



"A Community on the Grow"

Negaunee Township
42 State Highway M-35
Negaunee, MI 49866
906-475-7869
WWW.NEGAUNEETOWNSHIP.ORG

Negaunee Township Medical Marihuana Facility License Application

Parcel ID Number: <u>52-10-</u> _____
Permit Number: _____
Date Received: _____
Date Paid: _____

TYPE OF APPLICATION:

- New Application
- Renewal Application
- License Modification

TYPE OF LICENSES:

Different facility types require separate applications.

- | | |
|--|---|
| <input type="checkbox"/> Grower, Class A | <input type="checkbox"/> Provisioning Center |
| <input type="checkbox"/> Grower, Class B | <input type="checkbox"/> Safety Compliance Facility |
| <input type="checkbox"/> Grower, Class C | <input type="checkbox"/> Secure Transporter |
| <input type="checkbox"/> Processor | |

Applicant Name:	
Business Name:	
Primary Phone Number:	Secondary Phone Number
Email Address	
Physical Address:	
Mailing Address:	

OWNER AND MANAGER INFORMATION:

List all officers, directors, general partners, managing members, stockholders, partners, and members. If a holding company has an ownership interest in the licensed business, list that company and its ownership percentage as well. Attach additional pages as necessary.

Primary Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership

PROPERTY INFORMATION:

Business Site Address:	
<input type="checkbox"/> Owned	Date of Purchase: _____
<input type="checkbox"/> Leased	Start Date: _____ End Date: _____
If Leased:	
Property Owner Name: _____	
Phone: _____ Email: _____	
Will facility be in an existing structure? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many square feet?
Will a new structure or addition be built? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many square feet?
Is the parcel located within 300 feet of any public or private elementary, or secondary school; a licensed child care center or preschool; a public playground, public swimming pool, or public or private youth activity facility; a public park, public outdoor recreation area, or public recreation facility; religious institution; or a public library . <input type="checkbox"/> Yes <input type="checkbox"/> No	

WATER AND WASTE WATER INFORMATION:

This information must include the business as well as the entire parcel.

Expected Level of Water Use (gal/day)	Expected Waste Water Discharge (gal/day)
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BUSINESS OPERATIONS:

Hours of Operation:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

Security:

Will security guards be provided?

- Yes No

If YES, how many? _____

Days and Hours security guards will be provided:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

Provide the name, address, telephone number, and business license number of the security company that will be used. NOTE: The company must have a valid business license in the State of Michigan.

Provide the name, address, and telephone number of the alarm monitoring company that will be used. NOTE: The company must have a valid business license in the State of Michigan.

Provide a list of all members with access to the surveillance camera system to be used. (Attach additional sheets as necessary.)

Provide a detailed description of the security plan for the proposed business. (Attach additional sheets as necessary.)

OTHER BUSINESS INFORMATION:

Provide a detailed description of the business plan to dispose of any medical marijuana or product not sold in a manner that protects it from being ingested by an animal or person. (Attach additional sheets as necessary.)

Provide a detailed description of the ventilation system used to prevent odor from leaving the building and how to mitigate noxious fumes or gases during the production process. (Attach additional sheets as necessary.)

BACKGROUND INFORMATION:

If you are currently licensed by any governmental agency to engage in any business, list each such license held, the city in which it is held and expiration date thereof.

Have you previously operated in this Township or any other County, City, or State under a Medical Marijuana/Marihuana License?

- Yes No

Have any of the previously issued licenses or permits mentioned above been revoked or suspended?

- Yes No

If YES, provide an explanation for the revocation/suspension.

Has any owner or business manager ever been convicted of a felony?

- Yes No

If YES, list the first and last name of the management employee, the associated criminal case number(s), the statute(s) violated, the date(s) of conviction, the date(s) of imposition of probation and/or parole, and the name and address of the sentencing court.

OATH OF APPLICATION:

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Michigan Marihuana Facilities Licensing Act, Public Act 281 of 2016 and the Negaunee Township Ordinances which govern my License. **By signing this application I consent to Negaunee Township performing criminal background checks.**

Signature

Date

Printed Name

Title