AUTHORIZATION TO USE PROPERTY FOR A MEDICAL MARIJUANA BUSINESS

Property Address:

As owner of the property described above, I hereby consent to the use of said property for the purpose of conducting a medical marijuana business so long as said use is authorized under and in accordance with applicable state and local laws. This consent is valid under the following terms and conditions:

✓ Check all that apply:

- Medical Marijuana Center
- □ Cultivation Operation
- Medical Marijuana-infused Products Manufacturing Facility

I understand that the lessee must operate the business on the property described above under the provisions of Chapter 15, Article XVI of the Code of the City of Fort Collins. I further understand that sufficient measures and means of preventing smoke, odors, debris, dust, fluids, and other substances from exiting the business must be provided at all times. I understand that, in the event that any odors, debris, dust, fluids, or other substances exit the business, I am jointly and severally liable for such conditions, and shall be responsible for immediate, full clean-up and correction of such condition. I further understand that in issuing a medical marijuana business license, the City of Fort Collins assumes no legal liability or duty of care regarding the licensee's business operation or possession of the property.

I hereby release the City, its officers, elected officials, employees, attorneys and agents from all liability for claims of damages of any kind whatsoever, present or future, in any way relating to or arising from the conduct of the lessee/licensee's business operation on said property.

Printed Name of Property Owner/Agent	
elephone	
20, by	

Notary Public

My Commission Expires: _____