



Application for Medical Marijuana Extended Plant Count Cultivation

For the growing season _____

APPLICANT INFORMATION: Please print legibly

Name: _____ CDPHE License #: _____
 First MI Last

Address: _____

Number of Plants Requested: _____

If Applicant is a Caregiver, CDPHE License #'s for each Patient: _____

Applicant Signature

Date

SUBMISSION CHECKLIST: All requested information must be submitted before your application will be processed.

- Black & white copy of your CDPHE Medical Marijuana State Registry ID
- Copy of your physician statement which includes information that you have a medical condition and may benefit from the medical use of marijuana along with a recommendation for how many medical marijuana plants are necessary to treat your medical condition. * If you are a Caregiver, you need to provide the same information for each of your Patients in order for the County to determine how many plants in excess of 12 shall be approved.

SMC SHERIFF/DEPUTY PRELIMINARY VERIFICATION:

- The Applicant's Enclosed and Locked Space on their Residential Property has been inspected and meets statutory requirements.
- The Applicant's CDPHE information has been verified with the state registry database.
- IF CAREGIVER: The Applicant's Patient CDPHE information has been verified with the state registry.

Deputy Name & Signature

Date

PLANNING & BUILDING DEPARTMENT – PRELIMINARY APPROVAL

Applicant has completed an application, submitted required documentation and has appropriate verification from the Sheriff's Office. Applicant is preliminarily approved to cultivate _____ additional medical marijuana plants for the current growing season.

Planning Department Name & Signature

*Date

****This preliminary approval to cultivate medical marijuana will expire 16 days from the date said approval was signed and dated by the SMC Planning Department.**

****Applicant has 15 days from the date of approval to register with the DOR Cultivation Registry and provide proof of registration to the Planning & Building Department and the Sheriff's Office.**

APPLICATION FINALIZATION

SMC SHERIFF/DEPUTY FINAL VERIFICATION:

The Applicant is verified as registered with the DOR Cultivation Registration database.

Deputy Name & Signature

Date

PLANNING & BUILDING DEPARTMENT – FINAL APPROVAL

Applicant has completed an application, submitted required documentation and has appropriate verification from the Sheriff’s Office. Applicant has final approval to cultivate _____ additional medical marijuana plants for the current growing season.

Planning Department Name & Signature

*Date

PLANNING & BUILDING DEPARTMENT – DENIAL

Applicant has failed to submit required documentation and/or appropriate verification could not be made by the Sheriff’s Office. Applicant is hereby denied the cultivation of excess medical marijuana plants and shall only be permitted to cultivate no more than 12 plants on Applicant’s Residential Property pursuant to HB 17-1220 and SMC LUC 5-29.

Planning Department Name & Signature

*Date

- **A copy of this document will be provided to the Sheriff’s Office.**
- **A copy of this Administrative Approval and all other legally required documentation for possession and cultivation of medical marijuana shall be maintained by Applicant and made available to Sheriff’s Deputies for inspection for determination that Applicant is compliant with the law.**