

# Form 3

## THE MEDICINAL CANNABIS ACT 2018

### The Medicinal Cannabis (Licensing) Regulations, 2018

#### MEDICINAL CANNABIS AUTHORITY

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#### CONSENT BY PROPERTY OWNER TO UTILISE PREMISES FOR MEDICINAL CANNABIS

If the premises (land, buildings, or motor vehicle) to be licensed is not owned by the applicant, this form must be completed by the applicant and the declaration signed by the titled owner(s).

**Please attach the relevant lease or rental agreement.**

1. Type of Property:  Land  Land with Building(s)  
 Motor Vehicle(s)  Dispensing Space
2. Description of Property (include Volume/Folio and Address **or** Engine/Chassis No. as appropriate):

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3. Description of intended use of property in relation to Medicinal Cannabis:

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The following sections are to be completed by the legal (titled) owner of the property

**FOR SOLE OWNERS [Please include copy of official identification of the owner(s) certified by a Justice of the Peace]**

I, \_\_\_\_\_, declare that I am the owner of this property and I am fully aware of the intended use of the property as outlined in section 2 above and freely give my consent for such activities to be conducted on the site.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

**FOR MULTIPLE OWNERS**

**(Where the property is owned by a Company, this section is to be signed by all Owners/Directors, and the Certificate of Registration attached)**

We, \_\_\_\_\_

\_\_\_\_\_, declare that we are the owners of this property and are fully aware of the intended use of the property as outlined in Section 2 (Page 1) above and freely give our consent for such activities to be conducted on the site.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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

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