

## 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      |      |

