

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.

Applicant's Declaration and Signature

I hereby further certify that I am an authorized representative of the Applicant, that I have read the above information, and that all information that I have provided, as well as any attachments hereto, are true, accurate, and complete to the best of my knowledge.

Seller's Signature	Date	Buyer's Signature	Date
Printed Name		Printed Name	

