

Medical Marihuana Processor Facility License Application

Mastodon Township

1371 U.S. Hwy. 2, South, Crystal Falls, MI 49920

(906) 875-6232

www.mastodonclerk@att.net

TYPE OF APPLICATION

_____ **New Application**

_____ **Renewal Application**

TYPE OF LICENSE: **Processor Facility License**

Applicant Name (must match name on State of Michigan Application):

___ **Individual** ___ **Partnership** ___ **Corporation** ___ **LLC** ___ **Other** _____
State ID# _____ **SSN/FEIN** _____ **D.O.B.** _____
Sales Tax License # _____ **(if applicable)**

Business Name:

Primary Phone Number of Applicant:

Secondary Phone Number of Applicant:

Email Address:

Physical Address of Facility:

Mailing Address (if different):

Website Address _____

Business Phone: _____

Owner, Business and Manager Information:

List all owners, officers, directors, general partners, managing members, stockholders, partners, managers, 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. If a business is directly or indirectly involved, provide state of incorporation and registration.

Name: _____ Address: _____

Email Address: _____ Phone Number: _____

Position: _____ D.O.B. _____ % Ownership: _____

Name: _____ Address: _____

Email Address: _____ Phone Number: _____

Position: _____ D.O.B. _____ % Ownership: _____

Name: _____ Address: _____

Email Address: _____ Phone Number: _____

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Name: _____ Address: _____

Email Address: _____ Phone Number: _____

Position: _____ D.O.B. _____ % Ownership: _____

PROPERTY INFORMATION:

Business Site Address:

Owned _____	Registered Owner _____	Date of Purchase _____
Leased _____	Start Date _____	End Date _____

If Leased:

Property Owner Name: _____
Address of Owner: _____
Phone: _____ Email: _____

Will facility be in an existing structure? Yes _____ No _____

How many square feet: _____

Will a new structure or addition be built? Yes _____ No _____

Size: _____

Is the parcel located within 1,000 feet of any other medical marijuana facility, church, synagogue, mosque, or house of worship, public or private school, community college, university, or professional school, nursery school or child care center, public park, public library, any residentially zoned district or residential use? Yes _____ No _____

If so, explain: _____

Property Tax Number _____

Property Zoning District _____ Legal Description of property: _____

(Attach description if more room needed)

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:

Provide the name, address, and telephone number of the alarm monitoring company that will be used (if any). NOTE: The company must have a valid business license in the State of Michigan.

Provide a list of all people with access to the surveillance camera system to be used. (Attach additional sheets if necessary).

Please list the names and titles of all public officials or officers of any unit of government, and the spouses, parents, and children of those public officials or officers, who, directly or indirectly:

1. Own any financial interest in an applicant.
2. Have any beneficial interest in an applicant.
3. Are the creditors of an applicant.
4. Hold any debt instrument issued by an applicant.
5. Hold or have any interest in any contractual or service relationship with the applicant.

(Name of Public Official/Officer of Government Unit)	Title
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Is the interest that of the public official or officer of a governmental unit: Yes _____ No _____

If yes, state the percentage/capacity of interest. _____

If no, provide the following information about the interest of the family member of the public official or officer:

Name of Family Member	Relationship	Date of Birth
Address	Percentage/Capacity of Interest	SSN/FEIN

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Address	Percentage/Capacity of Interest	SSN/FEIN

Provide a detailed description of the business plan to dispose of any medical marijuana or product not sold/processed that protects it from being ingested by an animal or person.

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.

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/Marijuana License: Yes _____ No _____

If yes, provide details: _____

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 provisions of the Michigan Marihuana Facilities Licensing Act, Public Act 281 of 2016 and the Township of Mastodon Ordinances which govern my license.

Signature

Date

Printed Name

Title