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:

Address	City License No.	State License No.

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

City of Fort Collins