Application to Cultivate Cannabis (Rev. 8/10/2018)

CONS	ENT TO SUBMIT/R	ECEIVE	INFORMATION		
I,, give permission to				and	
	to submit/recei	ive docu	ments and provide/re	eceive informat	ion
upon request for A	AG_20	and	AG_20	located	at
Signed this day o	f, 20				
(Applicant Signature)			(Date)		
(Designated Contact)		_	(Date)		
(Designated Contact)		_	(Date)		
Name of Agent:					
Company:					
Phone:					
Business Address:					

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