



City of Pleasant Valley, Missouri

6500 Royal
Pleasant Valley, Mo 64068
816-781-3996
www.pleasantvalleymo.org

Residential Cultivation Registration Form

ADDRESS WHERE CULTIVATION WILL OCCUR (include unit/apt no.)

PROPERTY OWNER'S FIRST AND LAST NAME

CULTIVATION AUTHORIZATION HOLDER'S FIRST AND LAST NAME (if different than property owner)

EMAIL

PHONE NUMBER

Residential cultivation by Qualifying Patients and/or Primary Caregivers shall be subject to the following requirements:

Carefully read and check each space provided to confirm understanding of requirements.

_____ Residential Cultivation Registration with the City of Pleasant Valley shall be valid for a period of one (1) year.

_____ The primary use of the residential property where a qualifying patient and/or primary caregiver is authorized to cultivate shall remain at all times a residence.

_____ Residential cultivation shall take place within an enclosed, locked facility as defined by 19 CSR 30-95.

_____ Access to the enclosed, locked facility shall be secured by lock and key or equivalent security devices at all times except when being actively accessed by the authorization holder.

_____ The enclosed, locked facility shall comply with the adopted building, fire, and other municipal codes and shall be properly ventilated so as to not create excessive heat, humidity, cold, hazardous atmosphere, or other related conditions.

_____ The use of combustible gases or other dangerous materials to extract resins from marijuana is prohibited.

_____ In the event the qualifying patient and/or primary caregiver's residential cultivation authorization is revoked by the Missouri Department of Health and Senior Services, the qualifying patient and/or primary caregiver shall notify the City of Pleasant Valley within forty-eight (48) hours of such revocation.

_____ In the event the qualifying patient and/or primary caregiver moves to a new address, the qualifying patient and/or primary caregiver shall notify the City of Pleasant Valley within ten (10) days of the change.

Signature

Date

For office use only

Date received _____

Received by _____