



**Medical Marihuana Facility
Applicant Affidavit**
Township of Acme, Grand Traverse County, Michigan
6042 Acme Road, Williamsburg, MI 49690

Phone: (231) 938-1350 Fax: (231) 938-1510 Web: www.acmetownship.org
Planning & Zoning Administrator: Lindsey Wolf Email: zoning@acmetownship.org

Please complete this form for all applicants in the party for the attached Medical Marihuana Facility License application & submit it with all applicable materials to the Acme Township Zoning Administrator. Each applicant will need to fill out a separate Applicant Affidavit form.

APPLICANT INFORMATION	
Business Entity Name (if applicable)	
Name: (Last)	(First) (MI)
Title/Position:	
Current Mailing Address: (Street) (Apt./Ste.)	
(City)	(State) (Zip)
Phone Number	Email
Business/Facility Name:	
Location Address: (Street) (Apt./Ste.)	
(City)	(State) (Zip)

PHOTO IDENTIFICATION

Please provide a photocopy of a valid state-issued ID (front and back) for each Applicant Affidavit submitted with the attached Medical Marihuana Facility License Application.

ATTESTATIONS	
Please initial each of the following statements to attest and consent that they are true and will be abided by. If not applicable, please indicate so by marking "n/a" in the initial box.	
	I attest that I have not been indicted for, charged with, arrested for, or convicted of, pled guilty or nolo contendere to, forfeited bail concerning any criminal offense under the laws of any jurisdiction, either felony or controlled substance related misdemeanor, not including traffic violations, regardless of whether the offense has been reversed on appeal or otherwise including the date, the name and location of the court, arresting agency, and prosecuting agency, the case caption, the docket number, the offense, the disposition, and the location and length of incarceration.
	If a grower, all activities will be conducted so as not create or permit trespass or spillage of dust, glare, sounds, noise, vibrations, fumes, odors, or light, onto neighboring properties, adjacent streets or public right of ways.
	All artificial lighting must and will be shielded to prevent glare and light trespass and must not and will not be visible from neighboring properties, adjacent streets or public right of ways.

AFFIDAVIT

The undersigned affirms that he/she is the (circle one: **owner, employee, representative**) of the business involved in this application and that the foregoing answers, statements and information are in all respects true and, to the best of his/her knowledge, correct. The undersign acknowledges that they shall comply with all statutes, laws, ordinances, and regulations that may apply to operating a medical marihuana facility. By making this application, the undersigned grants all officials, staff and consultants of Acme Township access to the subject property as required and appropriate to assess site conditions in support of a determination as to the suitability of the proposed project and/or current or future Acme Township Medical Marihuana Licensing Ordinance compliance.

Signature: _____ Date: _____

Printed Name: _____

FOR TOWNSHIP-USE ONLY

Notes