

## AUTHORIZATION TO USE PROPERTY FOR A MARIJUANA BUSINESS

Business Name (dba):	Property Address:
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As owner of the property described above, I hereby consent to the use of said property for the purpose of conducting a marijuana business so long as said use is authorized under and in accordance with applicable state and local laws. This consent is valid under the following terms and conditions:

✓ *Check all that apply:*

- |  |   |
|--|---|
| <input type="checkbox"/> Medical Marijuana Center<br><input type="checkbox"/> Medical Marijuana Optional Premises Cultivation<br><input type="checkbox"/> Medical Marijuana Infused Products Manufacturing<br><input type="checkbox"/> Medical Marijuana Testing Facility<br><input type="checkbox"/> Medical Marijuana Research & Development Facility<br><input type="checkbox"/> Medical Marijuana Research & Development Cultivation | <input type="checkbox"/> Retail Marijuana Store<br><input type="checkbox"/> Retail Marijuana Cultivation Facility<br><input type="checkbox"/> Retail Marijuana Products Manufacturing<br><input type="checkbox"/> Retail Marijuana Testing Facility |
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**I understand:**

1. That the lessee must operate the business on the property described above under the provisions of Chapter 15, Article XVI (Medical) and or XVII (Retail) of the Code of the City of Fort Collins.
2. That sufficient measures and means of preventing smoke, odors, debris, dust, fluids, and other substances from exiting the business must be provided at all times. I understand that, in the event that any odors, debris, dust, fluids, or other substances exit the business, I am jointly and severally liable for such conditions, and shall be responsible for immediate, full clean-up and correction of such condition.
3. That, in issuing a marijuana business license, the City of Fort Collins assumes no legal liability or duty of care regarding the licensee's business operation or possession of the property.
4. That, pursuant to **Sections 44-11-105 C.R.S. (Medical), and or 44-12-105 C.R.S. (Retail)**, any person within a Restricted Access Area or Limited Access Area that does not have a valid occupational license shall be considered a visitor and must be escorted at all times by a person who holds a valid Associated Key License. **This includes the Property Owner.**

In the event of any conflict between the terms of this Authorization to Use Property for a Marijuana Business and any other documents submitted with this application, the terms of this Authorization form shall control.

I hereby release the City, its officers, elected officials, employees, attorneys and agents from all liability for claims of damages of any kind whatsoever, present or future, in any way relating to or arising from the conduct of the lessee/licensee's business operation on said property.

Signature of Property Owner or Authorized Agent	Printed Name of Property Owner/Agent
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Date	Company Name/Address	Telephone
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State of \_\_\_\_\_ )  
 ) ss.  
 County of \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.



\_\_\_\_\_  
Notary Public