

Town of Breckenridge

P.O. Box 168, Breckenridge, Colorado 80424

Retail Marijuana Establishment and/or Medical Marijuana Business Local License Application – Landlord’s Consent

BUSINESS NAME _____
APPLICANT _____
STREET ADDRESS OF PROPOSED LICENSED PREMISES _____
LEGAL DESCRIPTION _____

LANDLORD’S CONSENT TO SUBMISSION OF APPLICATION

As owner of the real property listed above, I hereby authorize the submission of this application for my property to be used as a (check all that apply)

- Retail Marijuana Store
- Retail Marijuana Cultivation Facility
- Retail Marijuana Products Manufacturer
- Dually Licensed Medical Marijuana Center and Retail Marijuana Store
- Dually Licensed Retail and Medical Marijuana Cultivation Facility
- Dually Licensed Retail and Medical Marijuana Products Manufacturer
- Medical Marijuana Center
- Medical Marijuana Center Cultivation Facility
- Medical Marijuana Center Products Manufacturer

Property Owner

Date

STATE OF _____)
)ss.
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____.

WITNESS my hand and official seal.

My commission expires _____.

Notary Public