

Township of Kawkawlin

1836 E. Parish Rd.
Kawkawlin, MI 48631
Ph.989-686-8710
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Kawkawlin Township Medical Marihuana Facility License Application

Date/Time Received _____

Fee Paid _____

Type of Application

- New Application
 Renewal Application
 License Modification

Type of License

- | | |
|---|---|
| <input type="checkbox"/> Grower Class A | <input type="checkbox"/> Provisioning Center |
| <input type="checkbox"/> Grower Class B | <input type="checkbox"/> Safety Compliance Facility |
| <input type="checkbox"/> Grower Class C | <input type="checkbox"/> Secure Transporter |
| <input type="checkbox"/> Processor | |

Applicants Name _____

Business Name _____

Phone Number _____ Email Address _____

Physical Address _____

Mailing Address _____

Owner and Manager Information

List all officers, directors, general partners, managing partners, 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 _____

E mail Address _____ Phone _____

Position _____ Birth Date _____ % Ownership _____

Additional Contacts

Name _____ Address _____

E mail Address _____ Phone _____

Position _____ Birth Date _____ % Ownership _____

Name _____ Address _____

E mail Address _____ Phone _____

Position _____ Birth Date _____ % Ownership _____

Name _____ Address _____

E mail Address _____ Phone _____

Position _____ Birth Date _____ % Ownership _____

Name _____ Address _____

E mail Address _____ Phone _____

Position _____ Birth Date _____ % Ownership _____

Name _____ Address _____

E mail Address _____ Phone _____

Position _____ Birth Date _____ % Ownership _____

Name _____ Address _____

E mail Address _____ Phone _____

Position _____ Birth Date _____ % Ownership _____

Name _____ Address _____

E mail Address _____ Phone _____

Position _____ Birth Date _____ % Ownership _____

Property Information

Business Site Address _____

Owned _____ Date of Purchase _____

Leased _____ Start Date _____ End Date _____

Leased Property Owners Name _____

Phone _____ Email _____

Will Facility be in an existing structure?

Yes _____ No _____ How many Square Feet? _____

Will a new structure or addition be built?

Yes _____ No _____ How many Square Feet? _____

Is the parcel located within 1,000 feet of any educational institution or school, college, or university, church, house of worship or other religious facility or public or private park?

Yes _____ No _____

Water and waste water information

This information must include the business as well as the entire parcel.

Expected level of water use (gal/day) _____ Expected level of waste water use (gal/day) _____

Business Operations

Hours of operation

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open	_____	_____	_____	_____	_____	_____	_____
Closed	_____	_____	_____	_____	_____	_____	_____

Security

Will security guards be provided?

Yes _____ No _____

If Yes, how many and what hours _____

Attach additional sheets as necessary for the following.

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

Provide the name, address, telephone number of the alarm monitoring company that will be used. Company must have a valid license in the State of Michigan.

Provide a list of all members with access to the surveillance camera system to be used.

Provide a detailed description of the security plan for the proposed business.

Other Business Information

Provide a detailed description of the business plan to dispose of any medical marihuana or product not sold in a manner that protects it from being ingested by an animal or person.

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.

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 material will be stored. Describe how any chemicals or hazardous materials will be used and/or disposed of in your process.

Back Ground Information

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

Have you previously operated in any Township, County, City or State under a Medical Marihuana License?

Yes _____ No _____

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

Yes _____ No _____

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

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.

Do you authorize the Township of Kawkawlin 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 Township of Kawkawlin Ordinances which govern my License.

Signature

Date

Printed Name

Title