



# Department of Revenue

Cannabis Control Division ♦ PO Box 5835 ♦ Helena, MT 59604-5805 ♦ (406) 444-0596 ♦ Fax: (406) 444-7723

Greg Gianforte, Governor

Brenden Beatty, Director

## Property Owner Permission Form for Patients

***(Property Owner signature must be notarized)***

**A new property owner permission form must be submitted every year as part of the renewal process**

### Patient Applicant Information

Current Card Number (if applicable): \_\_\_\_\_ Expiration date: \_\_\_\_\_

Legal Name (Last) \_\_\_\_\_ (First): \_\_\_\_\_ (Middle): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_

### Property Owner Information

Legal Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ MI: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Phone number: \_\_\_\_\_

I give \_\_\_\_\_ permission to cultivate and/or use marijuana at the premises identified above to the extent that such cultivation and/or use is done in compliance with Montana Law. In signing this form, I further attest I am the property owner of the above-named property and I authorize the use of the premises to cultivate and/or use 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