

Growers Only

I attest and consent that all activities will be conducted so as not to create or permit trespass or spillage of dust, glare, sounds, noise, vibrations, fumes, odors, or light, onto neighboring properties, adjacent streets or public right of ways.

Real Property Owner 1)  
Real Property Owner 2)  
Real Property Owner 3)  
Real Property Owner 4)  
Real Property Owner 5)

Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Growers Only

I attesting and consent that all artificial lighting must and will be shielded to prevent glare and light trespass and must not and will not be visible, from neighboring properties, adjacent streets or public right of ways.

Real Property Owner 1)  
Real Property Owner 2)  
Real Property Owner 3)  
Real Property Owner 4)  
Real Property Owner 5)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As owner of this property I attest to the knowledge, understanding, and approval of a Marihuana Facility upon my property.

Real Property Owner 1)  
Real Property Owner 2)  
Real Property Owner 3)  
Real Property Owner 4)  
Real Property Owner 5)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The below listed applicants or owners have been indicted for, charged with, arrested for, or convicted of, pled guilty or nolo contendere to, forfeited bail concerning any criminal offense under the laws of any jurisdiction, either felony or controlled substance related misdemeanor, not including traffic violations, regardless of whether the offense has been reversed on appeal or otherwise:

Persons Name	_____	Date of Offense	_____
Name of Court	_____	Location of Court	_____
Arresting Agency	_____	Prosecuting Agency	_____
The Offense	_____		
The Disposition	_____		
Location of Incarceration	_____	Length of Incarceration	_____

Persons Name	_____	Date of Offense	_____
Name of Court	_____	Location of Court	_____
Arresting Agency	_____	Prosecuting Agency	_____
The Offense	_____		
The Disposition	_____		
Location of Incarceration	_____	Length of Incarceration	_____

*If additional persons or offenses need to be included, you must provide the above information on a separate page and submit it with the application.*

By signing below, I swear that the application I have provided herewith does not contain any false information and everything provided is true to the best of my knowledge.

Applicant(s) Name(s)	_____	Date	_____
Applicant Signature	_____		_____
Applicant Signature	_____		_____
Applicant Signature	_____		_____