

# Wakeshma Township Medical Marihuana Facility License Application

Wakeshma Township  
P.O. Box 136  
Fulton, MI 49052

WWW.WAKESHMATOWNSHIP.COM

Date Received:
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**TYPE OF APPLICATION:**

- New Application
- Renewal Application
- License Modification

Date Fees Paid: \_\_\_\_\_

**TYPE OF LICENSES:**

Different facility types require separate applications.

- Grower, Class A
- Grower, Class B
- Grower, Class C
- Processor
- Safety Compliance Facility
- Secure Transporter

<b>Applicant Name:</b>	
<b>Business Name:</b>	
<b>Phone Number:</b>	<b>Email Address:</b>
<b>Physical Address:</b>	
<b>Mailing Address:</b>	

**OWNER AND MANAGER INFORMATION:**

List all officers, directors, general partners, managing members, stockholders, partners, and members. If a holding company has an ownership interest in the licensed business, list that company and its ownership percentage as well. Attach additional pages as necessary.

Primary Contact	Name:	Address:			
	Email Address:	Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:	Address:			
	Email Address:	Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:	Address:			
	Email Address:	Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:	Address:			
	Email Address:	Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:	Address:			
	Email Address:	Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:	Address:			
	Email Address:	Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:	Address:			
	Email Address:	Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:	Address:			
	Email Address:	Phone Number:	Position:	DOB:	% Ownership



**Security:**

Note: Plans must meet the security requirements under State of Michigan Marihuana Facility Rule 27.

Will security guards be provided?

Yes             No

If YES, how many? \_\_\_\_\_

Days and Hours security guards will be provided:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

**Note: Any changes or modifications to the marihuana facility or the plan must be reported to Wakeshma Township/Building Department and may require preapproval.**

**Before any operations may begin the Township must have the following items on file:**

- **Diagram of the marihuana facility including, but not limited to, its size and dimensions; specifications; common entryways, doorways, or passageways; means of public entry or exit; limited-access areas within the facility; and indication of the distinct areas or structures at the same location as provided for in Rule 24.**
- **Floor plan and layout, including dimensions, maximum storage capabilities, number of rooms, dividing structures, fire walls, and entrances and exits.**
- **Means of egress, including, but not limited to, delivery and transfer points.**
- **Construction details for structures.**

**Provide Ventilation Equipment information which will be used in facility:**

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**Provide Lighting Equipment information which will be used. NOTE: Light pollution mitigation required.**

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**Provide the name, address, telephone number, and business license number of the security company that will be used. NOTE: The company must have a valid business license in the State of Michigan.**

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**Provide the name, address, and telephone number of the alarm monitoring company that will be used. NOTE: The company must have a valid business license in the State of Michigan.**

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**Provide a list of all members with access to the surveillance camera system to be used. (Attach additional sheets as necessary.)**

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**Provide a detailed description of the security plan for the proposed business. (Attach additional sheets as necessary.)**

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**OTHER BUSINESS INFORMATION:**

**Provide a detailed description of the business plan to dispose of any medical marijuana or product not sold in a manner that protects it from being ingested by an animal or person. (Attach additional sheets as necessary.)**

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**Provide a detailed description of the ventilation system used to prevent odor from leaving the building and how to mitigate noxious fumes or gases during the production process. (Attach additional sheets as necessary.)**

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**Provide a detailed description of all toxic, flammable, or other materials regulated by government agencies including the type of materials, location of materials, and how the materials will be stored. Please also describe how any chemicals or hazardous materials will be used and/or disposed of in your business processes. (Attach additional sheets as necessary.)**

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**BACKGROUND INFORMATION:**

**If you are currently licensed by any governmental agency to engage in any business, list each such license held, the city in which it is held and expiration date thereof.**

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**Have you previously operated in this Township or any other County, City, or State under a Medical Marijuana/Marihuana License?**

- Yes                       No

**Have any of the previously issued licenses or permits mentioned above been revoked or suspended?**

Yes                       No

If YES, provide an explanation for the revocation/suspension.

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**Has any owner or business manager ever been convicted of a felony?**

Yes                       No

If YES, list the first and last name of the management employee, the associated criminal case number(s), the statute(s) violated, the date(s) of conviction, the date(s) of imposition of probation and/or parole, and the name and address of the sentencing court.

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**Do you authorize Wakeshma Township to perform background checks?**

Yes                       No

**OATH OF APPLICATION:**

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Michigan Marihuana Facilities Licensing Act, Public Act 281 of 2016 and the Wakeshma Township Ordinances which govern my License. This license must be renewed annually from the approval stamped date; if license lapses, all facility activity must cease and a new application must be submitted for approval.

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Signature Date

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Printed Name Title