



For Administration Use: Date Received _____ Time Received _____

**TOWNSHIP OF MUNISING
MARIHUANA ESTABLISHMENT PERMIT**

TYPE OF APPLICATION

- New Application
- Renewal application
- License Modification

TYPE OF LICENSES

Different facility types require separate applications.

- | | |
|---------------------------------------|--|
| <input type="radio"/> Grower, Class A | <input type="radio"/> Retailer |
| <input type="radio"/> Grower, Class B | <input type="radio"/> Safety Compliance Facility |
| <input type="radio"/> Grower, Class C | <input type="radio"/> Secure Transporter |
| <input type="radio"/> Processor | <input type="radio"/> Microbusiness |

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="radio"/> Owned <input type="radio"/> Leased	Date of Purchase _____	End Date _____
Start Date _____		
If Leased		
Property Owner Name _____		
Phone Number _____ Email Address _____		
Will facility be in an existing structure? <input type="radio"/> Yes <input type="radio"/> No		How many square feet?
Will a new structure or addition be built? <input type="radio"/> Yes <input type="radio"/> No		How many square feet?
Is the parcel located within 500 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="radio"/> Yes <input type="radio"/> 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)

BUSINESS OPERATIONS

Hours of Operation

	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 Provided.

	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 provision of the Michigan Marihuana Facilities Licensing Act, Public Act 281 of 2016 and the Munising Township Ordinances which govern my License. By signing this application, I consent to Munising Township performing criminal background checks.

Signature

Date

Printed Name

Title