



Medical Marihuana Facility List of Employees

As part of the permit process, each person employed by the permit holder must be reported.
The permit holder shall report new employees to the City of Battle Creek within seven (7) business days.
A copy of valid picture identification for each employee listed must be submitted with this form.

Non-Refundable Fee for Each Employee Added after Annual Permit is issued: \$20.00

Facility Employee Information			
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:		Race:
Contact Number:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:		Race:
Contact Number:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:		Race:
Contact Number:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:		Race:
Contact Number:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:		Race:
Contact Number:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:		Race:
Contact Number:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Attach an additional sheet if there are more employees to list			