

**Cannabis Business Permit Application  
Owner's Statement of Consent**

**Instructions:**

If the applicant is not the owner of record of the subject site, the following Statement of Consent must be completed by the owner or the owner's authorized representative, granting the applicant permission to apply for a cannabis business permit. *This form must be notarized.*

To: City of Sacramento  
Office of Cannabis Management  
915 I Street, 2<sup>nd</sup> Floor  
Sacramento, California 95814

OR

Email: [cannabis@cityofsacramento.org](mailto:cannabis@cityofsacramento.org)

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

**Applicant:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
to operate a cannabis business on the property described below.

**The subject property is located at:** \_\_\_\_\_

**Assessor's Parcel Number:** \_\_\_\_\_

**Printed Name of Owner of Record:** \_\_\_\_\_

**Address of Owner of Record:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_