

Emmett Charter Township
621 Cliff Street, Battle Creek, MI 49014
Office (269)968-0241
WWW.EMMETT.ORG

**MEDICAL MARIJUANA
 LICENSE APPLICATION**

DATE:
FEE PAID:

***Note: Please review page 5 for all attachments.**

Type of application: (Non-Refundable fee's)
(Certified check, money order, cashiers check's, non-personal checks)
(all fees are to be paid in full at the time of submittal of application)

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Provisioning Center (Dispensary) | \$5,000 Initial/Renewal |
| <input type="checkbox"/> Cultivation Center (Growing/Manufacturing) | \$5,000 Initial/Renewal |
| <input type="checkbox"/> Transportation | \$5,000 Initial/Renewal |
| <input type="checkbox"/> Testing | \$5,000 Initial/Renewal |
| <input type="checkbox"/> Processing | \$5,000 Initial/Renewal |

BUSINESS INFORMATION:		
Business Name:	Phone:	
Business Address:		
City:	State:	Zip:
Business Mailing Address (if different):		
City:	State:	Zip:
Square footage to be occupied:	Number of Employees:	
Hours of Operation:		
Business type: (check all that apply)		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation (including LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit Organization		
If business type is anything other than a sole proprietorship, attach the following:		
<input type="checkbox"/> Attachment A - Articles of incorporation		

List below all officers, directors, officers, and shareholders including their home addresses. If the business is a partnership, list the names and home addresses of each of the partners. If necessary, provide additional information on a separate sheet.

Name	Home Address, City, State & Zip Code	DOB	Position

APPLICANT INFORMATION: Highest level official or employee of business/ cooperative such as Board President, Chief Executive Officer, Executive Director or comparable position.

Applicant Name:	Date of Birth:
Applicant Address:	
City:	State:
	Zip:
<input type="checkbox"/> Attachment B - Provide state or federally issued photo identification.	

OPERATOR INFORMATION: If different than the applicant, list the individual(s) responsible for day to day operations.

Operator Name:	Date of Birth:
Applicant Address:	
City:	State:
	Zip:
Operator Name:	Date of Birth:
Applicant Address:	
City:	State:
	Zip:
<input type="checkbox"/> Attachment C - Provide state or federally issued photo identification.	

LICENSE INFORMATION:

Has the applicant and/or operator been denied an application for a medical marijuana dispensary growing facility or other related business from any jurisdiction?

Yes No

If yes state when, where and why: _____

Has the applicant had a medical dispensary/grow facility license suspended or revoked by any jurisdiction?

Yes No

If yes state when, where and why: _____

If yes, what was the next business activity or occupation of the occupant subsequent to such action of suspension or revocation? _____

Has the applicant or operator ever been convicted of a felony or controlled substances violations(s) in a federal, state, or other court? Yes No

If yes, please provide the following: (if necessary, provide additional information on a separate sheet):

Name and Location of Court	Conviction Charge	Sentence	Date of Sentencing	Last date of incarceration/parole/probation

PROPERTY OWNER INFORMATION:

Owner Name:

Home Address: **Home Phone:**

City: **State:** **Zip:**

Does the Applicant have legal possession of the premises from the date that this license will be issued by virtue of ownership, lease or other arrangement?

- Ownership Lease Other: (explain in detail)

FACILITY INFORMATION:

Does applicant have alarm system in place? Yes No

If yes, name of alarm company, contact name and number: _____

Does the applicant propose to have retail sales other merchandise on site?
 Yes No

For Department Use Only:

Township Supervisor:

Approval/Pending/Denied

Date:

Signature:

Planning/Zoning Administrator:

Approved/Pending/Denied

Date:

Signature:

Fire Marshal Department

Approval/Pending/Denied

Date:

Signature:

Building Official

Approval/Pending/Denied

Date:

Signature:
