



Planning and Zoning Department
615 Macon Avenue Room 210, Canon City, Colorado 81212
 Telephone (719) 276-7360 / Facsimile (719) 276-7374
 Email planning@fremontco.com

Medical Marijuana Care Giver Registration

\$5.00 Registration Fee – Yearly Registration is required

Required Documentation
Proof of ownership- <u>regardless if parcel is leased or owned</u>
Copy of lease agreement (if applicable)
Written confirmation allowing a marijuana grow to occur from owner if parcel is leased (if applicable)
Identification or copy of identification. Copies will be verified.

Plant count limits
<u>Plant Count shall not exceed 24 plants.</u>

Applicant Name:		Mailing Address:	
Phone #	Alternative Phone #	Email	
Address of Property/Grow Site:			
NOTE: <i>If parcel is not addressed applicant shall submit a issuance of address application</i>			
Patient Information			
Card Number:	Expiration Date:	Plant Count:	
Card Number:	Expiration Date:	Plant Count:	
Card Number:	Expiration Date:	Plant Count:	
Card Number:	Expiration Date:	Plant Count:	
Card Number:	Expiration Date:	Plant Count:	
Total Plant Count			

 Signature _____
 Date

Office Use Only:		
Date Received:	Payment : <input type="checkbox"/> Cash <input type="checkbox"/> Check	Receipt Number:
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval date:	Approved by:
Type : Renewal <input type="checkbox"/> or New <input type="checkbox"/>		Number Issued: CG-