City of Winner

Medical Cannabis Dispensary License

Authorization to Use Property for a Cannabis Business

Business Name:

Applicant:

Street Address of Cannabis Business:

As owner of the real property listed above, I hereby authorize the submission of the application for my property to be used as a **Medical Cannabis Retail Dispensary.**

I understand that the lessee must operate the business on the property described above under provisions of the City of Winner Municipal Code §154-155: I further understand that my property must meet certain zoning requirements and comply with applicable federal, state and local laws and building codes.

In exchange for good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, I herby release the city, its officers, elected officials, employees, attorneys, and agents from all liability for any and all claims and demands, or causes of action of any kind whatsoever, present or future, in any way relating to or arising from the lessees/licensee’s business operation upon said property.

Property Owner Signature Date

Printed Name of Property Owner Phone Number

Property Owner Address

Lease Expiration

\*\*Attach photocopy of written lease agreement\*\*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_.

Notary Public

(NOTARY SEAL)

Commission Expires