



Montana Medical Marijuana Program

Property Owner Permission Form for Laboratories

(Property Owner signature must be notarized.)

Laboratory Applicant Information

Current License Number (if applicable): _____ Expiration date: _____

Business Owner Name (Last) _____ (First): _____ (Middle): _____

Entity Name: _____ Federal EIN: _____

Street address _____ City _____ Zip _____

Signature of Owner _____ Date _____

Property Owner Information

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

Mailing address: _____ Phone number: _____

I give _____ permission to possess marijuana at the premises identified above to the extent that such possession is in compliance with Montana Law. In signing this form, I further attest I am the property owner of the above-named property and I authorize the use of the premises to contain marijuana.

Signature of Property Owner _____ Date _____

State of Montana

County of _____

This instrument was signed or acknowledged before me on _____ by _____
Name of Signer

Notary Signature _____

Affix seal/stamp above