

## Recreational Marihuana Class B Grower Facility Application

### Mastodon Township

1371 U.S. Hwy. 2, South, Crystal Falls, MI 49920

(906) 875-6232

[www.mastodonclerk@att.net](mailto:www.mastodonclerk@att.net)

**TYPE OF APPLILCATION:** A New Application may be filed at any time and is valid for one year following its approval. A renewal Application or Transfer Application must be received by the Township Clerk no later than 90 days prior to the date the previous Application is due to expire.

\_\_\_\_\_ New Application

\_\_\_\_\_ Renewal Application

\_\_\_\_\_ Transfer Application

**TYPE OF LICENSE:** Recreational Marijuana Class B Grower (500 Plants)

**Applicant Name** (must match name on State of Michigan Application. If Applicant is any other entity other than a natural person, indicate legal status and attach a copy of all company formation documents including bylaws and amendments, identify all owners and their percentage of ownership in the entity accounting for 100% of the ownership interest in the Applicant, proof of registration with the State of Michigan, and a certificate of good standing).

\_\_\_\_ Individual \_\_\_\_ Partnership \_\_\_\_ Corporation \_\_\_\_ LLC \_\_\_\_ Other \_\_\_\_\_  
State ID# \_\_\_\_\_ SSN/FEIN \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Sales Tax License # \_\_\_\_\_ (if applicable, provide a copy of the sales tax license)

**Business Name:**

\_\_\_\_\_

**Primary Phone Number of Applicant:**

**Secondary Phone Number of Applicant:**

\_\_\_\_\_

\_\_\_\_\_

**Email Address:**

\_\_\_\_\_

**Physical Address of Facility (must be located in an agricultural or commercial zoning district):**

\_\_\_\_\_

Mailing Address (if different):

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Website Address \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Owner, Business and Manager Information:** List all owners, officers, directors, general partners, managing members, stockholders, partners, managers, 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. If a business is directly or indirectly involved, provide state of incorporation and registration. Attach copies of a valid, unexpired driver's license or state issued ID for all listed under this section.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ D.O.B. \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ D.O.B. \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ D.O.B. \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ D.O.B. \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ D.O.B. \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_ D.O.B. \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Property Information:**

**Business Site Address:**

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**Owned**      Registered Owner \_\_\_\_\_ Date of Purchase \_\_\_\_\_  
Attach copies of documentation showing applicant's valid tenancy or other legal interest in the proposed permitted property and permitted premises.

**Leased**      Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
If Applicant is not the owner, attach a notarized statement from the owner of such property authorizing the use of the property for a marijuana establishment.

Leased Property Owner Name: \_\_\_\_\_  
Address of Owner: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Will facility be in an existing structure?      Yes \_\_\_\_\_      No \_\_\_\_\_

How many square feet: \_\_\_\_\_

Will an addition be built?      Yes \_\_\_\_\_      No \_\_\_\_\_

Size: \_\_\_\_\_

Will a new building be built?      Yes \_\_\_\_\_      No \_\_\_\_\_

Size: \_\_\_\_\_

Is the parcel located within 500 feet of any educational institution or school, college or university, church, or house of worship or other religious facility, or public or private park?

Yes \_\_\_\_\_      No \_\_\_\_\_

If so, explain: \_\_\_\_\_

Property Tax Number \_\_\_\_\_

Property Zoning District \_\_\_\_\_ Legal Description of property: \_\_\_\_\_

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(Attach description if more room needed)

Do you propose to have a sign? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, provide copy of the sign permit.

**Business and Operations Plan:** Provide a Business and Operations Plan showing in detail the Marihuana Establishment's proposed plan of operation including the following:

1. A description of the type of Establishment(s) proposed and the anticipated or actual number of employees.
2. A security plan meeting the requirements of the Mastodon Township Recreational Ordinance, which shall include a general description of the security system(s), current centrally alarmed and monitored security system service agreement for the proposed Permitted Premises, and confirmation that those systems will meet State requirements and be approved by the State proper to commencing operations.
3. A description by category of all products proposed to be sold.
4. All Material Safety Data Sheets for any nutrients, pesticides, and other chemicals proposed for use in the Marihuana Establishment.
5. A description and plan of all equipment and methods that will be employed to stop any impact to adjacent uses, including enforceable assurances that no nuisance odor will be detectable at the property line of the Permitted Premises.
6. A plan for the disposal of Marihuana and related byproducts that will be used at the Establishment.
7. Hours of Operation.
8. Copy of a site plan and interior floor plan of the Permitted Premises and Permitted Property.
9. Identify any business that is directly or indirectly involved in the growing, processing, testing, transporting or sale of Marihuana for the Establishment.
10. Whether any Applicant, owner, partner, director, officer, or manager of the Applicant or any entity owned or controlled by any owner, partner, director, officer, or manager of the Applicant has ever applied for or been granted, denied, restricted, suspended, revoked, or not renewed any commercial license, permit, or certificate issued by a licensing authority in Michigan or any other jurisdiction, and a statement describing the facts and circumstances concerning the application, denial, restriction, suspension, revocation, or nonrenewal, including the licensing authority, the date each action was taken, and the reason for each action.
11. A complete list of all Marihuana permits and licenses held by the Applicant, or any owner, partner, director, officer, or manager of the Applicant or any entity owned or controlled in whole or part by any owner, partner, director, officer, or manager of the Applicant whether Commercial Medical Marihuana Facilities or Marihuana Establishments, including complete copies of the issued permits and licenses.

12. Information regarding any other Marihuana Establishment, Commercial Medical Marihuana Facility, similar permit or license, or any other marihuana business or venture that the Applicant, or any owner, partner, director, officer, or manager of the Applicant or any entity owned or controlled in whole or part by any owner, partner, director, officer, or manager of the Applicant is authorized to operate in any other jurisdiction within the State, or another state, and their involvement in each.

Please list the names and titles of all public officials or officers of any unit of government, and the spouses, parents, and children of those public officials or officers, who, directly or indirectly:

1. Own any financial interest in an applicant.
2. Have any beneficial interest in an applicant.
3. Are the creditors of an applicant.
4. Hold any debt instrument issued by an applicant.
5. Hold or have any interest in any contractual or service relationship with the applicant.

| (Name of Public Official/Officer of Government Unit) | Title |
|------------------------------------------------------|-------|
|                                                      |       |
|                                                      |       |

Is the interest that of the public official or officer of a governmental unit: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state the percentage/capacity of interest. \_\_\_\_\_

If no, provide the following information about the interest of the family member of the public official or officer:

| Name of Family Member | Relationship | Date of Birth |
|-----------------------|--------------|---------------|
|                       |              |               |

| Address | Percentage/Capacity of Interest | SSN/FEIN |
|---------|---------------------------------|----------|
|         |                                 |          |

| Name of Family Member | Relationship | Date of Birth |
|-----------------------|--------------|---------------|
|                       |              |               |

| Address | Percentage/Capacity of Interest | SSN/FEIN |
|---------|---------------------------------|----------|
|         |                                 |          |

| Name of Family Member | Relationship | Date of Birth |
|-----------------------|--------------|---------------|
|                       |              |               |

| Address | Percentage/Capacity of Interest | SSN/FEIN |
|---------|---------------------------------|----------|
|         |                                 |          |

Has Applicant, owner, partner, director, officer, employee, or manager of the Applicant ever been convicted of a felony?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the first and last name of the person, 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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**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 Regulation and Taxation of Marihuana Act and the Township of Mastodon Ordinances which govern my license.

|              |       |
|--------------|-------|
| Signature    | Date  |
| Printed Name | Title |