



City of McFarland
Commercial Cannabis Permit
Application
CCP # _____

Address: _____ APN _____

401 W Kern Ave
McFarland CA 93250
661-792-3091
www.mcfarlandcity.org

Real Property Authorization Form
PROPERTY OWNER CONSENT FORM
(Section 3)
Commercial Cannabis Businesses

PROPERTY OWNER INFORMATION	
Name:	
Title:	
Phone Number:	
Mailing Address:	
E-mail Address:	
PREMISES INFORMATION	
Physical Address	
Tenant/Buyer Business:	
Name of Tenant/Buyer:	
DECLARATIONS AND SIGNATURE	
<p>I hereby certify that I am the property owner of the premises referenced in the Premises Information section 3 of the application and authorized to complete this form. As the property owner, I acknowledge that the above mentioned tenant/buyer has the legal right to occupy the property and acknowledges and consents to the conduct of legal commercial cannabis activities on the property, including, but not limited to: cannabis cultivation, cannabis manufacturing, cannabis distribution, and cannabis delivery.</p>	

Signature must be notarized.

Signature

Date



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CALIFORNIA NOTARY ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____

On _____ before me, _____ (name and title of officer), personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Seal)