

CONSENT TO SUBMIT/RECEIVE INFORMATION

I, _____, give permission to _____ and _____ to submit/receive documents and provide/receive information upon request for AG_20____-____ and AG_20____-____ located at _____.

Signed this _____ day of _____, 20____

(Applicant Signature)

(Date)

(Designated Contact)

(Date)

(Designated Contact)

(Date)

| | |
|--------------------------|--|
| Name of Agent: | |
| Company: | |
| Phone: | |
| Business Address: | |

Designated Agent for State Applications:

If the agent(s) above is also your Designated Responsible Party (DRP) for state cannabis cultivation license, please check this box.