



City of Reno
Medical Marijuana Establishment (MME)
AFFIDAVIT OF PROPERTY OWNERSHIP
CONSENT FOR BUSINESS USE

Date: _____

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Proposed Medical Marijuana Establishment

Name: _____

Business Address: _____

I, _____ being duly sworn, depose, and say that I am a property owner (see **Note**) of the property shown below involved in this Medical Marijuana Establishment (MME) business license application. **By my signature, I consent and agree for the proposed medical marijuana establishment business to be established on my property.** I understand that the use, cultivation, distribution, production, possession and transportation of marijuana remain illegal under the Controlled Substance Act (CSA).

Assessor's Parcel Number: _____

Property Address: _____

Mailing Address: _____

Printed Name _____

Signed _____

Note: Property owner refers to the following. Please mark the appropriate box.

Owner/Joint Owner (a separate Affidavit is required from each owner)

Partnership (a separate Affidavit is required from each general partner)

Corporation (a separate Affidavit is required from each officer and director)

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public in and for said county and state

My commission expires: _____