

Personal Caregiver Medical Marijuana

nonrefundable

Annual Fee: \$50.00

Calendar year

Office of the  
**BOARD OF HEALTH**

13 East Central Street

Natick, MA 01760

Telephone (508) 647-6460 Fax (508) 647-6466

APPLICATION FOR ANNUAL PERMIT

Date: \_\_\_\_\_

To the Licensing Authorities:

The undersigned hereby applies for a License in accordance with the provision of the Statute relating thereto

\_\_\_\_\_  
Print Full Name of Applicant

PURPOSE FOR WHICH LICENSE IS REQUESTED:

TO PROVIDE ASSISTANCE TO A REGISTERED QUALIFYING  
MEDICAL MARIJUANA PATIENT  
PURSUANT TO THE RULES AND REGULATIONS OF THE TOWN OF NATICK

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Signature of Individual (Mandatory)

\_\_\_\_\_  
S.S.# (Voluntary)

THIS LICENSE WILL NOT BE ISSUED UNLESS THIS CERTIFICATION CLAUSE IS SIGNED BY APPLICANT

Your S. S. # will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to License suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Mailing Address if different than above

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Telephone

**Personal Caregiver Medical Marijuana Application continued**

Applicant Name:

Date:

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Check for application fee payable to Town of Natick	
Certified copy of birth certificate or equivalent (must be at least 21 years of age)	
Copy of Chapter 25 given to applicant	
Proof of MA Dept. of Public Health Registration	

AUTHORIZATION: READ and SIGN:

I have received, read and agree to abide by:  
Natick Board of Health Regulations Governing the Sale of Medical Marijuana  
Ma Dept. Public Health Regulations on Medical Marijuana  
Applicable State Building Code

By signing this, I declare under the penalty of perjury, that the forgoing information contained in this application is true and correct. False statements shall constitute grounds for revocation, suspension, or denial of an issued or un-issued license.

By signing this, I understand that establishments and permit holders are subject to inspections by the Department or its authorized agent(s) during all times of operation. I understand that failure to abide by these Regulations may result in revocation of my permit.

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Applicant Signature

Date