



MEDICAL MARIHUANA FACILITIES APPLICATION

City of Mt. Pleasant
 City Clerk's Office
 320 W. Broadway Street
 Mt. Pleasant, MI 48858
 (989) 779-5361 • Fax: (989) 773-4691
www.mt-pleasant.org

Please type or print clearly:

I. APPLICANT INFORMATION			
Applicant Name:		Doing Business As:	
Entity Mailing Address:		City:	State: Zip:
Entity Physical Address:		City:	State: Zip:
Telephone Number:		E-mail Address:	

II. FACILITY TYPE	
<i>A separate application and fees must be submitted for each facility type and location.</i>	
<input type="checkbox"/> Provisioning Center <input type="checkbox"/> Processor <input type="checkbox"/> Secure Transporter <input type="checkbox"/> Safety Compliance <input type="checkbox"/> Grower – Class A <input type="checkbox"/> Grower – Class B <input type="checkbox"/> Grower – Class C – Number of Class C licenses to be used at this location (1-3): _____	

III. FACILITY LOCATION		
Property Address:	Zoning District:	Tax ID Number:
Legal Description (available from deed, City Assessor's Office, or City website – can be provided on separate sheet):		
Property Status:		
<input type="checkbox"/> Owned <input type="checkbox"/> Leasing <input type="checkbox"/> Option <input type="checkbox"/> Land Contract		
Owner Name (if different than applicant):		
Owner Mailing Address:	City:	State: Zip:
Owner Telephone Number:	Owner E-mail Address:	

IV. PERSON COMPLETING APPLICATION (if different than applicant)			
Name:		Affiliation with Applicant:	
Mailing Address:		City:	State: Zip:
Telephone Number:		E-mail Address:	

V. APPLICATION MATERIALS

The following is a checklist of items that must be submitted with applications for Medical Marihuana Facilities. Incomplete applications will not be processed.

- A copy of the official paperwork issued by LARA indicating the applicant has successfully completed the pre-qualification step of the application for a State of Michigan operating license and all documents submitted to LARA in connection with the license application (electronic media if possible).
- Application fee (\$200)
- Annual administrative fee (\$5,000 per license)

VI. CERTIFICATION

I, the undersigned, have the authority to sign this Application on behalf of the above-named entity. I have read all of the above answers and they are true and correct. The entity agrees to comply with all terms and conditions of a license as it may be issued. I consent to the City of Mt. Pleasant having the ability to inspect the facility at any time during normal business hours to ensure compliance with applicable laws and regulations.

Signature: _____ Date: _____

VII. PROPERTY OWNER AUTHORIZATION

If the applicant is anyone other than the property owner, the property owner hereby grants permission for the applicant to act on his/her behalf. (Authorization may be submitted via a separate signed letter)

Signature: _____ Date: _____

OFFICE USE ONLY

Application # MM-____ - ____ - ____

Application received by City Clerk's Office

Date and Time: _____

Staff Signature: _____

Conditional Authorization Issued by City Clerk's Office

Date and Time: _____

Staff Signature: _____

Final Authorization Checklist:

Within 30 days of Conditional Authorization date above:

- Applicant submits Step Two Application for proposed Mt. Pleasant facility to LARA
- Applicant submits application for Special Use Permit to the Planning Commission

Within 6 months of Conditional Authorization date above:

- Applicant obtains Special Use Permit approval from the Planning Commission

Within 18 months of Conditional Authorization date above:

- Applicant obtains state operating license from LARA

Final Authorization Issued by City Clerk's Office

Date and Time: _____

Staff Signature: _____