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## MARIHUANA CAREGIVER REGISTRATION FORM

Chapter 5, Article III of the Code of Ordinances requires that all Medical Marihuana Caregiver Operations operating under MCL 333.26421 et seq., shall register with the City and abide by the terms of the City's ordinances, including Ordinance 236-The Medical Marihuana Caregiver Operations Zoning Ordinance.

Under the City's Marihuana Caregiver Ordinance, all marihuana cultivation must take place inside an enclosed locked facility, not visible from a public place and the operation must prevent smoke, odor and other substances related to marihuana from exiting the building where the caregiver operation is located.

Marihuana caregiver operations are only permitted in single-family dwellings or I-1 Industrial District zoned properties, only one Caregiver operation is permitted on any one property or lot. All caregiver operations must be located in a primary building on the property, no caregiver operations may be located in an accessory structure or building.

All caregiver operations must register annually with the City and pay the registration fee. The registered caregiver is under a continuing obligation to update the information provided in the registration form within 10 days of any changes.

A violation of the Marihuana Caregiver ordinances may result in a civil infraction, abatement and other remedies.

Applicants are asked to complete this Registration Form in its entirety and then bring or mail the completed application and appropriate payment to City Hall at 66 S. Main St. P.O. Box 310, Cedar Springs, MI 49319.

The fees associated with this Marihuana Caregiver registration form are as follows:

Marihuana Caregiver Operation Registration	Single Family Residential Or I-1 Industrial property	\$50.00
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Individuals wishing to receive assistance in completing this form are asked to contact the zoning administrator or code enforcement official at 616.696.1330.



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## MARIHUANA CAREGIVER REGISTRATION FORM

Registrant: \_\_\_\_\_

Is Registrant owner of the property?  Yes No  Phone Number: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Property Address: \_\_\_\_\_

Parcel Number: 41-\_\_\_\_\_ Zoning District: \_\_\_\_\_

1. Is the registrant properly registered/licensed with the State of Michigan under MCL 333.26421 et seq.  
 Yes No
2. Is this property a single-family residence or an I-1 Industrial Zoned Property?  Yes No
3. Will all cultivation of marijuana be located in an enclosed, locked facility that is not visible to the public?  
 Yes No
4. Will the caregiver operations be an accessory use of the property but be entirely located within a primary building on the property?  Yes No
5. Please describe below the methods and controls proposed to prevent smoke, odor and other substances from leaving the property. (attach additional sheets if necessary)

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**Applicant's Signature:** \_\_\_\_\_  
By signing this form, I am acknowledging that all of the information provided is true to the best of my knowledge and that I intend to abide by the City's rules, requirements and laws

City Employee Receiving Application: \_\_\_\_\_

Zoning Permit Authorization:     Yes                      No                       Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Zoning Administrator's Signature: \_\_\_\_\_

Conditions of approval: \_\_\_\_\_

Marihuana Caregiver  
Operation Registration

Single Family Residential  
Or  
I-1 Industrial property

\$50.00

Office Use

