SOCIAL EQUITY PROGRAM
PARTICIPANT'S PERSONAL INFORMATION FORM

City of Kalamazoo
Office of the City Clerk
241 West South Street
Kalamazoo, MI 49007

(Please Print)

PARTICIPANT INFORMATION

Full Name _____

Residence Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different) _____

City _____ State _____ Zip Code _____

Telephone _____ E-mail _____

Date of Birth _____ Social Security Number __ __ __ - __ __ - __ __ __ __

Driver's License/State ID # _____

The City of Kalamazoo's Social Equity Policy provides fee reductions and reduced separation distance requirements for Marihuana Businesses where a majority of the ownership (51% or more) has lived in the Eastside, Edison, and/or Northside Neighborhoods for the three years prior to applying for a Marihuana Business Permit; and/or who have lived anywhere in the City for the past 3 years <u>and</u> who have a marihuana related felony or misdemeanor conviction, not involving distribution to a minor. In addition, a discount is available if some owners were registered caregivers for at least 2 years between 2008 and 2017.

Please select all that apply:

☐ Participant has been a resident of the City for the last 3 consecutive years.
☐ Participant has been a resident of the Eastside, Edison, and/or Northside Neighborhoods for the last 3 consecutive years.
☐ Participant has a marijuana-related conviction (misdemeanor or felony).
☐ Participant has been registered as a primary caregiver for at least 2 years between 2008 and 2017.

Please attach the following, as applicable:

☐ To verify proof of residency: W-2 forms, mortgages, deeds, property tax documents, lease or rental agreements, or voter registration. A combination of these or other documents may be required to verify residency.
☐ To verify a marijuana-related conviction: Copy of judgment of sentence.
☐ To verify 2 years of caregiver experience: Authorization of Release of MMMP

Participant's Signature: _____ Date: _____