

**COMMERCIAL CANNABIS BUSINESS PERMIT APPLICATION**  
**PROPERTY OWNER'S STATEMENT OF CONSENT**

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 Tracy  
Development Services Department  
333 Civic Center Plaza  
Tracy, CA 95831

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

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

Mailing Address: \_\_\_\_\_

to operate a commercial cannabis business on the property described below.

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

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

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

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Upon the City issuing a cannabis business permit to applicant, I agree to abide by and conform to all provisions of the Tracy Municipal Code pertaining to the establishment and operation of the commercial cannabis activity. I acknowledge that the approval of the cannabis business permit shall, in no way, permit any activity contrary to the Tracy Municipal Code, or any activity which is in violation of any applicable law.

Signature of Owner of Record: \_\_\_\_\_ Date: \_\_\_\_\_