Retail Marijuana Establishment and/or Medical Marijuana Center

License Application - Landlord's Consent

Applicant business name: _____

Trade name (D/B/A): _____

Street address of proposed licensed premises: _____

City: _____ State: _____ ZIP: _____

Legal description: _____

- ❑ Check here if additional information is provided on a separate sheet.

Landlord's Consent to Submission of Application

As owner of the real property listed above, I hereby authorize the submission of this application for my property to be used as a (check all that apply):

- ❑ Retail marijuana store
- ❑ Retail marijuana testing facility
- ❑ Dually licensed medical marijuana center and retail marijuana store
- ❑ Medical marijuana center

_____ _____

Property owner signature Printed name

_____

Date

STATE OF _____)

)ss.

COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20___, by _____.

WITNESS my hand and official seal.

My commission expires _____.

_____

Notary Public