

VILLAGE OF ADDISON
Village of Addison Offices
103 1/2 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 Marijuana Ordinance and/or Marijuana 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 _____