



City of Greenfield
599 El Camino Real
P.O. Box 127
Greenfield, CA 93927

Application for Medical Marijuana Regulatory Permit

(Separate Application Required for Each Permit)

Application For (check only one):
 Dispensary Facility
 Cultivation Facility
 Manufacturing Facility

1. Name of Applicant: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Email: _____

2. Name of Owner #1: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Email: _____

3. Name of Owner #2: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Email: _____

4. Name of Owner #3: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Email: _____

5. Property Address: _____

6. Nearest Cross Streets: _____

7. Assessor's Parcel Number(s): _____

I/We declare that I/we have read the complete application and know the contents herein. I/we agree to reimburse the City of Greenfield for all costs and expenses incurred by the City in processing this application. I/We declare under penalty of perjury that the information contained in this application is true and correct to the best of my/our knowledge.

Dated: _____ at _____, California.

Applicant's Name (Print or Type)

Applicant's Signature

Owner's Name (Print or Type)

Owner's Signature