



Property Owner Permission

V2 5/2023

Medical Card Self-Cultivator:

Cardholder's Name	Medical Card Number
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Marijuana Business Applicant Information:

Business Owner's Legal Name	License Number(s)
Assumed Business Name (if applicable)	

Applicant Signature _____ Date _____

Property Information

Mark all applicable marijuana-related activities to take place on below property:

For Individual applicants: cultivation and storage

For Business applicants: cultivation chemical manufacturing mechanical manufacturing testing
 dispensing kitchen manufacturing storage-only facility

Street Address	Property Assessment Code or Geocode		
City	State	ZIP Code	
Lease Terms (i.e., month to month, annual)	Lease Expiration		

Property Owner Information

Property Owner Name		
Business Name (if applicable)	Phone Number	
Mailing Address		
City	State	ZIP Code

I give _____ permission to use the above property for the marked activities to the extent that such activities are done in compliance with Montana Law. In signing this form, I further attest that I am the owner of the above property and I authorize the use of these premises for these marked purposes.

Signature of Property Owner or Legal Representative of Property Owner _____ Date _____

Printed Legal Name _____

Notary Public Section

State of _____ County of _____
 This instrument was signed or acknowledged before me on _____ by _____
Verified Name of Property Owner

Notary Signature _____