



**Lamar County Board of Supervisors  
Planning Department**

P.O. Box 1240 - 144 Shelby Speights  
Purvis, Mississippi 39475  
Phone: 601.794.1024  
[www.lamarcountymiss.gov](http://www.lamarcountymiss.gov)

MEDICAL CANNABIS GOOD MANUFACTURING PRACTICES STATEMENT OF AGREEMENT

This form is to be used to submit along with the application package. This form is Lamar County’s way of securing an assurance that you agree to obtain and maintain third party “Good Manufacturing Practices (GMP)” certification within 18 months of the original permit for EACH operational permit. This certification must be obtained for EACH of the active operating permits for different type of facilities permitted. In the case of multiple operating permits on the same parcel or within the same facility. The certification can be separate or combined, if listed fully out to which type of facility(s) is being covered under the GMP certification. By agreeing to this form, you are in fact agreeing to obtain this certification with the understanding that failure to obtain could result in fines, cease orders, and other possible remedies being pursued by Lamar County under the authority of our Ordinances and the powers granted by the State of Mississippi.

The holder of such facility permit shall fill this form out and take full responsibility in obtaining the certification.

Parcel PPIN: \_\_\_\_\_ Type of Facility Permitting: (CULTIVATION) (PROCESSING) (DISPENSARY)  
(DISPOSAL) (TRANSPORTATION)

**BUSINESS OWNER (if different than parcel owner):**

Name of Entity: \_\_\_\_\_  
Name of Point of Contact: \_\_\_\_\_ Affiliation: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**OPERATOR (if different than parcel owner and not business owner):**

Name of Entity: \_\_\_\_\_  
Name of Point of Contact: \_\_\_\_\_ Affiliation: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Owners’ certification of authorization is on back side of form. The notarization of this form is solely to provide assurance to Lamar County Board of Supervisors that the parcel owner is the signatory of this document. The above information is only be used as reference to the authorization being given.

**Disclosure and agreement:**

I agree to obtain the previous referenced certification standard needed from Lamar County Board of Supervisors. I agree that failure to obtain may result in loss of operating capability within unincorporated Lamar County.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Printed)  
Position: \_\_\_\_\_ Company: \_\_\_\_\_