



Charter Township of Monitor
 2483 E. Midland Road
 Bay City, MI 48706-9469
 Phone: (989) 684-7203 • Fax: (989) 684-9234

Township Use Only _____

Application ID _____

New Application Renewal Revision

Date Received _____

Amount Paid _____

Date Paid _____

Medical Marihuana Facility License Application

• THIS INFORMATION IS NOT SUBJECT TO THE FREEDOM OF INFORMATION ACT (FOIA) •

TYPE OF LICENSE (Separate Application Required for each Type of License)

- Class A – Grower _____ Processor _____
- Class B – Grower _____ Safety Compliance Facility _____
- Class C – Grower _____ Secure Transporter _____

APPLICANT INFORMATION					
Legal First Name	Middle Initial	Legal Last Name	Suffix (Jr., Sr., etc.)		
Business Name		Website	Phone No. ()		
Business Physical Address Apt., Suite, etc.		City	State	Zip	
Mailing Address Apt., Suite, etc.		City	State	Zip	
BUSINESS INFORMATION					
Business Classification: <input type="checkbox"/> Individual/Sole Proprietor/Single Member LLC. <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation					
<input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Company (LLC) Tax Classification (C=C Corp, S=S Corp, P=Partnership) -					
TAXPAYER IDENTIFICATION NUMBER (TIN): <input type="checkbox"/> Social Security Number or <input type="checkbox"/> Employer Identification Number: _____					
CONTACT INFORMATION (List all Officers, Directors, Shareholders, Partners, etc. with % Ownership)					
Primary Contact	Legal First Name	Middle Initial	Legal Last Name	Suffix (Jr., Sr., etc.)	Percent Ownership %
	Position	Phone/Cell Number ()		Email Address	
	Mailing Address Apt., Suite, etc.	City	State	Zip	
Additional Contact	Legal First Name	Middle Initial	Legal Last Name	Suffix (Jr., Sr., etc.)	Percent Ownership %
	Position	Phone/Cell Number ()		Email Address	
	Mailing Address Apt., Suite, etc.	City	State	Zip	
Additional Contact	Legal First Name	Middle Initial	Legal Last Name	Suffix (Jr., Sr., etc.)	Percent Ownership %
	Position	Phone/Cell Number ()		Email Address	
	Mailing Address Apt., Suite, etc.	City	State	Zip	

BUSINESS INFORMATION (Continued)					
Additional Contact	Legal First Name	Middle Initial	Legal Last Name	Suffix (Jr., Sr., etc.)	Percent Ownership %
	Position	Phone/Cell Number ()	Email Address		
	Mailing Address Apt., Suite, etc.	City	State	Zip	
Additional Contact	Legal First Name	Middle Initial	Legal Last Name	Suffix (Jr., Sr., etc.)	Percent Ownership %
	Position	Phone/Cell Number ()	Email Address		
	Mailing Address Apt., Suite, etc.	City	State	Zip	
Additional Contact	Legal First Name	Middle Initial	Legal Last Name	Suffix (Jr., Sr., etc.)	Percent Ownership %
	Position	Phone/Cell Number ()	Email Address		
	Mailing Address Apt., Suite, etc.	City	State	Zip	
Additional Contact	Legal First Name	Middle Initial	Legal Last Name	Suffix (Jr., Sr., etc.)	Percent Ownership %
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	Position	Phone/Cell Number ()	Email Address		
	Mailing Address Apt., Suite, etc.	City	State	Zip	

Complete and Attach Additional Sheets if Necessary

PROPERTY INFORMATION			
Business Site Address		<input type="checkbox"/> Own Property <input type="checkbox"/> Lease Property	Operation Start Date Date of Purchase (if owned)
Property Owner Name and Address		Phone	
		Email	
Will facility be an existing structure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Square feet?	Will a new structure or addition be built? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many square feet?
Expected Level of Water Use (gal/day)		Expected Waste Water Discharge (gal/day)	
Hours of Operation			
	Open (Example 8:00 am)	Close (Example 11:00 pm)	
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
SECURITY INFORMATION			
Will security guards be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, how many?	Will a new structure or addition be built? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many square feet?
Security Guards Hours			
	No. of Guards?	From (Example 8:00 am)	To (Example 11:00 pm)
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Security Company Information			
Security Company	<input type="checkbox"/> Licensed in State of Michigan	Business License No. -	Phone No. ()
Security Company Address, City, State, Zip		Phone	
		Email	
Alarm Monitoring Information			
Alarm Company	<input type="checkbox"/> Licensed in State of Michigan	Business License No. -	Phone No. ()
Alarm Company Address, City, State, Zip		Phone	
		Email	
Surveillance Camera System Information			
On-site camera monitoring system? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there remote viewing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

List all members with access to the surveillance camera system to be used:

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

OTHER BUSINESS INFORMATION (Provide a Detailed Description. Attach Additional Sheets if Necessary.)

Security Plan:

Disposal Plan for any products not sold:

Ventilation System Plan to prevent odor and noxious fumes/gases:

Storage Plan for toxic, flammable, or other materials regulated by the government and how materials will be used, stored and/or disposed of:

BACKGROUND INFORMATION

Are you currently licensed by any governmental agency to engage in any business? (if YES, continue below)
 Yes No

License Type	City/State Held	Expiration Date	
License Type	City/State Held	Expiration Date	
License Type	City/State Held	Expiration Date	

Have you previously operated under a Medical Marihuana License in Monitor Township?
 Yes No

Have you previously operated under a Medical Marihuana License in Monitor Township?
 Yes No

Have you ever had a Medical Marihuana License revoked or suspended?
 Yes No
 If **YES**, please provide an explanation for the revocation/suspension.

Have you or any of the owners or business managers ever been convicted of a felony?
 Yes No
 If **YES**, please provide the first and last name of management employee, the associated criminal case number(s), the statues(s) violated, date(s) of conviction, the date(s) of imposition of probation and/or parole, and the name and address of the sentencing court.

NOTE: Applicants are required to include all of the information listed in **Section III, 4.** of the Medical Marihuana Facilities Ordinance No. 65 for the Charter Township of Monitor.

Do you authorize the Charter Township of Monitor to perform background checks?

Yes No

I declare under penalty of perjury in the second degree that this application and all attachments are true 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, as may be amended, and with the 2018 Charter Township of Monitor Ordinance No. 65 which govern my license.

 Signature Date

 Printed Name Title