



Medical Marihuana Facility License Transfer Form

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.

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

II. TRANSFEROR AFFIDAVIT

The undersigned affirms that he/she is the transferor of the medical marihuana facility license stated 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.

Signature

Date

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

IV. SIGNATURE

The undersigned affirms that he/she is the transferee of the medical marihuana facility license stated 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

Notes