



CITY OF PACIFIC GROVE

300 Forest Avenue, Pacific Grove, California 93950
Tel: (831) 648-3102 | Fax: (831) 375-9863 | www.cityofpacificgrove.org/cannabis

RETAIL CANNABIS LICENSE APPLICATION OWNER'S STATEMENT OF CONSENT

If the applicant is not the owner of record of the subject site, the following Statement of Consent must be completed by the owner or the owner's authorized representative, granting the applicant sole permission to apply for a cannabis business permit. This form must be notarized.

To: City of Pacific Grove
300 Forest Ave
Pacific Grove, CA 93950

I, the undersigned legal owner of record, hereby grant sole permission to:

Applicant: _____ Phone: _____

Mailing Address: _____

to operate a cannabis business on the property described below.

The subject property is located at: _____

Assessor's Parcel Number: _____

Printed Name of Owner of Record: _____

Address of Owner of Record: _____

Phone: _____ Email address: _____

Signature of Owner of Record: _____ Date: _____