

**Charter Township of Mount Morris
Application for Recreational Marihuana Establishment License**

I – Dates

Date Application Received _____ Date Fee Paid _____

II – Type of Application

- New Application Renewal Application License Modification

III – Types of License

- Grower, Class A Processor
 Grower, Class B Retailer
 Grower, Class C Safety Compliance
 Secure Transporter

*If co-location is requested, then separate application must be completed for each license

IV – Applicant Information

Applicant Name: _____

Facility Name: _____

Facility name must be the same as listed on the State of Michigan approval

- Corporation LLC Partnership Sole Partnership

Facility Address: _____

Business Primary Contact Person: _____

Applicant's Business Phone Number: _____

Email Address of Primary Contact: _____

Applicant's Postal Mailing Address: _____

Applicant's Physical Address: _____

**Charter Township of Mount Morris
Application for Recreational Marihuana Establishment License**

V – Principal Information

List all persons with financial interest in the applicant, all persons who will be shareholders, members, officers, directors, and/managers of Applicant. If a shareholder or member is a corporation or limited liability company, list that company as well as its shareholders and/or members. (attach additional sheets if necessary)

Principal #1

Full Name: _____

Physical Address: _____

Postal Address: _____

Business Phone: _____ Cell: _____

Driver's License Number: _____ DOB: _____

Social Security Number: _____ Position: _____

Ownership %: _____ Email: _____

Principal #2

Full Name: _____

Physical Address: _____

Postal Address: _____

Business Phone: _____ Cell: _____

Driver's License Number: _____ DOB: _____

Social Security Number: _____ Position: _____

Ownership %: _____ Email: _____

Principal #3

Full Name: _____

Physical Address: _____

Postal Address: _____

Business Phone: _____ Cell: _____

Driver's License Number: _____ DOB: _____

Social Security Number: _____ Position: _____

Ownership %: _____ Email: _____

**Charter Township of Mount Morris
Application for Recreational Marihuana Establishment License**

VI – Security Company

Name of Security Company: _____

Contact Person: _____

Telephone: _____ Cellular: _____

Address: _____

Email: _____

Michigan License Number: _____

VII – Alarm Company

Name of Alarm Company: _____

Contact Person: _____

Telephone: _____ Cellular: _____

Address: _____

Email: _____

Michigan License Number: _____

VIII – Surveillance Camera Access

Name: _____

Telephone: _____ Cellular: _____

Address: _____

Email: _____

Name: _____

Telephone: _____ Cellular: _____

Address: _____

Email: _____

Charter Township of Mount Morris
Application for Recreational Marihuana Establishment License

XIII – Licenses

Please list any license, for any activity requiring a license, that applicant and any person listed in section V has previously been issued by any State or Municipal Governmental Agency including, but not limited to, licenses required under the Michigan Medical Marihuana Act, MCL 333.26421 et seq., the Michigan Medical Facilities Licensing Act, MCL 333.27101 et seq., the Michigan Regulation and Taxation of Marihuana Act, Initiated Law 1 of 2018, the Mount Morris Township Medical Marihuana Licensing Ordinance and/or the Mount Morris Township Recreational Marihuana Licensing Ordinance

(attach additional sheets if necessary)

License #1

Full Name: _____

Physical Address: _____

Mailing Address: _____

Business Number: _____ Cellular: _____

Social Security Number: _____ DOB: _____

Type of License: _____ Date Issued: _____

License Number: _____ Date Expired: _____

License Issuing Agency: _____

Has the license been revoked or suspended? Yes No If yes, please explain:

License #2

Full Name: _____

Physical Address: _____

Mailing Address: _____

Business Number: _____ Cellular: _____

Social Security Number: _____ DOB: _____

Type of License: _____ Date Issued: _____

License Number: _____ Date Expired: _____

License Issuing Agency: _____

Has the license been revoked or suspended? Yes No If yes, please explain:

**Charter Township of Mount Morris
Application for Recreational Marihuana Establishment License**

**XIII – Licenses
(continued)**

License #3

Full Name: _____

Physical Address: _____

Mailing Address: _____

Business Number: _____ Cellular: _____

Social Security Number: _____ DOB: _____

Type of License: _____ Date Issued: _____

License Number: _____ Date Expired: _____

License Issuing Agency: _____

Has the license been revoked or suspended? Yes No If yes, please explain:

License #4

Full Name: _____

Physical Address: _____

Mailing Address: _____

Business Number: _____ Cellular: _____

Social Security Number: _____ DOB: _____

Type of License: _____ Date Issued: _____

License Number: _____ Date Expired: _____

License Issuing Agency: _____

Has the license been revoked or suspended? Yes No If yes, please explain:

(attach additional sheets if necessary)

**Charter Township of Mount Morris
Application for Recreational Marihuana Establishment License**

XIV – Property Information

Location of Property: _____

Zoning District: _____ Owned Leased

If Owned, Date of Purchase: _____

If Leased, Lease Start Date: _____ End Date: _____

Name of Property Owner: _____

Name of Facility: _____

Facility name must be the same as listed on the State of Michigan approval

Address of Property Owner: _____

Existing Structure New Structure Square Footage: _____

Please provide distance from a parcel in the Township presently being used by:

Religious Exercise: _____

School: _____

Child Care Facility: _____

Park: _____

Other Marihuana Facility: _____

XV – Water and Waste Water

Expected Water Use, Gallons Per Day: _____

Expected Waste Water, Gallons Per Day: _____

XVI – Business Operation

Hours of Operation:

Day	Sunday	Monday	Tuesday	Wednes.	Thursday	Friday	Saturday
Open							
Close							

**Charter Township of Mount Morris
Application for Recreational Marihuana Establishment License**

XVII – Authorization

1. **Criminal History:** Applicant authorizes the Township to obtain a Criminal History report for each person identified in this application and all attachments hereto.
2. **Driving Record:** Applicant authorizes the Township to obtain a Master Driving Record for each person identified in this application and all attachments hereto.
3. **Property Information:** Applicant authorizes the Township Building Official to conduct an inspection of the proposed location of the facility.
4. **Township Employees:** Applicant certifies that no employee, shareholder, director, officer, member or principal of the business is a police officer employed by a police department with jurisdiction in Mt. Morris Township, a fireman employed by a fire department with jurisdiction in Mt. Morris Township or a Mt. Morris Township employee.
5. **Acknowledgement:** Applicant acknowledges that he/she has read and understands the restrictions and authorizations contained in the Mt. Morris Township Recreational Licensing Ordinance and the Mt. Morris Township Recreational Zoning Ordinance.
6. **Verification:** By signing below, Applicant guarantees that all information included in this Application is truthful and accurate.

Date: _____

Signature: _____

Printed Name: _____

Attach 2 x 2 Photo of
Applicant or
Applicant's Agent Here
(Photo must be taken
within 30 days prior to
application submission)

STATE OF MICHIGAN }SS.
COUNTY OF _____}SS.

On this ____ day of _____, 20____
before me personally appeared:

_____,
to me known to be the person described in and who
executed and acknowledged the foregoing instrument and
that the same as his/her free act and deed.

Notary Signature

Notary Public, _____, County, Michigan

My Commission Expires: _____