



**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 dispense, 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 dispensing, cultivating and/or 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 dispensed, 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 dispense, cultivate and/or manufacture marijuana at the premises identified above to the extent that such dispensing, 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 dispense, 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: _____]