



19 West Main Street
Hartford MI 49057
www.cityofhartfordmi.org
269-621-2477
269-621-2054 fax

CITY OF HARTFORD
APPLICATION FOR MEDICAL MARIJUANA BUSINESS LICENCE
UNDER ORDINANCE NO. 307-10

Physical location of establishment _____

Person making application:

Name: _____ Address: _____

City, State, ZipCode: _____ Telephone #: _____

Emergency #: _____

Person in Charge:

Name: _____

Type of License held:

Licensed Doctor of Chiropractic: _____; License No. _____

Licensed Doctor of Dentistry: _____; License No. _____

Licensed Doctor of Medicine: _____; License No. _____

Licensed Doctor of Optometry: _____; License No. _____

Licensed Doctor of Osteopathic Medicine and Surgery: _____; License No. _____

Physicians Assistant as licensed under the Public Health Code: _____;

License No. _____

Registered, Licensed pharmacist: _____; License No. _____

Is license current: Yes _____; No _____

PLEASE ATTACH A COPY OF PROFESSIONAL LICENSE

Are you under any disciplinary proceedings: Yes _____; No _____

If yes, at what location:

Address: _____ City, State, ZipCode: _____

Telephone#.: _____ Emergency #: _____

Dated: _____

Signature of Person in charge

TO BE COMPLETED BY CITY CLERK:

Application fee: \$5.00

Paid on: _____; Cash/Check No. _____ Initials of Clerk: _____