



County of Imperial
Planning & Development Services
801 Main Street
El Centro, CA 92243
(442) 265-1736
Email: planninginfo@co.imperial.ca.us
Website: www.icpds.com

COMMERCIAL CANNABIS ACTIVITY LICENSE APPLICATION

Official Use Only:

Application Number: _____

PROPERTY OWNER(S) LETTER OF AUTHORIZATION FORM

If the applicant is not the property owner(s) of record of the proposed subject site, the following authorization must be completed by the property owner or owner's authorized representative, granting the applicant permission to apply for a Commercial Cannabis Activity License. **This form must be notarized.**

TO: County of Imperial
Planning & Development Services Department
801 Main Street
El Centro, CA 92243

I, the undersigned legal owner of record, hereby grant permission to:

Applicant's Name: _____ Phone No. _____

Mailing Address: _____

to operate a Commercial Cannabis Activity on the property described below. (Please initial on line and check the box)

- | | | |
|--|---|---|
| _____ <input type="checkbox"/> CULTIVATION | _____ <input type="checkbox"/> MANUFACTURING | _____ <input type="checkbox"/> DISTRIBUTION (WHOLE) |
| _____ <input type="checkbox"/> TESTING
LABORATORY | _____ <input type="checkbox"/> VIRTUAL RETAIL | _____ <input type="checkbox"/> STOREFRONT RETAIL |
| _____ <input type="checkbox"/> MICROBUSINESS | | |

The subject property is located at: _____

Assessor's Parcel Number: _____

Printed Name of Owner of Record: _____

Address of Owner of Record: _____

Phone: _____ Email Address: _____

Signature of Owner of Record: _____ Date: _____

Signature of Owner of Record: _____ Date: _____

NOTE: All signatures must be original wet signed signatures.