

AFFIDAVIT APPROVING TRANSFER

Licensee (Seller): _____ DBA: _____

I, _____, as authorized agent of the licensee listed above, do hereby consent to the transfer of the following City medical and/or retail marijuana licenses:

License Type	Premise Address	City License No. and expiration date	State License No. and expiration date

to _____ (Buyer).

I acknowledge that the current licensee must remain in control of the business operations associated with the aforesaid licenses until such time as the Buyer has been approved for licensure by the City of Fort Collins and the State of Colorado.

X _____
Seller's Signature

X _____
Buyer's Signature

Printed Name _____

Printed Name _____

State of _____)

) ss.

County of _____)

Subscribed and sworn to before me this ____ day of _____, 20____, by _____.

Notary Public

