



**Park County Planning Department**  
 1246 County Road 16  
 Fairplay, Colorado 80440  
 Phone: 719.836.4254

[www.parkco.us](http://www.parkco.us)

Office Hours: Monday - Thursday 7am to 6pm

## Ordinance 15-02 Medical Marijuana Cultivation in Residential Structures Registration

In addition to this application form, please provide proof of registration as a caregiver with the State of Colorado and a \$250.00 registration fee or \$150.00 renewal fee. If the cultivation space is in a rental dwelling please include a notarized authorization from the property owner.

Applicant		
Mailing Address		Email Address
City		Phone Number
State	Zip Code	Fax Number
Address of Cultivation Facility		
City	State	Zip Code
Tax Parcel #		

Property Owner(s)		
Owner's Address		Phone Number
City		Email Address
State	Zip Code	Fax Number
Signature of Property Owner(s)		Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Acknowledged before me this \_\_\_\_ day of  
 \_\_\_\_\_, 20\_\_\_\_\_

Notary \_\_\_\_\_

Witness my hand and official seal.

I certify that the information and exhibits I have submitted as part of this application are true and correct to the best of my knowledge.

Print Name of Applicant	
Signature of Applicant	Date

<b>FOR OFFICE USE ONLY</b>
On _____ (date) _____ (applicant) provided the necessary materials to register as a Medical Marijuana Caregiver in Park County. This registration will be valid for one year until expiration on _____ (date).
This application was approved by _____ (Staff) on _____ (date)
_____ Staff Signature