



TOWN OF DINOSAUR

**TOWN OF DINOSAUR
PO BOX 238
DINOSAUR CO 81610
MOFFAT**

PHONE: 970-374-2286
FAX: 970-374-2223

**MEDICAL/RETAIL MARIJUANA BUSINESS
ATTACHMENT TO LICENSE APPLICATION**

PROPERTY OWNER AFFIDAVIT

Name of Applicant: _____

Business name: _____

Proposed business location: _____

I, _____ hereby state that I am the owner of record of
the property located at _____, Dinosaur Colorado,
and further acknowledge that by signing this Affidavit I authorize the submission of the
application for a Medical/Retail Marijuana License at said location.

Signature of Property Owner Date

STATE OF _____)

)ss.

COUNTY OF _____)

Sworn to before me this _____ day of _____, 20____,

By _____

Notary Public

My commission Expires: _____