

EgelstonTownship

MARIHUANA PERMIT APPLICATION

The Application must be completed by an owner or an individual authorized to make decisions on behalf of the organization. Required information and attachments must be submitted at the time of application. Attach additional pages when necessary. The initial Permit Application Fee is \$5,000 for each license and is non-refundable. An application will not be accepted without payment of the total fees.

Type of Application			
Medical Marihuana <div style="text-align: right; padding-right: 20px;">QTY</div> <input type="checkbox"/> Grower, Class A (≤ 500) <input type="checkbox"/> Grower, Class B (≤ 1,000) <input type="checkbox"/> Processor <input type="checkbox"/> Provisioning Center <input type="checkbox"/> Safety Compliance (Labs) <input type="checkbox"/> Secure Transporter	Recreational Marihuana <div style="text-align: right; padding-right: 20px;">QTY</div> <input type="checkbox"/> Grower, Class A (≤ 100) <input type="checkbox"/> Grower, Class B (≤ 500) <input type="checkbox"/> Processor <input type="checkbox"/> Retailer <input type="checkbox"/> Safety Compliance (Labs) <input type="checkbox"/> Secure Transporter		

Business Information		
Business Name:	Phone:	
Business Address:		
City:	State:	Zip:
Business Mailing Address (if different):		
City:	State:	Zip:
Business Type: ex. Sole Proprietorship, Partnership, DBA, Corporation, Limited Liability Company, or Other		
Hours of Operation:		
Occupied Square Footage:	Number of Employees:	
<input type="checkbox"/> Owned or <input type="checkbox"/> Leased		
Email:	Website Address:	

Mailing Preference	Address:		
	City:	State:	Zip:
Additional Licenses held by the Business or Owners			
List any other licenses held by the business:		List any other licenses held by the owners:	

Supplemental property or business owner, managers, or operators. Make additional copies as necessary.

Additional Contact	Name:		
	Address:		
	City:	State:	Zip:
	Phone:	Email:	
	Check all that apply <input type="checkbox"/> Property Owner <input type="checkbox"/> Business Own or <input type="checkbox"/> Manager/Operator		
Additional Contact	Name:		
	Address:		
	City:	State:	Zip:
	Phone:	Email:	
	Check all that apply <input type="checkbox"/> Property Owner <input type="checkbox"/> Business Own or <input type="checkbox"/> Manager/Operator		
Additional Contact	Name:		
	Address:		
	City:	State:	Zip:

I, the undersigned, certifies that I have the authority to sign this application on behalf of the Business and that the application is true, correct, and complete to the best of my knowledge and belief. I acknowledge that it is my responsibility and the responsibility of all agents and all employees to comply with all the provisions of the Egelston Township Codes, rules, regulations, and laws governing the marihuana businesses in the State of Michigan.	
Signature:	Date:
Printed Name:	

The required Township approvals are listed below. Be advised that there are fees that will apply to each department in order to obtain the necessary approvals. Attach items if applicable.

Required Township Approvals & Department Contacts	
<input type="checkbox"/> Conditional Use Approval Site Plan Approval, if applicable	(Planning/Zoning) (231) 788-2308
<input type="checkbox"/> Fire Inspection – Certificate of Compliance (Complete a Chemical Survey)	Fire Department (231) 788-2308
<input type="checkbox"/> Certificate of Occupancy	Building/Zoning Department (231) 788-2308
Treasurer’s Office (To resolve any outstanding property tax issues)	Office of the Treasurer (231) 788-2308

Submit Application and fee to the Clerk at 5428 E. Apple Avenue, Muskegon, MI 49442.

:: OFFICE USE ONLY ::	
File No.	Application Completed Date
Receive Date	Attestation Date
Amount Paid	Renewal Date