

Application for MMTC Licensure – Errors and Omissions Letter

1. Subsection 4.3.3, Level 2 Background Screening

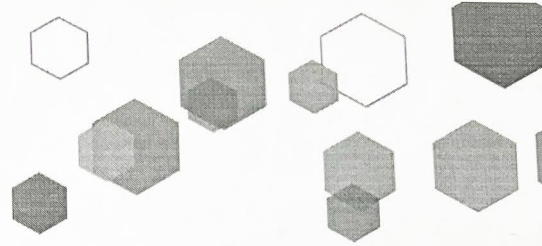
- A. **435.09** : Form 2
- B. **435.09** : Livescan Service Provider fingerprints
- C. **435.09** Form 2, Subsection 4.8.4
- D. **435.09** : Form 2, Subsection 4.8.4
- E. Updated list of owners and managers in Subsection 4.3.3

2. Subsection 4.9.5, Medical Director Acknowledgment: Form 4 (ver. 64ER22-9)

3. Subsection 4.12.1, Certified Financial Statements

4. Section 4.15, Citrus Preference Documentation

Please be advised, Sawgrass Farms, LLC is not seeking to qualify for the citrus preference.



**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.

4355.09

Email

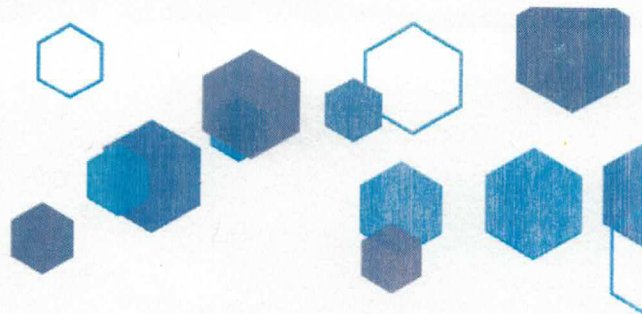
Sawgrass Farms, LLC

MMTC Applicant Name

Emergency Rule 64ER22-9

Effective: 12/2022

DH8052-OMMU-12/12/2022



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435.09

Sawgrass Farms, LLC

MMTC Applicant Name

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

Subsection 4.8.4 – Prior Enforcement Action (Owners & Managers)

1. Have you previously served as an owner or manager of a Florida-licensed dispensing organization or MMTC that has been subject to any enforcement action by the Department, and if so, provide the identity of the dispensing organization or MMTC, and the circumstances relating to the enforcement action taken against the MMTC or dispensing organization:

119.0715

2. Have you been previously served as an owner or manager of an entity licensed in another jurisdiction to cultivate, process or dispense marijuana that has been subject to any enforcement action by the applicable licensing body, and if so, provide the identity of the entity licensed to cultivate, process, or dispense marijuana, and the circumstances relating to the enforcement action:

119.0715

3. Have you previously served as an owner or manager of an entity licensed in another jurisdiction to cultivate, process, or dispense marijuana that has been compelled to recall marijuana or marijuana product, and if so, provide the name of the entity, and the circumstances relating to the entity's recall of marijuana or marijuana product:

119.0715

Owner/Manager Name: 435.09

Owner/Manager Signature: 435.09

Date: May 31, 2023



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For Criminal History Record Checks**

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Sawgrass Farms, LLC

MMTC Applicant Name

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119.0715

Owner/Manager Name:

435.09

Owner/Manager Signature:

435.09

Date:

4/28/23

Subsection 4.3.3 Level 2 Background Screening

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