

**CANNABIS HOME CULTIVATION PERMIT**

**Application Date:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_  
One (1) year from date of permit

**Applicant Information**

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Number of recreational cannabis plants intended?: \_\_\_\_\_ (Maximum is 4)

Do you own the home? Yes ☐ No ☐ If no, please provide the following information:

**Homeowner Information**

Name of homeowner: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Consent of Homeowner**

I, \_\_\_\_\_ consent to \_\_\_\_\_  
name of homeowner name of tenant(s)

growing up to four (4) recreational cannabis plants in the rental location noted above.

\_\_\_\_\_  
Homeowner/Landlord

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date