

**Montana Marijuana Program
LANDLORD PERMISSION FORM**

Cardholder (patient) applicants and provider applicants must use this form to obtain permission from their landlord if they will cultivate and/or manufacture marijuana at a property that is rented or leased.

Landlord signature must be notarized.

→ Fill out a new LANDLORD PERMISSION FORM if you move and you are renting or leasing the property where you will be cultivating and manufacturing marijuana. Include this form with your CHANGE REQUEST FORM.

REGISTERED CARDHOLDER (PATIENT) OR PROVIDER/MIPP APPLICANT INFORMATION

Current card number (if current cardholder or provider): _____ Expiration date: _____

Legal Name (Last): _____ (First): _____ MI: _____

Date of Birth: _____ Social Security Number: _____

Location where marijuana will be cultivated and/or manufactured:

Street address City Zip

Signature of cardholder and/or provider Date

LANDLORD/ PROPERTY OWNER INFORMATION

Legal Name (Last): _____ (First): _____ MI: _____

I give _____ permission to cultivate and/or manufacture marijuana at the premises identified above to the extent that such cultivation and/or manufacturing is done in compliance with Montana Law.

In signing this form I further attest I am the owner and/or landlord of the above named property and I have the authority to authorize the use of the premises to cultivate and/or manufacture marijuana

Signature of landlord Date

State of _____

County of _____

Signed or attested before me on (date) by (name(s) of person(s)) _____

(Signature of notarial officer)

(Seal, if any)

(Name - typed, stamped, or printed)

Title (and Rank)

(Residing at)

[My commission expires: _____]