



AUTHORIZATION TO USE PROPERTY FOR A MARIJUANA BUSINESS

BUSINESS NAME:
APPLICANT:
STREET ADDRESS OF MARIJUANA BUSINESS:

As owner of the real property listed above, I hereby authorize the submission of this application for my property to be used as a (check all that apply)

- Co-Located Medical and Retail Marijuana Store
- Retail Marijuana Store
- Co-Located Medical and Retail Marijuana Cultivation Facility
- Retail Marijuana Cultivation Facility
- Co-Located Medical and Retail Marijuana Testing Facility
- Retail Marijuana Testing Facility

I understand that the lessee must operate the business on the property described above under the provisions of The Dolores Marijuana Code regarding Marijuana Businesses. I further understand that sufficient measures and means of preventing the escape or emission of any gas, vapors, odors, smoke, dust, heat, or glare from exiting the business must always be provided. I understand that in the event any gas, vapors, odors, smoke, dust, heat or glare, or other substances exit the business, I am, jointly and severally, liable for such conditions, and shall be responsible for the immediate, full clean-up and correction of such condition. I further understand that in issuing a marijuana business license, the Town of Dolores assumes no legal liability or duty of care regarding the licensee's business operation or possession of the property.

In exchange for good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, I hereby release the town, its officers, elected officials, employees, attorneys, and agents from all liability for all claims and demands, or causes of action 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.

Property Owner

Date

Printed Name of Property Owner/ Agent

Company Name/Address

STATE OF _____)
)ss.
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____.

My commission expires: _____

Notary Public: _____