from the Redacted Copy provided with the application, as set forth in Section 2.4 of these Application Instructions. *Off. Med. Marijuana Use, Medical Marijuana Treatment Center: License Application, Instructions, Requirements, and Forms 9–10* (2022).

Applicant considers many portions of the application-related documents, information, or records submitted to the Florida Department of Health, Office of Medical Marijuana Use (“Department”) to be a trade secret and/or otherwise exempt from public inspection or disclosure pursuant to Florida’s Public Records Law. In accordance with the Department’s guidelines, Applicant has prominently and conspicuously marked all such information as “**Confidential–Exempt from Public Disclosure.**” Further, Applicant has provided a brief, written description of the grounds for each exemption claimed under the Public Records Law, including the specific statutory citation for such exemption.

Written Description of the Grounds

Sections redacted pursuant to § 435.09, Fla. Stat.:

Confidentiality of personnel background check information. No criminal or juvenile information obtained under this section may be used for any purpose other than determining whether persons meet the minimum standards for employment or for an owner or director of a covered service provider. The criminal records and juvenile records obtained by the department or by an employer are exempt from s. 119.07 (1).

Sections redacted pursuant to § 812.081, Fla. Stat.:

“**Trade secret**” means the whole or any portion or phase of any formula, pattern, device, combination of devices, or compilation of information which is for use, or is used, in the operation of a business and which provides the business an advantage, or an opportunity to obtain an advantage, over those who do not know or use it. The term includes any scientific, technical, or commercial information, including financial information, and includes any design, process, procedure, list of suppliers, list of customers, business code, or improvement thereof, whether tangible or intangible, and regardless of whether or how it is stored, compiled, or memorialized physically, electronically, graphically, photographically, or in writing. Irrespective of novelty, invention, patentability, the state of the prior art, and the level of skill in the business, art, or field to which the subject matter pertains, a trade secret is considered to be:

1. Secret;
2. Of value;
3. For use or in use by the business; and
4. Of advantage to the business, or providing an opportunity to obtain an advantage, over those who do not know or use it, when the owner thereof takes measures to prevent it from becoming available to persons other than those selected by the owner to have access thereto for limited purposes.

Sections redacted pursuant to § 815.045, Fla. Stat.:

Trade secret information. The Legislature finds that it is a public necessity that trade secret information as defined in s. 812.081 be expressly made confidential and exempt from the public records law because it is a felony to disclose such records. Due to the legal uncertainty as to whether a public employee would be protected from a felony conviction if otherwise complying with chapter 119, and with s. 24(a), Art. I of the State Constitution, it is imperative that a public

records exemption be created. The Legislature in making disclosure of trade secrets a crime has clearly established the importance attached to trade secret protection. Disclosing trade secrets in an agency's possession would negatively impact the business interests of those providing an agency such trade secrets by damaging them in the marketplace, and those entities and individuals disclosing such trade secrets would hesitate to cooperate with that agency, which would impair the effective and efficient administration of governmental functions. Thus, the public and private harm in disclosing trade secrets significantly outweighs any public benefit derived from disclosure, and the public's ability to scrutinize and monitor agency action is not diminished by nondisclosure of trade secrets.

Sections redacted pursuant to § 381.83, Fla. Stat.:

Trade secrets; confidentiality. Records, reports, or information obtained from any person under this chapter, unless otherwise provided by law, must be available to the public, except upon a showing satisfactory to the department by the person from whom the records, reports, or information is obtained that such records, reports, or information, or a particular part thereof, contains trade secrets as defined in s. **812.081(1)(c)**. Such trade secrets are confidential and exempt from s. **119.07(1)** and s. **24(a)**, **Art. I** of the State Constitution. The person submitting such trade secret information to the department must request that it be kept confidential and must inform the department of the basis for the claim of trade secret. The department shall, subject to notice and opportunity for hearing, determine whether the information, or portions thereof, claimed to be a trade secret is or is not a trade secret. Such trade secrets may be disclosed, however, to authorized representatives of the department or, pursuant to request, to other governmental entities in order for them to properly perform their duties, or when relevant in any proceeding under this chapter. Authorized representatives and other governmental entities receiving such trade secret information

shall retain its confidentiality. Those involved in any proceeding under this chapter, including a hearing officer or judge or justice, shall retain the confidentiality of any trade secret information revealed at such proceeding.

List of Information Claimed to be Exempt from Public Disclosure

Section	Basis for Redaction
4.3.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.3.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.3.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law
4.4.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.4.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.4.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.

4.5.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.5.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.5.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.6.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.6.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.6.2 – Addendum	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.6.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.

4.7.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.7.1– Addendum	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.7.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.7.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.7.4	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.7.5	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.8.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.

4.8.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.8.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.8.4	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.9.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.9.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.9.2 – Addendum	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.9.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.

4.9.4	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.10.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.10.1 – Addendum	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.10.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.10.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.11.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.11.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.

4.12.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.12.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.12.2 – Addendum	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.12.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.12.3 – Addendum	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.13.1	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.13.2	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.

4.13.3	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.14	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law.
4.15	Confidential and proprietary trade secret information exempt from public records disclosure pursuant to sections 812.081 and 815.04(3), Florida Statutes, and applicable case law

Subsection 4.3.3 Level 2 Background Screening

For MSD Enterprises LLC DBA Natural Medical Solutions, an entity Applicant, all its owners and managers as defined in the Department's Definitions Rule, 64ER20-31, Fla. Admin. Code (2020) have submitted a full set of fingerprints to a Livescan Service Provider for purposes of background screening. In accordance with the guidelines set forth in the *Off. Med. Marijuana Use, Medical Marijuana Treatment Center: License Application, Instructions, Requirements, and Forms 16* (2022), each owner and manager provided the ORI number FL924890Z (DOH – OFFICE OF MEDICAL MARIJUANA USE) to the Livescan Service Provider, as well as stated "APPLICATION" in the Attention Indicator ("ATN") field at the time of submission. As such, the Applicant has provided the following:

1. A complete list of the Applicant's owners and managers, including: (a) the individual's name; (b) whether he/she is an owner or manager; (c) the individual's email address; (d) the individual's physical mailing address; and (e) the TCN number assigned to the individual by the Livescan Service Provider.

**Please see the following page for MSD Enterprises, LLC's Fingerprint Chart.*

<div></div> <div></div>	<div></div>	<div></div>	<div></div> <div></div> <div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div> <div></div>	<div></div>
<div></div> <div></div>	<div></div>	<div></div>	<div></div> <div></div> <div></div>	<div></div>
<div></div> <div></div>	<div></div>	<div></div>	<div></div> <div></div>	<div></div>
<div></div> <div></div>	<div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div>
<div></div> <div></div>	<div></div>	<div></div>	<div></div> <div></div> <div></div>	<div></div>
<div></div> <div></div>	<div></div>	<div></div>	<div></div> <div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div> <div></div>	<div></div>
<div></div> <div></div>	<div></div>	<div></div>	<div></div> <div></div> <div></div> <div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div> <div></div> <div></div> <div></div>	<div></div>
<div></div> <div></div> <div></div>	<div></div>	<div></div>	<div></div> <div></div> <div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div> <div></div> <div></div>	<div></div>

<div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div>	<div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div>
<div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div>	<div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div>
<div>[REDACTED]</div> <div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div>	<div>[REDACTED]</div>	<div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div>
<div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div>	<div>[REDACTED]</div>	<div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div>
<div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div>	<div>[REDACTED]</div>	<div>[REDACTED]</div> <div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div>
<div>[REDACTED]</div> <div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div>	<div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div>
<div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div>	<div>[REDACTED]</div>	<div>[REDACTED]</div> <div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div>
<div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div>	<div>[REDACTED]</div>	<div>[REDACTED]</div> <div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div>
<div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div>	<div>[REDACTED]</div>	<div>[REDACTED]</div> <div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div>
<div>[REDACTED]</div> <div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div>	<div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div> <div>[REDACTED]</div>	<div>[REDACTED]</div>

<div></div> <div></div>	<div></div>	<div></div> <div></div>	<div></div> <div></div>	<div></div>
<div></div> <div></div>	<div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div>
<div></div>	<div></div>	<div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div>
<div></div> <div></div>	<div></div> <div></div>	<div></div>	<div></div> <div></div>	<div></div>

2. Completed Form 2 (Waiver Agreement and Statement) executed by each owner and manager.

Please see the following page for of all of our Owners and Managers' signed Form 2s:

Redacted Copy



**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div> Signature	<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div> Date
<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div> Printed Legal Name	<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div> Date of Birth (MM/DD/YYYY)
<div style="background-color: black; width: 100%; height: 40px; margin-bottom: 5px;"></div> Mailing Address	
<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div> Email	

MSD Enterprises, LLC d/b/a Natural Medical Solutions

 MMTC Applicant Name

Emergency Rule 64ER22-9
 Effective: 12/2022
 DH8052-OMMU-12/12/2022

Redacted Copy



**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

Signature

Date

Printed Legal Name

Date of Birth
(MM/DD/YYYY)

Mailing Address

Email

MSD Enterprises, LLC d/b/a Natural Medical Solutions
MMTC Applicant Name

Emergency Rule 64ER22-9
Effective: 12/2022
DH8052-OMMU-12/12/2022

Redacted Copy



**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

<div style="background-color: black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Signature</div>	<div style="background-color: black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Date</div>
<div style="background-color: black; width: 180px; height: 30px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Printed Legal Name</div>	<div style="background-color: black; width: 130px; height: 30px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Date of Birth (MM/DD/YYYY)</div>
<div style="background-color: black; width: 280px; height: 30px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Mailing Address</div>	
<div style="background-color: black; width: 250px; height: 30px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Email</div>	

MSD Enterprises, LLC d/b/a Natural Medical Solutions
MMTC Applicant Name

Emergency Rule 64ER22-9
Effective: 12/2022
DH8052-OMMU-12/12/2022

Redacted Copy



FORM 2: WAIVER AGREEMENT AND STATEMENT For Criminal History Record Checks

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div>	<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div>
Signature	Date
<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div>	<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div>
Printed Legal Name	Date of Birth (MM/DD/YYYY)
<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div>	
<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div>	
Mailing Address	
<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div>	
Email	

MSD Enterprises, LLC d/b/a Natural Medical Solutions
MMTC Applicant Name

Emergency Rule 64ER22-9
Effective: 12/2022
DH8052-OMMU-12/12/2022

Redacted Copy



**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

Signature

Date

Printed Legal Name

Date of Birth
(MM/DD/YYYY)

Mailing Address

Email

MSD Enterprises, LLC d/b/a Natural Medical Solutions
MMTC Applicant Name

Emergency Rule 64ER22-9
Effective: 12/2022
DH8052-OMMU-12/12/2022

Redacted Copy



**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

Signature

Date

Printed Legal Name

Date of Birth
(MM/DD/YYYY)

Mailing Address

Email

MSD Enterprises, LLC d/b/a Natural Medical Solutions
MMTC Applicant Name

Emergency Rule 64ER22-9
Effective: 12/2022
DH8052-OMMU-12/12/2022

**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

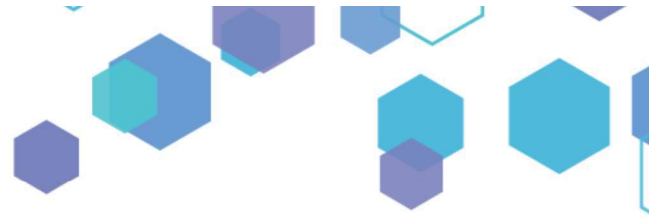
I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

<div></div>	<div></div>
Signature	Date
<div></div>	<div></div>
Printed Legal Name	Date of Birth (MM/DD/YYYY)
<div></div>	
Mailing Address	
<div></div>	
Email	

MSD Enterprises, LLC d/b/a Natural Medical Solutions
MMTC Applicant Name



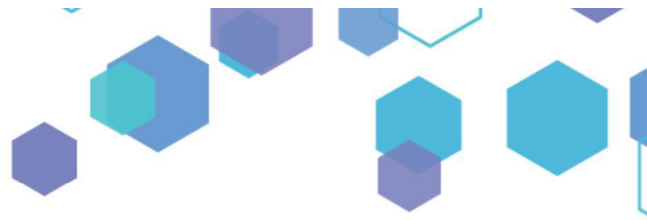
**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

<div style="background-color: black; width: 100%; height: 1.2em;"></div>	<div style="background-color: black; width: 100%; height: 1.2em;"></div>
Signature	Date
<div style="background-color: black; width: 100%; height: 1.2em;"></div>	<div style="background-color: black; width: 100%; height: 1.2em;"></div>
Printed Legal Name	Date of Birth (MM/DD/YYYY)
<div style="background-color: black; width: 100%; height: 1.2em;"></div>	
Mailing Address	
<div style="background-color: black; width: 100%; height: 1.2em;"></div>	
Email	
MSD Enterprises, LLC d/b/a Natural Medical Solutions	
MMTC Applicant Name	

**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

Signature

Date

Printed Legal Name

Date of Birth
(MM/DD/YYYY)

Mailing Address

Email

MSD Enterprises LLC, d/b/a Natural Medical Solutions
MMTC Applicant Name

Redacted Copy



**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

Signature

Date

Printed Legal Name

Date of Birth
(MM/DD/YYYY)

Mailing Address

Email

MSD Enterprises, LLC dba Natural Medical Solutions

MMTC Applicant Name

Redacted Copy



**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

Signature

Date

Printed Legal Name

Date of Birth
(MM/DD/YYYY)

Mailing Address

Email

MSD Enterprises, LLC dba Natural Medical Solutions

MMTC Applicant Name

Emergency Rule 64ER22-9

Effective: 12/2022

DH8052-OMMU-12/12/2022



**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

Signature	Date
Printed Legal Name	Date of Birth (MM/DD/YYYY)
Mailing Address	
Email	
MSD Enterprises LLC DBA Natural Medical Solutions	
MMTC Applicant Name	

Redacted Copy



FORM 2: WAIVER AGREEMENT AND STATEMENT For Criminal History Record Checks

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

<div style="background-color: black; width: 100px; height: 25px; margin-bottom: 5px;"></div> <hr/> Signature	<div style="background-color: black; width: 100px; height: 25px; margin-bottom: 5px;"></div> <hr/> Date
<div style="background-color: black; width: 150px; height: 25px; margin-bottom: 5px;"></div> <hr/> Printed Legal Name	<div style="background-color: black; width: 100px; height: 25px; margin-bottom: 5px;"></div> <hr/> Date of Birth (MM/DD/YYYY)
<div style="background-color: black; width: 300px; height: 25px; margin-bottom: 5px;"></div> <hr/> Mailing Address	
<div style="background-color: black; width: 200px; height: 25px; margin-bottom: 5px;"></div> <hr/> Email	
<div style="background-color: black; width: 400px; height: 25px; margin-bottom: 5px;"></div> <hr/> MSD Enterprises, LLC d/b/a Natural Medical Solutions	
<div style="background-color: black; width: 150px; height: 25px; margin-bottom: 5px;"></div> <hr/> MMTC Applicant Name	

Redacted Copy



FORM 2: WAIVER AGREEMENT AND STATEMENT For Criminal History Record Checks

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

Signature	Date
Printed Legal Name	Date of Birth (MM/DD/YYYY)
Mailing Address	
Email	
MSD Enterprises, LLC d/b/a Natural Medical Solutions	
MMTC Applicant Name	

Emergency Rule 64ER22-9
Effective: 12/2022
DH8052-OMMU-12/12/2022

Redacted Copy



**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

Signature

Date

Printed Legal Name

Date of Birth
(MM/DD/YYYY)

Mailing Address

Email

MSD Enterprises, LLC dba Natural Medical Solutions

MMTC Applicant Name

Emergency Rule 64ER22-9

Effective: 12/2022

DH8052-OMMU-12/12/2022

Redacted Copy



**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

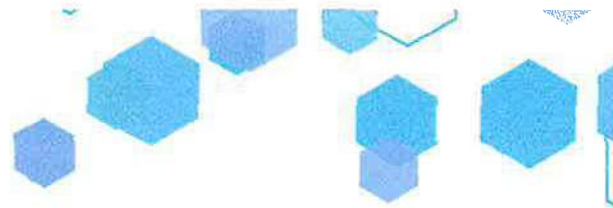
<div style="background-color: black; height: 30px; width: 100%;"></div>	<div style="background-color: black; height: 30px; width: 100%;"></div>
Signature	Date

<div style="background-color: black; height: 30px; width: 100%;"></div>	<div style="background-color: black; height: 30px; width: 100%;"></div>
Printed Legal Name	Date of Birth (MM/DD/YYYY)

<div style="background-color: black; height: 30px; width: 100%;"></div>
Mailing Address

<div style="background-color: black; height: 30px; width: 100%;"></div>
Email

<div style="background-color: black; height: 30px; width: 100%;"></div>
MSD Enterprises, LLC dba Natural Medical Solutions
MMTC Applicant Name



**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

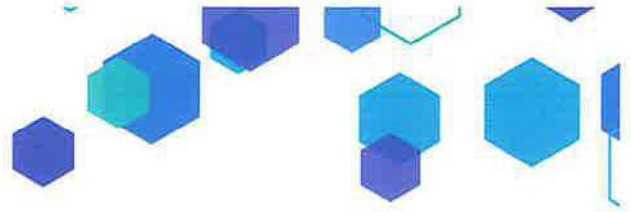
I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

<div style="background-color: black; width: 400px; height: 30px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Signature</div>	<div style="background-color: black; width: 150px; height: 30px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Date</div>
<div style="background-color: black; width: 400px; height: 30px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Printed Legal Name</div>	<div style="background-color: black; width: 150px; height: 30px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Date of Birth (MM/DD/YYYY)</div>
<div style="background-color: black; width: 600px; height: 30px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Mailing Address</div>	
<div style="background-color: black; width: 600px; height: 30px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Email</div>	

MSD Enterprises, LLC dba Natural Medical Solutions
MMTC Applicant Name



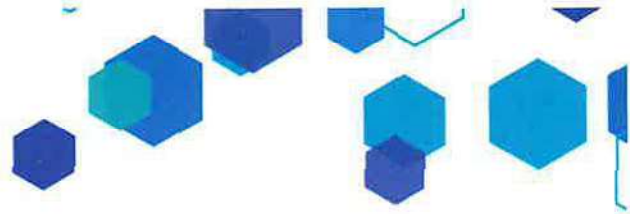
**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

MSD Enterprises, LLC dba Natural Medical Solutions
MMTC Applicant Name



**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

Signature	Date
Printed Legal Name	Date of Birth (MM/DD/YYYY)
Mailing Address	
Email	
MSD Enterprises, LLC dba Natural Medical Solutions	
MMTC Applicant Name	

Redacted Copy



FORM 2: WAIVER AGREEMENT AND STATEMENT For Criminal History Record Checks

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

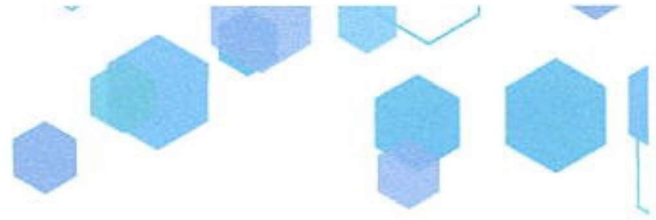
I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

Signature	Date
Printed Legal Name	Date of Birth (MM/DD/YYYY)
Mailing Address	
Email	

MSD Enterprises, LLC d/b/a Natural Medical Solutions
MMTC Applicant Name

Emergency Rule 64ER22-9
Effective: 12/2022
DH8052-OMMU-12/12/2022

**FORM 2: WAIVER AGREEMENT AND STATEMENT**
For Criminal History Record Checks

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

Signature

Date

Printed Legal Name

Date of Birth
(MM/DD/YYYY)

Mailing Address

Email

MSD Enterprises, LLC d/b/a Natural Medical Solutions

MMTC Applicant Name

Redacted Copy



**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

<div style="background-color: black; width: 120px; height: 30px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Signature</div>	<div style="background-color: black; width: 120px; height: 30px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Date</div>
<div style="background-color: black; width: 180px; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Printed Legal Name</div>	<div style="background-color: black; width: 120px; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Date of Birth (MM/DD/YYYY)</div>
<div style="background-color: black; width: 350px; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Mailing Address</div>	
<div style="background-color: black; width: 200px; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Email</div>	

MSD Enterprises, LLC d/b/a Natural Medical Solutions
MMTC Applicant Name

Emergency Rule 64ER22-9
Effective: 12/2022
DH8052-OMMU-12/12/2022

Redacted Copy

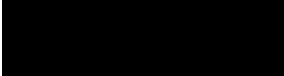


**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.


I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.


I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.


Signature


Date


Printed Legal Name


Date of Birth
(MM/DD/YYYY)


Mailing Address


Email

MSD Enterprises, LLC d/b/a Natural Medical Solutions
MMTC Applicant Name

Emergency Rule 64ER22-9
Effective: 12/2022
DH8052-OMMU-12/12/2022

Redacted Copy



**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

Signature	Date
Printed Legal Name	Date of Birth (MM/DD/YYYY)
Mailing Address	
Email	

MSD Enterprises, LLC d/b/a Natural Medical Solutions

 MMTC Applicant Name

Emergency Rule 64ER22-9
 Effective: 12/2022
 DH8052-OMMU-12/12/2022

Redacted Copy



**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

<div style="background-color: black; width: 200px; height: 30px;"></div>	<div style="background-color: black; width: 100px; height: 20px;"></div>
Signature	Date
<div style="background-color: black; width: 220px; height: 30px;"></div>	<div style="background-color: black; width: 130px; height: 30px;"></div>
Printed Legal Name	Date of Birth (MM/DD/YYYY)
<div style="background-color: black; width: 430px; height: 30px;"></div>	
Mailing Address	
<div style="background-color: black; width: 320px; height: 20px;"></div>	
Email	

MSD Enterprises, LLC d/b/a Natural Medical Solutions
MMTC Applicant Name

Emergency Rule 64ER22-9
Effective: 12/2022
DH8052-OMMU-12/12/2022

Redacted Copy



FORM 2: WAIVER AGREEMENT AND STATEMENT For Criminal History Record Checks

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 30px;"></div>	<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 30px;"></div>
Signature	Date
<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 30px;"></div>	<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 30px;"></div>
Printed Legal Name	Date of Birth (MM/DD/YYYY)
<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 30px;"></div>	
Mailing Address	
<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 30px;"></div>	
Email	

MSD Enterprises, LLC d/b/a Natural Medical Solutions
MMTC Applicant Name

Emergency Rule 64ER22-9
Effective: 12/2022
DH8052-OMMU-12/12/2022

Redacted Copy



**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div> Signature	<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div> Date
<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div> Printed Legal Name	<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div> Date of Birth (MM/DD/YYYY)
<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div> Mailing Address	
<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div> Email	

MSD Enterprises, LLC d/b/a Natural Medical Solutions

 MMTC Applicant Name

Emergency Rule 64ER22-9
 Effective: 12/2022
 DH8052-OMMU-12/12/2022

Redacted Copy



**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Signature</div>	<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Date</div>
<div style="background-color: black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Printed Legal Name</div>	<div style="background-color: black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Date of Birth (MM/DD/YYYY)</div>
<div style="background-color: black; width: 100%; height: 30px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Mailing Address</div>	
<div style="background-color: black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Email</div>	

MSD Enterprises, LLC d/b/a Natural Medical Solutions

 MMTC Applicant Name

Emergency Rule 64ER22-9
 Effective: 12/2022
 DH8052-OMMU-12/12/2022

Redacted Copy



FORM 2: WAIVER AGREEMENT AND STATEMENT For Criminal History Record Checks

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

Signature	Date
Printed Legal Name	Date of Birth (MM/DD/YYYY)
Mailing Address	
Email	

MSD Enterprises, LLC d/b/a Natural Medical Solutions
MMTC Applicant Name

Emergency Rule 64ER22-9
Effective: 12/2022
DH8052-OMMU-12/12/2022

**FORM 2: WAIVER AGREEMENT AND STATEMENT**
For Criminal History Record Checks

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

Signature

Date

Printed Legal Name

Date of Birth
(MM/DD/YYYY)

Mailing Address

Email

MSD Enterprises, LLC d/b/a Natural Medical Solutions

MMTC Applicant Name

Redacted Copy



**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

Signature

Date

Printed Legal Name

Date of Birth
(MM/DD/YYYY)

Mailing Address

Email

MSD Enterprises, LLC d/b/a Natural Medical Solutions
MMTC Applicant Name

Emergency Rule 64ER22-9
Effective: 12/2022
DH8052-OMMU-12/12/2022

Redacted Copy



**FORM 2: WAIVER AGREEMENT AND STATEMENT
For Criminal History Record Checks**

I hereby authorize the Livescan Service Provider of my choosing to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that my background report will be sent to the Florida Department of Health, Office of Medical Marijuana Use (OMMU), and that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), sections 16.30-16.34, and that I could then freely disclose any such information to whomever I choose.

I understand that my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications to the OMMU. I further understand that, upon request, the FDLE may provide me a copy of the criminal history record report, if any, it receives concerning me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in section 943.056, F.S., and Title 28, CFR, section 16.34.

I understand that the OMMU may disclose to the applicant for Medical Marijuana Treatment Center (MMTC) licensure listed below whether I am authorized to serve as an owner or manager for the MMTC upon licensure, as provided in section 381.986, F.S., Florida Administrative Code Chapter 64-4, and applicable emergency rules.

Signature

Date

Printed Legal Name

Date of Birth
(MM/DD/YYYY)

Mailing Address

Email

MSD Enterprises, LLC d/b/a Natural Medical Solutions

MMTC Applicant Name

Emergency Rule 64ER22-9
Effective: 12/2022
DH8052-OMMU-12/12/2022

