



**Lamar County Board of Supervisors
Planning Department**

P.O. Box 1240 - 144 Shelby Speights
Purvis, Mississippi 39475
Phone: 601.794.1024
www.lamarcountymiss.gov

MEDICAL CANNABIS OWNER/ OPERATOR DISCLOSURE FORM

This form is to be used to submit information of the business owner and or operator of the facility being permitted. To provide certification the owner of the parcel of land for which the facility will be located is agreeable to Lamar County accepting and possibly permitting a facility on said owner parcel.

Parcel PPIN: _____ Type(s) of Facility Permitting: _____

BUSINESS OWNER (if different than parcel owner):

Name of Entity: _____

Name of Point of Contact: _____ Affiliation: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

OPERATOR (if different than parcel owner and not business owner):

Name of Entity: _____

Name of Point of Contact: _____ Affiliation: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Owners' certification of authorization is on back side of form. The notarization of this form is solely to provide assurance to Lamar County Board of Supervisors that the parcel owner is the signatory of this document. The above information is only be used as reference to the authorization being given.

The Medical Cannabis Checklist is required to accompany this form along with all requirements listed on the checklist.



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Owners' disclosure and agreement:

As owner of the parcel by deed. I attest and agree the previous referenced parties on side one (1) of this form are granted permission to submit, obtain and hold any such authorization(s), approval(s), or permit(s) needed from Lamar County Board of Supervisors. I agree that such authorization must provided by my hand as the parcel owner.

PARCEL OWNER(S):

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ (Home, Work, or Cell) Email: _____

WITNESS THE SIGNATURE(S) of the **PARCEL OWNER(s)** of the subject property located at

Street Address *City* *State*

on this the _____ day of _____, 20_____

Owners' Signature

Owners' Signature

STATE OF _____

COUNTY OF _____

Personally, came and appeared before me, within named

who signed and delivered the above and foregoing instrument as and for their free act and deed on the day and the year therein mentioned, and who acknowledge to me that they are the owner(s) of the subject property as described in this Petition Application.

GIVEN UNDER MY HAND AND OFFICIAL SEAL OF NOTICE, thus the _____ day of _____, 20_____

NOTARY PUBLIC

My Commission Expires:

(NO PHOTOCOPY OF NOTARY SEAL ACCEPTED)