



**APPLICATION TYPE**

- New
- Renewal (shall be filed at least 90 days prior to the date of the license expiration)
- Amendment
- Transfer of Fully Licensed Existing Establishment

**APPLICANT CONTACT INFORMATION**

First Name	Middle Name
Last Name	Title
E-mail Address	Phone
Mailing Address	

Description of the individual's role in this application:

**TYPE OF LICENSE REQUESTED** *A separate application must be completed for each facility/establishment type. A combined application may be used for medical and adult use in one location if they are the same facility/establishment type (i.e. Medical and Adult Use Processor).*

Medical Marihuana Facility

Adult Use Marihuana Establishment

- Provisioning Center
- Grower    Class A    Class B    Class C
- Processor
- Safety Compliance Facility
- Secure Transporter

- Retailer    Microbusiness
- Grower    Class A    Class B    Class C
- Processor
- Safety Compliance Establishment
- Secure Transporter



**FACILITY/ESTABLISHMENT LOCATION**

Business Name	
Physical Address	
Phone	E-mail

**FACILITY/ESTABLISHMENT OWNER**

Business Owner	
Federal Tax Identification Number	
Physical Address	
Phone	E-mail

- Self – Individual Owner       Corporation\*  
 LLC\*                                       Partnership\*

\*For anything other than “Self,” attach a separate sheet listing all information for directors, officers, members, partners, and individuals.

**FACILITY/ESTABLISHMENT MANAGER**

Name	
Mailing Address	
Phone	E-mail

Are there other business managers?  Yes  No      If Yes, how many? \_\_\_\_\_

Attach a separate sheet listing contact information for all other facility/establishment managers.

**PROPERTY OWNER**

Name	
Mailing Address	
Phone	E-mail



Application for  
Medical Marihuana Facility and/or  
Adult Use Marihuana Establishment License

EACH PERSON NAMED ON THE APPLICATION, INCLUDING ANY TRUE PARTY OF INTEREST AS DEFINED BY MICHIGAN LAW, MUST FILL OUT THE FOLLOWING QUESTIONS. PLEASE DUPLICATE THIS AS NEEDED (PAGES 3-4).

Name	
Mailing Address	
Phone	E-mail

Please list all residential addresses over the past three years (indicate timeframe you resided at each address).

Description of individual's role in this application:

Have you had building/code violations or delinquent taxes/utility bills?  Yes  No

Have you ever violated, been accused by a municipality of violating, or been convicted of violating an ordinance similar to the Township's ordinances regulating marihuana facilities/establishments?

If yes, provide detailed information here:  Yes  No



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Have you ever applied for or been granted any commercial license or certificate issued by any governmental agency concerning marihuana that has been denied, restricted, suspended, revoked or not renewed?

Yes  No

If yes, please attach a statement describing the facts and circumstances which describe the application, denial, restriction, revocation, or nonrenewal, including the licensing authority, the date each action was taken and the reason for each action.

Do you have any interest in any other applications for a permit or approved permit under the Township's ordinances?

Yes  No

If yes, provide relevant information here:

Do you have any interest in any other marihuana facility or establishment in Michigan?

Yes  No

If yes, provide relevant information here:

Indicate any businesses you have owned, your occupation, and employer for the 5 years including and immediately preceding this application: (attach additional pages if necessary)



## ATTACHMENTS

Please attach the following and clearly label each required attachment.

- ATTACHMENT A: Application fee and ID.** Submit \$1,500 for all new and renewal applications. Please make check payable to "Charter Township of Alpena." Present a suitable form of identification along with the fee.
  
- ATTACHMENT B: Ownership or Authorization to use Property.** Proof of ownership or authorization to use the property for a marihuana facility or establishment. If the applicant is not the owner of the proposed licensed premises:
  - 1. A notarized statement from the owner of such property authorizing the use of the property for a medical marihuana facility or adult use marihuana establishment
  
  - 2. A copy of any lease reflecting the right of the applicant to possess, or an option reflecting the applicant's right to purchase or lease, the proposed licensed premises.

*Please note that the Charter Township of Alpena Zoning Ordinance requires marihuana facilities and establishments to be a distance of at least 750 feet to any building used for education, child care, addiction treatment purposes, a park, or a place of worship. This measurement shall be the distance from any building in which the facility or establishment is operating and a building on another lot except for a park for which the measurement shall be to any lot line of the park.*

- ATTACHMENT C: Prequalification.** Proof of prequalification by the State of Michigan for a medical marihuana facility or adult use marihuana establishment state license including a copy of the application form submitted to LARA for prequalification (attachments are not required).
  
- ATTACHMENT D: Description.** Provide a description of the type of marihuana facility or establishment; three (3) 24 inch by 36 inch (or larger) drawings of the proposed licensed premises, showing, without limitation, building layout; all entryways and exits to the proposed licensed premises; loading zones; parking; all areas in which marihuana will be stored, grown, manufactured, or dispensed; and the anticipated or actual number of employees.



**PROVISIONING CENTERS, RETAILERS, AND MICROBUSINESSES ONLY:**

**ATTACHMENT E: Security Plan.** Please include the following:

- 1. Plan to deter and prevent unauthorized entrance into the facility.
- 2. Plan for 24/7 video surveillance inside and outside of facility.
- 3. Plan for secure storage of marihuana and proceeds.
- 4. Detailed plan for record keeping and inventory management.
- 5. Plan that includes a security system in place to alert the owner of possible tampering with the facility or its contents.

**ATTACHMENT F: Site Plan for Planning Commission Special Use Review.** Site plan shall contain all items listed in Section 503 (Site Plan Data Required) from Charter Township of Alpena Zoning Ordinance.

I, the undersigned, have the authority to sign this application on behalf of \_\_\_\_\_  
(Business Name)

("the Facility or Company"). I have read all of the above answers, including all sheets and information provided in connection with this application and they are true and correct. The Facility agrees to comply with all terms and conditions of a permit as it may be issued. Finally, I understand that the Facility has a continuing duty to provide the Charter Township of Alpena with current information and will notify the Township Clerk in writing of any changes to the Facility's mailing address, phone numbers, electronic mail address or other contact information as well as changes to any other information the applicant has provided to the Township as part of the permit application within ten (10) days of any such change occurring. I acknowledge that the Charter Township of Alpena may be required from time to time to release records in its possession. The applicant hereby gives permission to the Charter Township of Alpena to release any records or materials received by the Township from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.

Signature	Date
Printed Name	Title
Business	

Submit application to: **Alpena Township Clerk**  
4385 US 23 North, Alpena, MI 49707 Phone: 989-356-0297 palevichm@alpenatownship.com  
*False information included on this application shall be a basis for the Charter Township of Alpena to deny the application.*



#### CHECKLIST FOR APPLICATION

- 1. **Signed application form**
- 2. **Attachment A** (Application Fee and Identification)
- 3. **Attachment B** (Ownership or Authorization to use Property)
- 4. **Attachment C** (Prequalification)
- 5. **Attachment D** (Description)
- 6. **Attachment E** (Security Plan) (For Provisioning Centers, Retailers, and Microbusinesses only)
- 7. **Attachment F** (Site Plan)

#### CHECKLIST FOR LICENSE

After application has been approved, the following shall be submitted to the Township Clerk prior to the issuance of a Medical Marihuana Facilities/Adult Use Marihuana Establishment License:

- 1. **Licensing Fee.** A total licensing fee of \$5,000 shall be paid. Application fee of \$1,500 will be applied to the \$5,000 total fee, for a net payment due of \$3,500.
- 2. **Proof of Insurance.** A licensee shall at all times maintain full force and effect for duration of the license, workers compensation as required by State law, and general liability insurance with minimum limits of \$1,000,000 per occurrence and a \$2,000,000 aggregate limit issued from a company licensed to do business in Michigan having an AM Best rating of at least A-. The policy shall name the Charter Township of Alpena and its officials and employees as additional insureds to the limits required by this Section. A licensee or its insurance broker shall notify the Township of any cancellation or reduction in coverage within seven (7) days of receipt of insurer's notification to that effect. The licensee, permittee, or lessee shall forthwith obtain and submit proof of substitute insurance to the Township Clerk within five (5) business days in the event of expiration or cancellation of coverage.
- 3. **Certificate of Occupancy.** A Certificate of Occupancy issued by the Charter Township of Alpena Building Official.
- 4. **State License.** A copy of Medical Marihuana Facility/Adult Use Marihuana Establishment license issued by the State of Michigan Department of Licensing and Regulatory Affairs.
- 5. **Other.** Any other information that the Township Clerk, law enforcement, Fire Chief, Zoning Administrator, and/or Township Attorney or their designees reasonably determines to be necessary in connection with the investigation and review of the application.