



Montana Medical Marijuana Program Property Owner Permission Form for Providers

(Property Owner signature must be notarized.)

Provider/MIPP Applicant Information

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

Business Name: _____ Registered Agent: _____ Federal Tax ID: _____

Location where marijuana will be dispensed , cultivated and/or manufactured (Check all that apply):

Street address City Zip

Signature of Provider Date

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, cultivating and/or manufacturing is done in compliance with Montana Law. In signing this form, I further attest I am the owner of the above-named property and I authorize the use of the premises to cultivate and/or manufacture 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