



FORM 10

**CONSENT BY PROPERTY OWNER TO UTILISE PREMISES FOR
MEDICINAL CANNABIS**

If the property (land or buildings) to be licensed is not owned by or under the custody or control of the applicant, this form must be completed and the declaration signed by the owner or person with custody and control of the land.

Please attach the relevant lease or rental agreement.

1. Type of Property: Land Land with Building(s) Retail Space

2. Description of Property (include Volume/Folio Number as appropriate):

3. Description of intended use of the property in relation to medicinal cannabis:

4. Address of the property: _____
5. This property currently has a mortgage and the conveyance for the property is with _____; or
Name of Institution
- This property currently has no mortgage and I currently have the conveyance in respect of the property.
6. I currently have a lease for this property and it is currently mortgaged with _____ financial institution.
- I currently have a lease for this property and all the required documentation for that lease.

FOR OWNERS OR PERSONS WITH CUSTODY OR CONTROL

I, _____, declare that I am the owner or person with custody of this property and I am fully aware of the intended use of the property as outlined in Clause 3 above and freely give my consent for such activities to be conducted on the property.

Signed: _____ Date: _____

Address: _____ Phone: _____

Identification Card Number: _____

FOR MULTIPLE OWNERS OR MULTIPLE PERSONS WITH CUSTODY OR CONTROL

We the undersigned, _____

_____, declare that we are the owners of this property and are fully aware of the intended use of the property as outlined in Clause 3 (Page 1) above and freely give our consent for such activities to be conducted on the site.

Signed: _____ Date: _____

Address: _____ Phone: _____

Identification Card Number: _____

Signed: _____ Date: _____

Address: _____ Phone: _____

Identification Card Number: _____

Signed: _____ Date: _____

Address: _____ Phone: _____

Identification Card Number: _____

Signed: _____ Date: _____

Address: _____ Phone: _____

Identification Card Number: _____