



**MEDICAL MARIJUANA PROGRAM
PO/BM ZONING SWORN STATEMENT (v. 1.0)**

To be completed by each principal officer and board member of the proposed medical marijuana dispensary.

APPLICANT INFORMATION

Name of Entity Applying for a Dispensary Registration Certificate

Street Address of Proposed Dispensary Registration Certificate

Ste., Unit, etc. #

City

County

State

Zip Code

Legal Description of the Property and/or Assessor's Parcel Number

PRINCIPAL OFFICER/BOARD MEMBER INFORMATION

Legal First Name

Legal Last Name

SWORN STATEMENT

I, _____, swear that the proposed medical marijuana
Full legal name
dispensary location is in compliance with any local zoning restrictions.

Signature of Principal Officer/Board Member

Date Signed

NOTARIZATION INFORMATION

State of _____, County of _____

On this _____ day of _____, _____, before me personally appeared
_____, whose identity was proven to me on the basis of satisfactory
evidence to be the person who he or she claims to be, and acknowledged that he or she signed the above document.

(Seal)
(Affix Seal Here)

Notary Public (Notary Public Signature)