

KENOCKEE TOWNSHIP

PRIMARY CAREGIVER HOME OCCUPATION

TYPE 1 APPLICATION

DATE OF APPLICATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ CELL NUMBER: _____

PROPERTY ID NUMBER: _____

ARTICLE 2 DEFINITIONS AND CONSTRUCTION OF LANGUAGE

SECTION 2.5 P-R DEFINITIONS- 6.1

I CERTIFY UNDER, UNDER PENALTY OF PERJURY, THAT I AM THE OWNER OF THIS PROPERTY AND I AGREE TO FOLLOW THE GENERAL RULES OF THE MICHIGAN DEPARTMENT OF MENTAL HEALTH AND HUMAN SERVICES AND THE MICHIGAN MEDICAL MARIHUANA ACT, INITIATED LAW 1 OF 2008 TO ASSIST WITH A QUALIFYING PATIENTS USE OF MEDICAL MARIHUANA THROUGH GROWING AND PROVISIONING.

SIGNATURE OF APPLICANT: _____

OFFICE USE ONLY

DATE RECEIVED: _____

ZONING ADMINISTRATOR APPROVAL: _____ DATE: _____

TOWNSHIP CLERK APPROVAL: _____ DATE: _____

VERIFIED PRIMARY CAREGIVER: _____