



ARIZONA DEPARTMENT OF HEALTH SERVICES
MEDICAL MARIJUANA PROGRAM

DOCUMENTATION OF PROPERTY OWNERSHIP

TO BE COMPLETED BY THE OWNER OF THE PHYSICAL ADDRESS OF THE PROPOSED DISPENSARY.

Form with fields for: Name of Individual or Entity Applying for a Dispensary Registration Certificate; Name of Owner of the Physical Address of the Proposed Dispensary; Physical Address of Proposed Dispensary; City; County; State; Zip Code; Legal Description of the Property.

[ ] The individual or entity applying for a Dispensary Registration Certificate is the owner of the physical address of the proposed dispensary.

OR

[ ] The owner of the physical address of the proposed dispensary gives permission to the individual or entity applying for a Dispensary Registration Certificate to operate a dispensary at the physical address.

Signature lines for PROPERTY OWNER NAME, TITLE, PROPERTY OWNER SIGNATURE, and DATE SIGNED.