



County of Santa Cruz
 Cannabis Licensing Office
 701 Ocean Street, Room 520
 Santa Cruz, CA 95060
 831-454-3833
Cannabisinfo@santacruzcounty.us



Cannabis Retail Dispensary Renewal 2019 Parcel Owner Certification

(This form is required for a dispensary renewal license if the applicant is not the exclusive owner of the premises on which the dispensary is located.)

1. Name of Applicant: _____
2. Name of Business: _____
3. Parcel APN(s): _____
4. Physical Address of Business: _____

5. Identification of all owners of the parcels listed above: (attach additional sheets if necessary)

Printed Last Name	Printed First Name	Contact Address	City, State, Zip	Phone	Email

6. The owner(s) of the property described above certify that:
 - a. He/she/they have authorized the above named Applicant to operate a Cannabis Dispensary business on said property;
 - b. That the property owners have received a copy of the Cannabis Dispensary License Application submitted by the applicant for the site and that consent has been given for the operation described there in;
 - c. That the property owners understand that the applicant, operators, employees and members of the cannabis dispensary business may be subject to prosecution under federal law.

I/we declare under penalty of perjury that the information contained in the certification and all attachments are true and correct.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____