***VILLAIGE OF ADDISON***

**Village of Addison Offices**

**103 ½ West Main Street**

**Addison, MI 49220**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICATION FOR MEDICAL and/or RECREATIONAL MARIHUANA FACILITY**

|  |  |
| --- | --- |
| Applicant: |  |
| Address: |  |
|  |  |
| Email: |  |
| Telephone: |  |
|  |  |
| Address of facility: |  |
|  |  |
|  | |
| If applicant is not the owner of the location where the facility will be located attach a document signed by the landowner authorizing the applicant to operate on the property. Also, the following information shall be submitted with this application pertaining to the landowner of the property:  Property owner: | |
| Address: |  |
|  |  |
| E-mail: |  |
| Telephone: |  |

The type of medical marijuana facility applicant intends to operate:

Grower  Processor  Provisioning Center  Secure transporter  Safety Compliance

Does the applicant have or has the applicant filed for a medical and/or recreational marijuana facility license with the State of Michigan?

Yes  No

If yes, please state the date the license was granted or the application for license was filed with the State of Michigan:

Attach the following items:

Photocopy of applicant’s driver’s license

Statement from property owner (where applicable)

Application fee of $5,000.00 (non-refundable fee)

A copy of the license issued by the State of Michigan or the application submitted to the State.

Applicants must also submit all documents required by Section 5 of the Medical Marihuana Ordinance and/or Marihuana Establishment Ordinance Section 5. See attached ordinances

*For Staff Use Only*

Application Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provisional Permit Issued:  Yes  No Permit Issued:  Yes  No

Provisional Permit Issuance Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permit Issuance Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provisional Permit Valid Through: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permit Valid Through: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provisional Permit Issued By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permit Issued By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Provisional Permit serves as an indication that application is valid and will be issued when other licenses and permits are obtained to operate within the Village of Addison or State of Michigan.)

Reason for Provisional Permit (if issued): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Permit Denial (if issued): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application for a Medical Marihuana Facility and/or Recreational Marijuana Approved by the Village of Addison Council on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_