

## Medical Marihuana Registration for Caregivers

**1. OWNER OF LOCATION WHERE MARIHUANA IS GROWN, CULTIVATED, HARVESTED AND/OR STORED.**

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**2. DO YOU OWN AND LIVE AT ABOVE LOCATION? \_\_\_\_\_ . IF NO, YOU CANNOT GROW, CULTIVATE, HARVEST OR STORE MARIHUANA AT THIS LOCATION.**

**3. NUMBER OF QUALIFYING PATIENTS: \_\_\_\_\_**

**4. EMERGENCY CONTACT IF OWNER IS UNAVAILABLE.**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**5. NON-EMERGENCY CONTACT IF OWNER IS UNAVAILABLE.**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**6. DETAILS REGARDING ELECTRICAL, MECHANICAL, PLUMBING AND ANY OTHER IMPROVEMENTS/ INSTALLATIONS OR FACILITIES THAT WILL BE USED TO SUPPORT MARIHUANA-RELATED ACTIVITIES:**

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**7. REQUIRED DOCUMENTS TO BE SUBMITTED WITH REGISTRATION.**

- Photocopy of current valid caregiver registry card.
- Photocopy of driver's license.
- Floor plan, with dimensions, of enclosed, locked location of marihuana.

**8. REQUIRED FEE of \$ 525 TO BE SUBMITTED WITH REGISTRATION INCLUDES:**

- |                                                      |                                                              |
|------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Registration Fee            | <input type="checkbox"/> Fire Inspection                     |
| <input type="checkbox"/> Building Inspection         | <input type="checkbox"/> Mechanical Inspection               |
| <input type="checkbox"/> Code Enforcement Inspection | <input type="checkbox"/> St. Clair County Sheriff Inspection |
| <input type="checkbox"/> Electrical Inspection       |                                                              |

**9. SIGNATURE REQUIRED**

All the information provided with this application is true and correct, to the best of my knowledge and belief.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For City Use Only*

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**REGISTRATION CERTIFICATE ISSUED BY BUILDING OFFICIAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **SPECIAL CONDITIONS:** \_\_\_\_\_

**PERMIT NUMBER:** \_\_\_\_\_