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)

- ❑ Retail Marijuana Store
- ❑ Retail Marijuana Cultivation Facility
- ❑ Retail Marijuana Products Manufacturer
- ❑ Retail Marijuana Testing Facility
- ❑ Medical Marijuana Center
- ❑ Optional Premises Cultivation Operation
- ❑ Medical Marijuana-Infused Products Manufacturer

I understand that the lessee must operate the business on the property described above under the provisions of Article II, Marijuana Businesses of the Commerce City Revised Municipal Code. 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 be provided at all times. I understand that in the event that 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 City of Commerce City 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 city, its officers, elected officials, employees, attorneys and agents from all liability for any and 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