



County of Imperial  
Planning & Development Services  
801 Main Street  
El Centro, CA 92243  
(442) 265-1736  
Email: [planninginfo@co.imperial.ca.us](mailto:planninginfo@co.imperial.ca.us)  
Website: [www.icpds.com](http://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 / MICRO BUSINESS	_____ <input type="checkbox"/> PHYSICAL MEDICINAL

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.**