

Medical Cannabis Cultivation Center Product Registration

Name of Cultivation Center: _____

District: _____ Permit Number: _____

Name of Product: _____

Product Type/Description: _____

Number Associated with Product (if any): _____

Infused product: Yes _____ No _____

Ingredients:

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Additional Ingredients: _____

Date of submission: _____

Check #: _____ Amount: \$_____

Registration fee of \$100.00 per registered product *must* be included with form.
Please note, separate checks are not required to register multiple products.

I certify that all of the information above is to the best of my knowledge and belief true, correct and complete.

Name of Principal Officer or Agent-in-Charge: _____

Received:	Office Use Only
Approved:	Initials: