EATON COUNTY SHERIFF'S DEPARTMENT
Delta Township Sub-Station
7708 Administration Drive
Lansing, Michigan 48917
Phone: (517) 372-8217

ORIGINAL LICENSE APPLICATION MEDICAL MARIHUANA CAREGIVER LOCATION

THE DELTA TOWNSHIP MEDICAL MARIHUANA ORDINANCE MANDATES A LICENSE BE OBTAINED FROM THE TOWNSHIP'S CHIEF LAW ENFORCEMENT OFFICIAL FOR THE LOCATION OF CAREGIVERS OR OTHER PERSONS PERMITTED UNDER THE MEDICAL MARIHUANA ACT TO POSSESS, CULTIVATE, DISTRIBUTE, OR PROVIDE ASSISTANCE IN THE USE OF MARIHUANA. THE ORDINANCE MANDATES A CAREGIVERS LOCATION BE LICENSED, NOT THE PERSON

1. ADDRESS OF CAREGIVER'S PREMISES:

_____
(No. & Street) (City) (State) (Zip)

2. LEGAL DESCRIPTION OF PREMISES:

_____

_____

_____

3. CAREGIVER'S REGISTRY IDENTIFICATION CARD NUMBER ISSUED BY MICHIGAN DEPARTMENT OF COMMUNITY HEALTH: _____

4. SPECIFY NUMBER OF PATIENTS TO BE ASSISTED BY THE CAREGIVER: _____
(Include patients for whom marihuana is to be grown as well as patients receiving assistance on the premises)

5. SPECIFY MAXIMUM NUMBER OF PLANTS TO BE GROWN AT ONE TIME: _____

6. ATTACH A DESCRIPTION OF ALL LIGHTS, EQUIPMENT, AND ALL OTHER ELECTRICAL, PLUMBING & OTHER MEANS PROPOSED TO BE USED TO FACILITATE THE CULTIVATION OF MARIHUANA PLANTS.

7. ATTACH A FLOOR PLAN DEPICTING THE PRECISE DIMENSIONS IN FEET OF:
- **A) THE ENCLOSED & LOCKED CULTIVATION AREA**
- **B) THE LOCKED STORAGE AREA**
- **C) THE AREA WHERE PATIENTS WILL BE ASSISTED**

-OFFICIAL USE ONLY-

FILING DATE: _____ REC'D BY: _____ FEE PAID: _____ DATE OF INSPECTION: _____

CHIEF LAW ENFORCEMENT OFFICIAL: APPROVAL DATE: _____ OR DENIAL DATE: _____

SUBMITTAL CHECKLIST:

_____ DESCRIPTION OF ALL GROWING EQUIPMENT _____ FLOOR PLAN OF PREMISES