



**PROPERTY OWNER CONSENT FORM
CANNABIS BUSINESS PERMIT**

City of Ventura
501 Poli Street
Ventura CA 93001

APPLICANT (ENTITY) INFORMATION AND PROPOSED LOCATION

Applicant (Entity) Name: _____ DBA: _____

Primary Contact (Same as above? Yes No): _____ Title: _____

Phone: _____ Email: _____

Select one or more of the following categories. For each category, indicate whether you are applying for Adult-Use (“A”) or/and Medicinal (“M”) or both. Adult Use Medical Use

Retail(Store Front) Retail(Non-Store Front) Distribution Manufacturing Testing Lab Microbusiness (Non-Cultivation)

Property Owner Name: _____

Property Address (including unit #): _____

Assessor’s Parcel Number (APN): _____ Proposed Location Square Footage: _____

PROPERTY OWNER CONSENT

If applicant is other than the property owner(s), the owner(s) must provide a signed statement consenting to filing pursuant to the City of San Buenaventura Ordinance No 2021-004, Chapter 6.420. Original signatures only.

I/We, as the owner(s) of the subject property, consent to the filing of this application and use of the property for the purposes described herein. We further consent and hereby authorize City representative(s) to enter upon my property for the purpose of examining and inspecting the property in preparation of any reports and/or required environmental review for the processing of the application(s) being filed.

Name

Signature

Title

Date

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.

Subscribed and sworn to before me this ___ day of _____, 20 __, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me _____.