Updated 12/12/2018 **(Must submit separate Oath for each application)**

OATH of APPLICATION **Applicants Business Name:**	
Medical Application Type + License #:	**Retail Application Type + License #:**

I declare, under penalty of perjury, that the entire foregoing pages, including all statements made and attachments (if any), are true, correct, and complete to the best of my knowledge and belief. I understand and acknowledge that any information contained herein or submitted as a part of this application that is found to be false or misleading may result in this application being denied, or any license granted pursuant to this application, suspended or revoked, in addition to possible filing of applicable criminal charges. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the City of Fort Collins Municipal Code and all Rules and Regulations which govern my Marijuana License Application.

Signature:	Title (*owner, manager, director, etc.*)	Date:
Printed Name:	Business (dba):	

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

State of _____)
) ss.
County of _____)

Subscribed and sworn to before me this ___ day of _____, 20__, by

_____.

_____
Notary Public

City of Fort Collins