



AFFIDAVIT OF PETITION CIRCULATOR

I, _____,
Name of circulator

who resides at _____,
Address of Circulator

hereby state that I was the circulator of the petition attached hereto and further assert that I personally witnessed the placing of each signature on the attached petition and that each signature is the signature of the person whose name it purports to be. Additionally, every individual who signed the attached petition represented himself or herself to be over the age of 21 years and is either a resident or the owner or manager of a business in the neighborhood designated as the immediately affected area by the Department of Excise and Licenses or in the case of a medical marijuana hearing, individuals who reside in the Designated Area and are at least eighteen (18) years of age and are registered as a medical marijuana patient with the State. Lastly, every signatory of the attached petition read or had read to them the petition in its entirety, understands the nature of the petition and thereby freely and voluntarily signed such petition without the employment of any promises, threats, force or inducements.

Signature of Circulator

Subscribed and sworn to me this _____ day of _____, 20__.

Notary of the Public Signature

My commission expires: _____