

**Charter Township of Mount Morris
Application for Medical Marihuana Facility License**

V—Principal Information

List all persons with a financial interest in the Applicant, all persons who will be shareholders, members, officers, directors, and/managers of Applicant. If a shareholder or member is a corporation or limited liability company, list that company as well as its shareholders and/or members (attach additional sheets if necessary):

Principal #1

| | |
|-------------------------------|--------------------------------|
| Full Name: | Postal Mailing Address |
| Physical Address: | Cell Phone Number: |
| Date of Birth: | Social Security Number: |
| Driver License Number: | Email Address: |
| Position: | %Ownership: |

Principal #2

| | |
|-------------------------------|--------------------------------|
| Full Name: | Postal Mailing Address |
| Physical Address: | Cell Phone Number: |
| Date of Birth: | Social Security Number: |
| Driver License Number: | Email Address: |
| Position: | %Ownership: |

Principal #3

| | |
|-------------------------------|--------------------------------|
| Full Name: | Postal Mailing Address |
| Physical Address: | Cell Phone Number: |
| Date of Birth: | Social Security Number: |
| Driver License Number: | Email Address: |
| Position: | %Ownership: |

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Principal #4

| | |
|-------------------------------|--------------------------------|
| Full Name: | Postal Mailing Address |
| Physical Address: | Cell Phone Number: |
| Date of Birth: | Social Security Number: |
| Driver License Number: | Email Address: |
| Position: | %Ownership: |

Principal #5

| | |
|-------------------------------|--------------------------------|
| Full Name: | Postal Mailing Address |
| Physical Address: | Cell Phone Number: |
| Date of Birth: | Social Security Number: |
| Driver License Number: | Email Address: |
| Position: | %Ownership: |

Principal #6

| | |
|-------------------------------|--------------------------------|
| Full Name: | Postal Mailing Address |
| Physical Address: | Cell Phone Number: |
| Date of Birth: | Social Security Number: |
| Driver License Number: | Email Address: |
| Position: | %Ownership: |

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Principal #7

| | |
|-------------------------------|--------------------------------|
| Full Name: | Postal Mailing Address |
| Physical Address: | Cell Phone Number: |
| Date of Birth: | Social Security Number: |
| Driver License Number: | Email Address: |
| Position: | %Ownership: |

Principal #8

| | |
|-------------------------------|--------------------------------|
| Full Name: | Postal Mailing Address |
| Physical Address: | Cell Phone Number: |
| Date of Birth: | Social Security Number: |
| Driver License Number: | Email Address: |
| Position: | %Ownership: |

Principal #9

| | |
|-------------------------------|--------------------------------|
| Full Name: | Postal Mailing Address |
| Physical Address: | Cell Phone Number: |
| Date of Birth: | Social Security Number: |
| Driver License Number: | Email Address: |
| Position: | %Ownership: |

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VI—Security Company

| | |
|----------------------------------|---------------------------------|
| Name of Security Company: | Contact Person: |
| Telephone Number: | Physical Address: |
| Email Address: | Michigan License Number: |

VII—Alarm Company

| | |
|-------------------------------|---------------------------------|
| Name of Alarm Company: | Contact Person: |
| Telephone Number: | Physical Address: |
| Email Address: | Michigan License Number: |

VIII—Surveillance Camera Access

List all persons with access to the surveillance camera system of Applicant (attach additional sheets if necessary):

| | |
|---------------------------|--------------------------|
| Name Person: | Physical Address: |
| Cell Phone Number: | Mailing Address: |
| Email Address: | Date of Birth: |

| | |
|---------------------------|--------------------------|
| Name Person: | Physical Address: |
| Cell Phone Number: | Mailing Address: |
| Email Address: | Date of Birth: |

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| | |
|---------------------------|--------------------------|
| Name Person: | Physical Address: |
| Cell Phone Number: | Mailing Address: |
| Email Address: | Date of Birth: |

| | |
|---------------------------|--------------------------|
| Name Person: | Physical Address: |
| Cell Phone Number: | Mailing Address: |
| Email Address: | Date of Birth: |

| | |
|---------------------------|--------------------------|
| Name Person: | Physical Address: |
| Cell Phone Number: | Mailing Address: |
| Email Address: | Date of Birth: |

| | |
|---------------------------|--------------------------|
| Name Person: | Physical Address: |
| Cell Phone Number: | Mailing Address: |
| Email Address: | Date of Birth: |

| | |
|---------------------------|--------------------------|
| Name Person: | Physical Address: |
| Cell Phone Number: | Mailing Address: |
| Email Address: | Date of Birth: |

| | |
|---------------------------|--------------------------|
| Name Person: | Physical Address: |
| Cell Phone Number: | Mailing Address: |
| Email Address: | Date of Birth: |

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XI—Ventilation System

Please describe in detail the plan for the ventilation system to prevent odor from leaving the facility and how it will mitigate any noxious fumes produced by the production process (attach additional sheets if necessary):

XII—Hazardous Materials

Please set forth a list of all hazardous materials, including all toxic and/or, flammable materials which are regulated by any governmental agency, and include for each such material, Applicant's plan (including location) for storing, using, and disposing of such materials (attach additional sheets if necessary):

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XIII—Licenses

Please list any license (for any activity requiring a license, including any license required by the **Michigan Medical Marihuana Act**) that Applicant and any person listed in **Section V** and **Section VIII** has previously been issued by any federal, state or municipal governmental agency (attach additional sheets if necessary):

Licensee #1

| | |
|--|--------------------------------|
| Full Name: | Postal Mailing Address |
| Physical Address: | Cell Phone Number: |
| Date of Birth: | Social Security Number: |
| Type of License: | Agency Issuing License: |
| License Number: | Date License Issued: |
| Date(s) of Renewal: | Date of Expiration: |
| License Ever Revoked or Suspended: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: | |

Licensee #2

| | |
|--|--------------------------------|
| Full Name: | Postal Mailing Address |
| Physical Address: | Cell Phone Number: |
| Date of Birth: | Social Security Number: |
| Type of License: | Agency Issuing License: |
| License Number: | Date License Issued: |
| Date(s) of Renewal: | Date of Expiration: |
| License Ever Revoked or Suspended: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: | |

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Licensee #3

| | |
|--|--------------------------------|
| Full Name: | Postal Mailing Address |
| Physical Address: | Cell Phone Number: |
| Date of Birth: | Social Security Number: |
| Type of License: | Agency Issuing License: |
| License Number: | Date License Issued: |
| Date(s) of Renewal: | Date of Expiration: |
| License Ever Revoked or Suspended: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: | |
| | |

Licensee #4

| | |
|--|--------------------------------|
| Full Name: | Postal Mailing Address |
| Physical Address: | Cell Phone Number: |
| Date of Birth: | Social Security Number: |
| Type of License: | Agency Issuing License: |
| License Number: | Date License Issued: |
| Date(s) of Renewal: | Date of Expiration: |
| License Ever Revoked or Suspended: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: | |
| | |

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Licensee #5

| | |
|--|--------------------------------|
| Full Name: | Postal Mailing Address |
| Physical Address: | Cell Phone Number: |
| Date of Birth: | Social Security Number: |
| Type of License: | Agency Issuing License: |
| License Number: | Date License Issued: |
| Date(s) of Renewal: | Date of Expiration: |
| License Ever Revoked or Suspended: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: | |
| | |

Licensee #6

| | |
|--|--------------------------------|
| Full Name: | Postal Mailing Address |
| Physical Address: | Cell Phone Number: |
| Date of Birth: | Social Security Number: |
| Type of License: | Agency Issuing License: |
| License Number: | Date License Issued: |
| Date(s) of Renewal: | Date of Expiration: |
| License Ever Revoked or Suspended: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: | |
| | |

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Licensee #7

| | |
|--|--------------------------------|
| Full Name: | Postal Mailing Address |
| Physical Address: | Cell Phone Number: |
| Date of Birth: | Social Security Number: |
| Type of License: | Agency Issuing License: |
| License Number: | Date License Issued: |
| Date(s) of Renewal: | Date of Expiration: |
| License Ever Revoked or Suspended: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: | |
| | |

Licensee #8

| | |
|--|--------------------------------|
| Full Name: | Postal Mailing Address |
| Physical Address: | Cell Phone Number: |
| Date of Birth: | Social Security Number: |
| Type of License: | Agency Issuing License: |
| License Number: | Date License Issued: |
| Date(s) of Renewal: | Date of Expiration: |
| License Ever Revoked or Suspended: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: | |
| | |

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XIV—Property Information

| | |
|---|--|
| Facility Address: | |
| Zoning District: | |
| <input type="checkbox"/> Owned Date of Purchase _____ <input type="checkbox"/> Leased Lease Start Date _____ Lease End Date _____ | |
| Name of Property Owner: | |
| Address of Property Owner: | |
| Existing Structure? <input type="checkbox"/> Yes <input type="checkbox"/> No | Square Feet of Existing Structure: |
| New Structure or Addition? <input type="checkbox"/> Yes <input type="checkbox"/> No | Square Feet of New Structure or Addition: |
| Distance of Parcel from a Parcel in the Township presently being used by: | |
| <input type="checkbox"/> Location of Religious Exercise _____ | |
| <input type="checkbox"/> School _____ | |
| <input type="checkbox"/> Child Care Facility _____ | |
| <input type="checkbox"/> Park _____ | |
| <input type="checkbox"/> Other Marihuana Facility _____ | |

XV—Water and Waste Water

| | |
|--------------------------------------|--|
| Expected Water Use (Gal/Day): | Expected Waste Water (Gal/Day): |
| | |

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XVI—Business Operation

Hours of Operation:

| Day | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------|--------|--------|---------|-----------|----------|--------|----------|
| Open | | | | | | | |
| Close | | | | | | | |

XVII—Authorization

1. **Criminal History:** Applicant authorizes the Township to obtain a Criminal History report for each person identified in this application and all attachments hereto.

2. **Driving Record:** Applicant authorizes the Township to obtain a Master Driving Record for each person identified in this application and all attachments hereto.

3. **Property Inspection:** Applicant authorizes the Township Building Inspector to conduct an inspection of the proposed location of the facility.

4. **Township Employees:** Applicant certifies that no employee, shareholder, director, officer, member, or principal of the business is a police officer employed by a police department with jurisdiction in Mt. Morris Township, a fireman employed by a fire department with jurisdiction in Mt. Morris Township, or a Mt. Morris Township employee.

5. **Acknowledgment:** Applicant acknowledges that he has read and understands the restrictions and authorizations contained in the **Mt. Morris Township Medical Marihuana Licensing Ordinance** and the **Mt. Morris Township Zoning Ordinance**.

6. **Verification:** By signing below, Applicant guarantees that all information included in this Application is truthful and accurate.

Date: _____

Signature

- Signature and Photo ID. Required on Next Page -

Attach 2 x 2 Photo of
 Applicant or
 Applicant's Agent Here

(Must have been taken
 within the past 30 days)

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STATE OF MICHIGAN }ss.
COUNTY OF _____ }ss.

On this _____ day of _____, 20____ before me personally appeared _____, to me known to be the person described in and who executed and acknowledged the foregoing instrument and that he executed the same as his free act and deed.

Notary Signature

Notary Public, _____ County, Michigan

My Commission Expires: _____