



Location Attestation Form

A completed Location Attestation must be uploaded to the Premises section of an application.

Business/Application Details

Applicants PAR (Preliminary Application Reference Number): _____

Applicant's legal business name: _____

DBA name (if applicable): _____

Applicant full name _____

Applicant Phone number: _____ Email: _____

Premises address: _____

City: _____ State: _____ Zip Code: _____

Check the appropriate box below:

I, _____ certify that:
 (Full Legal Name of Applicant/Licensee)

I am not applying for a license or for approval for cannabis activity within the exterior boundaries of a federally recognized Indian Nation, Tribe or Pueblo located wholly or partially in the state.

I am applying for a license or for approval for cannabis activity within the exterior boundaries of a federally recognized Indian Nation, Tribe or Pueblo located wholly or partially in the state, because the tribal government and the department have entered an intergovernmental agreement to coordinate the cross-jurisdictional administration of the laws of New Mexico and the laws of a tribal government relating to the Cannabis Regulation Act or the Lynn and Erin Compassionate Use Act, and that I will comply with the terms and conditions of that agreement.

 (Signature)

 (Date)

 (Title)

