



# Egelston Township Clerk

## Medical Marihuana Grower Facility Application

**ANNUAL LICENSE APPLICATION FEE: \$5000.00**

**One Year License Term**

### Establishment Information and Type

Name of Establishment		Establishment Phone Number	
Establishment Address	City	State	Zip

### Applicant Type

- Individual     
  Corporation     
  LLC     
  LLP     
  Other \_\_\_\_\_
- I have been a continuous resident of Michigan for two (2) years. MCL 333.27402(2)(g)

### Applicant Information

Applicant Name		Date of Birth	
Phone Number		Secondary Phone Number	
Applicant Address	City	State	Zip
Applicant Email Address			
<b>Emergency Contact Information</b>			
Name:			
Address:			
Phone:		Email:	

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 5428 E. Apple Avenue  
 Muskegon, Michigan 49442

Stakeholder Information — Corporations, LLCs, LLPs or Other non-individual entities must complete this sheet for every additional Applicant or Stakeholder. You must designate one Stakeholder as Emergency Contact. Make additional copies as needed.

Name		Date of Birth	
Phone Number		Secondary Phone Number	
Address	City	State	Zip
Email Address			
Designated Emergency Contact for Applicant?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Name		Date of Birth	
Phone Number		Secondary Phone Number	
Address	City	State	Zip
Email Address			
Designated Emergency Contact for Applicant?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Name		Date of Birth	
Phone Number		Secondary Phone Number	
Address	City	State	Zip
Email Address			
Designated Emergency Contact for Applicant?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

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Operator and employee information — must be completed for every operator and employee. You must also submit a copy of photo identification for each. Make additional copies as needed.

Name		Date of Birth	
Phone Number		Email Address	
Address	City	State	Zip
Name		Date of Birth	
Phone Number		Email Address	
Address	City	State	Zip
Name		Date of Birth	
Phone Number		Email Address	
Address	City	State	Zip
Name		Date of Birth	
Phone Number		Email Address	
Address	City	State	Zip
Name		Date of Birth	
Phone Number		Email Address	
Address	City	State	Zip

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## Applicant Checklist

Numbers indicate citation in Medical Marihuana Ordinance. Clearly mark each section.

Safety Compliance

Processor

Completed Application with each item clearly identified <span style="float: right;"><input type="radio"/></span>	\$5000 Application Fee <span style="float: right;"><input type="radio"/></span>
If applicant is an Individual: Copy of applicant's government issued photo ID <span style="float: right;"><input type="radio"/></span>	Floor Plan <span style="float: right;"><input type="radio"/></span>
If applicant is Corporation, LLC, LLP or Other: Organizational documentation <span style="float: right;"><input type="radio"/></span>	Proposed text and graphic materials For Exterior of building <span style="float: right;"><input type="radio"/></span>
Criminal History Authorization Forms for all Stakeholders & Employees <span style="float: right;"><input type="radio"/></span>	Location Area Map <span style="float: right;"><input type="radio"/></span>
Copy of photo identification for all Operators & Employees <span style="float: right;"><input type="radio"/></span>	Facility Sanitation Plan <span style="float: right;"><input type="radio"/></span>
Resumes for Applicant/ Each Stakeholder <span style="float: right;"><input type="radio"/></span>	Patient Recordkeeping Plan <span style="float: right;"><input type="radio"/></span>
Patient Education Plan) <span style="float: right;"><input type="radio"/></span>	Procedures for testing contaminants) <span style="float: right;"><input type="radio"/></span>
Employee Training & Education Plan <span style="float: right;"><input type="radio"/></span>	
Proposed Business Plan <span style="float: right;"><input type="radio"/></span>	Net Worth & Bank Statements <span style="float: right;"><input type="radio"/></span>
Proof of Ownership Premises OR Written Property Owner Consent & copy of Lease <span style="float: right;"><input type="radio"/></span>	Estimates of Jobs, Compensation, Annual Budget & Revenue <span style="float: right;"><input type="radio"/></span>
Security Plan <span style="float: right;"><input type="radio"/></span>	Proof of Insurance Policy <span style="float: right;"><input type="radio"/></span>
	Proof of Surety Bond OR Escrow Account <span style="float: right;"><input type="radio"/></span>

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I affirm that I, the applicant, and each stakeholder and employee is at least 18 years of age and has not been convicted of or pled guilty or no contest to a disqualifying felony.

I affirm that I, the applicant or operator:

have not had a business license revoked or suspended.

or

have had a business license revoked or suspended, explained below:

I acknowledge that I, the applicant, am aware that all matters related to marihuana, growing, cultivation, possession, dispensing, testing, safety compliance, transporting, distribution, and use are currently subject to State and Federal Laws, Rules, and Regulations and that the approval or granting of a license hereunder does not exonerate or exculpate myself, the applicant, from abiding by the provisions and requirements and penalties associated with those laws, rules, and regulations or exposure to any penalties associated therewith; and further myself, the applicant, waives and forever releases any claim, demand, action, legal redress, or recourse against the Township of Egelston, its elected and appointed Officials and its Employees and Agents for any claims, damages, liabilities, causes a result of the violation by myself, the applicant, its Officials, members, partners, shareholders, employees and agent of those laws, rules, and regulations and hereby waives, and assumes the risk of any such claims and damages, and lack of recourse against the Township of Egelston, its elected and appointed Officials, employees, attorneys, and agents.

I swear that neither I, the applicant, nor any stakeholder is in default to the Township of Egelston for failure to pay any property taxes, special assessments, fines, fees or other financial obligation to the Township

I agree to report any changes to the information required to the Township Clerk within ten (10) business days.

I understand that a grant of a conditional license by the Township of Egelston is contingent upon the grant of a license by the State of Michigan.

I swear that the statements made in this application, including all attachments thereto, are true.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Subscribed & sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ My Commission Expires \_\_\_\_\_

Notary Public, \_\_\_\_\_ County, MI Acting in the County of \_\_\_\_\_

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## Criminal History Record Check Authorization

As part of the Licensing process, we need you to complete the background and criminal history record check authorization below. This information must be returned with your application to the Egelston Township Clerk's Office, 5428 E. Apple Avenue, Muskegon Michigan Ave, 49442. Please call (231) 788-2308 if you have any questions.

Complete a separate form for each individual subject to background check. Applicant, stakeholder(s), and all employees must fill out this form.

Date: \_\_\_\_\_

I \_\_\_\_\_ authorize the release of any and all information from any appropriate agency regarding my criminal conviction history to the Egelston Township Clerk's Office. I understand that my ethnicity, date of birth, sex and my age will not be made a part of my Application and that none of these four (4) items will be considered in the review of my License.

I acknowledge that a complete full background investigation, including, but not, limited to a State Police Criminal Conviction Record Check will be done.

I further understand that the Egelston Township Clerk's Office has the right to deny my License based upon the results of this investigation.

(Please Print Clearly)

Full Name: \_\_\_\_\_  
                    First                    Middle                    Last                    Maiden/Other

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Driver's License # \_\_\_\_\_

List all names ever used: \_\_\_\_\_

\_\_\_\_\_  
Signature

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