Wakeshma Township Recreational Marihuana Facility License **Application**

Wakeshma Township P.O. Box 136 Fulton, MI 49052 WWW.WAKESHMATOWNSHIP.COM	Date Received:
TYPE OF APPLICATION: New Application Renewal Application License Modification	Date Fees Paid:
TYPE OF LICENSES:	
Different facility types require separate applications.	
☐ Grower, Class A # of Licenses ☐ Grower, Class B ☐ Grower, Class C ☐ Mega Grower (2000 Med/2000 Rec) ☐ Microbusiness ☐ Processor ☐ Secure Transporter	☐ Event Organizer☐ Temporary Event☐ Testing Facility
Applicant Name:	
Business Name:	
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.

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PROPERTY INFORMATION:

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Parcel Zoning Classi	fication Agriculture:	∐ Yes □ No
Owned	Date of Purchase:	
Leased	Start Date:	
If Leased:		
	r Name:	
Phone:	Email:	
Will facility be in an e		How many square feet?
☐ Yes	☐ No	
Will a new structure	or addition be built?	How many square feet?
☐ Yes	☐ No	
Is an existing structu	re on the parcel which will r	· · · · · · · · · · · · · · · · · · ·
☐ Yes	☐ No If Yes de	scribe how existing structure will be used:
•	_	tional institution or school, college or university
church, house of wor	within 750 feet of any educa ship or other religious facilit	
church, house of wor	_	
church, house of wor Yes Building Type:	ship or other religious facilit	y, or public or private park?
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Hours of Operation:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

Security Note: P		et the security	requirements	s under State of	f Michigan Ma	rihuana Facili	ty Rule 27.
Will sec	urity guards b	e provided?					
	Yes	□ No					
If YES, h	low many?		_				
Days an	d Hours secur	ity guards will	be provided:				
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturda
Open							
Close							
sp liu sa • Fl di • M	pecifications; of mited-access and location allowed location and location and lividing structure ans of egres onstruction definition	common entry areas within the as provided fo layout, includi ares, fire walls as, including, b etails for struc	yways, doorw he facility; an r in Rule 24. ing dimension , and entrand out not limited tures.	ng, but not limit ways, or passage d indication of this, maximum st thes and exits. d to, delivery and the will be used in	eways; means the distinct ar torage capabil nd transfer po	of public ent eas or struct ities, number	ry or exit; ures at the
Provide L		ment informa	tion which w	ill be used. NO	ΓE: Light pollu	tion mitigatio	on

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.)
Provide a detailed description of all toxic, flammable, or other materials regulated by government agencies including the type of materials, location of materials, and how the materials will be stored. Please also describe how any chemicals or hazardous materials will be used and/or disposed of in your business processes. (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 mention	ned 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	a felony?
☐ Yes ☐ No	
If YES, list the first and last name of the management employed the statue(s) violated, the date(s) of conviction, the date(s) of and the name and address of the sentencing court.	
Do you authorize Wakeshma Township to perform backgrou	nd checks?
☐ Yes ☐ No	
OATH OF APPLICATION:	
I declare under penalty of perjury in the second degree that the true, correct, and complete to the best of my knowledge. I also and the responsibility of my agents and employees to comply Marihuana Facilities Licensing Act, Public Act 281 of 2016 and govern my License. This license must be renewed annually from lapses, all facility activity must cease and a new application means.	o acknowledge that it is my responsibility with the provisions of the Michigan the Wakeshma Township Ordinances which om the approval stamped date; if license
Signature	Date
Printed Name	Title