

**PLANS REVIEW QUESTIONNAIRE
FOR OUT-OF-STATE CONSUMABLE HEMP PRODUCT MANUFACTURERS**

FD-99a

(Rev. 5/25)

Date submitted to Cannabis Program: _____

I. Basic Facility/Contact Information.

Name of Establishment: _____

Physical Address of Establishment: _____

Mailing Address of Establishment: _____

Specific Type(s) of Products Handled: _____

Class of Ownership:

Sole Proprietorship

Corporation

Limited Liability Corporation

Partnership

Limited Liability Partnership

Contact Name:	Title:
Business Address:	
Business Phone:	Cell Phone:
Email Address:	

II. Owner Eligibility Requirements

List all natural persons having a greater than 5% stake in the corporation, LLC, or partnership (if there are more than five majority stakeholders, please attach a separate listing):

Name	% Stake

Sole proprietors must attach a state-issued photo ID indicating the proprietor's date of birth. Proprietors and other types of business organizations must attach a notarized statement attesting that no stakeholder on the above list has been convicted of a felony crime under the laws of the United States or any U.S. state or territory nor has been convicted of soliciting for prostitution, pandering, letting premises for prostitution, contributing to the delinquency of juveniles, keeping a disorderly place, letting a disorderly place, or illegally dealing in controlled dangerous substances. This statement must be drafted to reflect that it was signed under penalty of perjury if any element is determined to be false or misleading in any particular and executed by the proprietor, secretary, or managing member of the applicant.

III. Endorsement

By signing below, the applicant consents to the personal jurisdiction of Louisiana courts and administrative tribunals for matters related to denial, issuance, revocation, or suspension of a permit, license or registration under Chapter 10-a of Part VI of Title 3 of the Louisiana Revised Statutes of 1950.

Signature of Owner/Managing Member/Officer

Date