

# MEDICAL MARIHUANA CAREGIVER FACILITY REGISTRATION FORM

**Business Address:** \_\_\_\_\_  
\_\_\_\_\_

**Reason for Review:**

New License

Transfer Location

Renewal

Other \_\_\_\_\_

**Deadline for receipt of all information:** \_\_\_\_\_

Zoning                      Approved  Denied  Pending ZBA

Clerk's                      Approved  Owing  Amount: \_\_\_\_\_

Fire/Inspection      Compliance  Remaining Defects \_\_\_\_\_  
Services  
\_\_\_\_\_  
\_\_\_\_\_

**By signing this form I acknowledge that I have received a copy, read, and am in compliance with the City of Muskegon's Medical Marihuana Caregiver Facility Ordinance**

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Ann Marie Becker, MMC City Clerk**  
License Coordinator