

CERTIFICATION FOR PROPERTY USE AS MEDICAL CANNABIS ESTABLISHMENT

Property address:
Legal description:

I certify that I am the owner of the above-described property and that _____ is
authorized to use the property as a Medical Cannabis Establishment.

Property Owner Name: _____

Signature: _____

Printed Name: _____

Its: _____

Subscribed and sworn to before me this _____ day of _____, _____

(NOTARY SEAL)

Notary Public

My Commission Expires: _____