



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DIVISION OF CANNABIS REGULATION
CONSUMER PERSONAL CULTIVATION APPLICATION

Complete required fields below and submit application along with the following: [1] color photo of the applicant's face taken within the prior three (3) months; [2] government issued photo identification; [3] application fee of \$100.00. Please see instructions below for further details.

PERSONAL INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM-DD-YYYY)	IS THE APPLICANT AT LEAST 21 YEARS OF AGE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT INFORMATION			
RESIDENCE ADDRESS [4]			UNIT/APT NO
CITY	STATE	COUNTY	ZIP CODE
MAILING ADDRESS			UNIT/APT NO
PHONE NUMBER	EMAIL ADDRESS		
CONSUMER CULTIVATION REGISTRATION INFORMATION:			
CULTIVATION SECURITY ARRANGEMENTS AND PROVISIONS [5]:			
Do you agree to immediately make available access to the consumer personal cultivation space upon request from the department?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree that the cultivation space will be located in a single, fully enclosed, stationary space that is locked, restrict access to only the authorized consumer, and is not visible to anyone outside the cultivation space by the unaided eye?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you acknowledge that if approved, the cultivation card allows you to cultivate up to six (6) flowering marijuana plants?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree that each plant will be clearly labeled with the licensed consumer's name and license number?			<input type="checkbox"/> Yes <input type="checkbox"/> No
CULTIVATION STREET ADDRESS			UNIT/APT NO
CITY	STATE	COUNTY	ZIP CODE
Will this cultivation facility be shared with one other licensed consumer personal cultivator?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you acknowledge that no more than twelve (12) marijuana plants can be kept in or on the grounds of a private residence? [6]			<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF CONSUMER PERSONAL CULTIVATOR SHARING SPACE			
LICENSE NUMBER OF CONSUMER PERSONAL CULTIVATOR			

REGISTRATION QUESTIONS AND AGREEMENT

Do you attest that the cultivation will take place at a private residence? Yes No

Do you attest that the cultivation will take place in Missouri? Yes No

Do you attest to make the Department aware of any changes to the cultivation information contained herein within 10 days of this change? Yes No

Do you attest that the information provided in this application is true and accurate? Yes No

SIGNATURE

DATE

CITIZENS MILITARY STATUS QUESTIONS (REQUIRED OF STATE AGENCIES TO INCLUDE ON FORMS PURSUANT TO SECTION 42.390, RSMO)

(1) Have you ever served on Active Duty of the United States and separated from such service under conditions other than dishonorable? Yes No

(2) If answering question (1) in the affirmative, would you like to receive information and assistance regarding the agency's veteran services? Yes No

- [1] This should be a clear, color photo of the applicant's face taken within the last three months with no sunglasses or hats.
- [2] This should be a clear, readable copy of a government issued photo ID.
- [3] The department shall charge an annual fee of \$100.00 for consumer personal cultivation applications pursuant to Article XIV.
- [4] Consumer personal cultivation shall take place at a private residence pursuant to Article XIV.
- [5] Cultivation space must occur in a locked space and not visible by normal, unaided vision from a public place pursuant to Article XIV.

SAMPLE