



**Medical Marihuana Facility
Property Owner 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: Shawn Winter Email: swinter@acmetownship.org

Please complete this form for all real property owners associated with the attached Medical Marihuana Facility License application & submit it with all applicable materials to the Acme Township Zoning Administrator. Each property owner will need to fill out a separate Property Owner Affidavit form.

OWNER INFORMATION	
Name: (Last)	(First) (MI)
Current Mailing Address: (Street)	(Apt./Ste.)
(City)	(State) (Zip)
Phone Number	Email

PROPERTY INFORMATION	
Location Address: (Street)	(Apt./Ste.)
(City)	(State) (Zip)
Parcel No.:	Zoning District:
Legal Description:	

Application No.: _____

APPLICANT NAME(S) AND/OR BUSINESS ENTITY

Applicant Name(s) or Business Entity this Property Owner Affidavit is for: _____

PHOTO IDENTIFICATION

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

AFFIDAVIT

The undersigned affirms that he/she is an owner of the real property indicated in this affidavit and referenced in the attached Medical Marihuana Facility License Application, and furthermore attests to their knowledge, understanding, and authorization of such activity upon their property. By making this attestation, 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