



104 W. 3rd Street Grove, Oklahoma 74344
(918) 786-6107 Fax (918) 786-8939
www.cityofgroveok.gov

APPLICATION FOR MEDICAL MARIJUANA PERSONAL USE PERMIT

Date: _____

Permit Fee: \$5.00

Name: _____
First, Middle, Last and suffix (if applicable) list any previously used names

Street Address: _____

Mailing Address: _____

Date of Birth: _____

Phone Number: _____

E-mail Address: _____

Is the applicant the property owner: _____ Yes _____ No

Proof of ownership must be attached to the application.

Is the applicant renting or leasing the residence? _____ Yes _____ No

Written authorization from the property owner allowing tenant to grow medical marijuana for personal use must be attached to the application.

I HEREBY ATTEST that the information provided herein is true and correct.

Applicant Signature

Applicant – Printed Name

