

- New Application
- Annual Renewal

Registered Caregiver Application

Home Operation, Caregiver facility, or Multiple caregiver Facility

- Licensed Caregiver Facility
 Multiple Licensed Caregiver Facility
 Registered Caregiver Home Operation

Property is:

- Owned by Applicant
 Rented by Applicant

Licensed Caregiver Facility or Registered Caregiver Home Operation

<input type="checkbox"/> 1-6 Mature Mature Marijuana Plants \$24.00	<input type="checkbox"/> 31-36 Mature Mature Marijuana Plants \$144.00
<input type="checkbox"/> 7-12 Mature Mature Marijuana Plants \$48.00	<input type="checkbox"/> 37-42 Mature Mature Marijuana Plants \$168.00
<input type="checkbox"/> 13-18 Mature Mature Marijuana Plants \$72.00	<input type="checkbox"/> 43-48 Mature Mature Marijuana Plants \$192.00
<input type="checkbox"/> 19-24 Mature Mature Marijuana Plants \$96.00	<input type="checkbox"/> 49-54 Mature Mature Marijuana Plants \$216.00
<input type="checkbox"/> 25-30 Mature Mature Marijuana Plants \$120.00	<input type="checkbox"/> 55-60 Mature Mature Marijuana Plants \$240.00
	<input type="checkbox"/> Up to 500SF of Plant Canopy \$1,000.00

Multiple Licensed Caregiver Facility \$0.35/Square Foot
 Total Square Footage of ALL structures on lot:

X 0.35

License Fee: \$

Licensed Caregiver Facility or Registered Caregiver Home Operation Small Marijuana Manufacturing Facility License

<input type="checkbox"/> 1-6 Mature Mature Marijuana Plants \$24.00	<input type="checkbox"/> 31-36 Mature Mature Marijuana Plants \$144.00
<input type="checkbox"/> 7-12 Mature Mature Marijuana Plants \$48.00	<input type="checkbox"/> 37-42 Mature Mature Marijuana Plants \$168.00
<input type="checkbox"/> 13-18 Mature Mature Marijuana Plants \$72.00	<input type="checkbox"/> 43-48 Mature Mature Marijuana Plants \$192.00
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	<input type="checkbox"/> Up to 500SF of Plant Canopy \$1,000.00

Continue on Back

Business Information

Business Name (DBA)	<input type="text"/>	Phone: <input type="text"/>
Business Address	<input type="text"/>	
Mailing Address	<input type="text"/>	
Additional Contact	<input type="text"/>	

Owner (If entity, complete Corporate Disclosure)

Name	<input type="text"/>	Phone: <input type="text"/>
Mailing Address	<input type="text"/>	
Additional Contact	<input type="text"/>	

Emergency Contact

Name	<input type="text"/>	Phone: <input type="text"/>
Mailing Address	<input type="text"/>	
Additional Contact	<input type="text"/>	

Local Authorized Agent for Service

Name	<input type="text"/>	Phone: <input type="text"/>
Mailing Address	<input type="text"/>	
Additional Contact	<input type="text"/>	

Please attach pages to provide any additional information you would like to be considered

Applicant, by signing below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted.

Date:

Signature:

Title:

Printed Name:

License Number	<input type="text"/>	For Office Use Only	Lottery Number:	<input type="text"/>
Date Received	<input type="text"/>		Date Issued	<input type="text"/>