



**MEDICAL MARIJUANA PROGRAM  
DOCUMENTATION OF PROPERTY OWNERSHIP  
FOR 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:

Dispensary

Cultivation 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 **One** Box Below, Sign, and Date

The licensed dispensary owns the physical address of the proposed location.

OR

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)