



## Medical Marihuana Facility License Renewal Application

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](http://www.acmetownship.org)  
Planning & Zoning Administrator: Lindsey Wolf Email: [zoning@acmetownship.org](mailto:zoning@acmetownship.org)

**Please complete this form & submit it with all applicable materials to the Acme Township Zoning Administrator.**

**Existing license number :** \_\_\_\_\_

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

**Note: Amendment to license** If there is a change in ANY information the applicant was required to provide in the most recent application on file they must also submit a new application, with full supporting documentation, must meet all requirements, and shall be processed in the same manner as provided for issuance of a new license.

**Note:** Each renewal application is good for one medical marihuana facility license only. Applicants pursuing more than one license will need a separate renewal application for each license.

II. ATTACHMENTS	
	Fee (established by the Acme Township Schedule of Fees, as amended)
	Amendment to license, associated materials, and fee ( <i>if applicable</i> )

**III. UNDERSTANDING**

The undersigned certifies and affirms all of the following:

1. That he/she is the holder of the above referenced License, or the authorized agent of the holder of the above referenced License;
2. That the answers, statements and information provided in the Licensee's most recent application on file are in all respects unchanged;
3. That the Licensee shall operate in the same manner and degree as approved in the License;
4. That the Licensee has and shall continue to comply with the License and all statutes, laws, ordinances, and regulations that apply to operating a medical marihuana facility; and
5. That if any of the above are not true and accurate, the Licensee shall be in violation of the License and Acme Township ordinances.

**IV. SIGNATURE**

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

---

**FOR TOWNSHIP-USE ONLY**

<b>The proposed use is permitted by the Acme Township Medical Marihuana Licensing Ordinance (2017-02), as amended:</b>	
Yes	No
<b>Application No.:</b>	<b>Fee Tendered:</b>
<b>Filing Date:</b>	<b>Expiration Date:</b>

**Notes**