



Medical Marihuana Facility License Application

Township of Acme, Grand Traverse County, Michigan

6100 US 31 N, 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 & submit it with all applicable materials to the Acme Township Zoning Administrator.

This application is for:

_____ New License _____ Amendment to an existing license _____ Transfer of an existing license

Existing license number if amending/transferring: _____

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
List all owners, officers, directors, and managerial employees of the applicant and all persons who hold any direct or indirect ownership interest in the applicant:	

Note: The above listed applicant will need to fill out and submit the Applicant Affidavit with this application. If there is more than one applicant, each will need to submit an Applicant Affidavit with this application.

II. BUSINESS/FACILITY INFORMATION				
Business/Facility Name:				
Location Address: (Street)			(Apt./Ste.)	
(City)	(State)		(Zip)	
Medical Marihuana Facility License Type: (check one)				
Grower	Provisioning Center	Processor	Secure Transporter	Safety Compliance Facility
Grower License Class: (check one, if applicable)				
Class A – 500 plants		Class B – 1,000 plants		Class C – 1,500 plants

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

III. PROPERTY INFORMATION	
Parcel Number:	Zoning District:
Legal Description: (attach as a separate sheet if the legal description does not fit in the space provided)	

Note: Each property owner listed above will need to fill out a Property Owner Affidavit to be submitted with this application.

IV. ATTACHMENTS	
	Fee (established by the Acme Township Schedule of Fees, as amended)
	Applicant Affidavit for all persons associated with this application
	Property Owner Affidavits for all owners of the real property where the proposed Medical Marihuana Facility is to be located
	A scaled drawing showing the interior of the building and where different tasks are to be performed if the operation is to occur within an existing building.
	Attached legal description (if applicable)

V. UNDERSTANDING

Applicant acknowledges and agrees that it is subject to Acme Township’s ordinances and all other statutes, laws and regulations.

VI. 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

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

Notes