



## 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)

