



**BUREAU OF MARIJUANA LICENSING  
DOCUMENTATION OF PROPERTY OWNERSHIP  
FOR ADULT-USE MARIJUANA ESTABLISHMENT  
CHANGE APPLICATIONS**

To be completed by the owner of the physical address of the proposed location.

APPLICANT INFORMATION			
Name of Licensed Dispensary			
Street Address of Proposed Location			Ste., Unit, etc. #
City	County	State	Zip Code
Proposed Location will be operated as a:			
<input type="checkbox"/> Retail Site <input type="checkbox"/> Cultivation Site <input type="checkbox"/> Manufacturing Site			
PROPERTY OWNER INFORMATION			
Name of Owner of the Physical Address of the proposed location			
Name of Authorized Legal Representative of Owner of the Physical Address of the proposed location, if Applicable			
Phone Number (XXX) XXX-XXXX		Email Address	
PROPERTY OWNER AUTHORIZATION			
Select <b>One</b> Box Below, Sign, and Date			
<input type="checkbox"/> The licensed dispensary owns the physical address of the proposed location.			
OR			
<input type="checkbox"/> The owner of the physical address of the proposed location gives permission to the licensed dispensary to operate at the physical address.			
_____ Signature of Property Owner or Authorized Legal Representative		_____ Date Signed	
NOTARIZATION INFORMATION (if property owner is not licensee)			
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)	