

MUSKEGON CHARTER TOWNSHIP
1990 APPLE AVENUE
MUSKEGON, MI 49442
231-777-2555 EXT 1132

MEDICAL MARIHUANA COMMERCIAL LICENSE APPLICATION

\$5,000 Annual License Fee required to accompany application

New License

Renewal

Transfer of
Ownership

License Requested

Provisioning Center

Grower

Secure Transport

Class A (500 Plants or as amended by the Act)

Safety Compliance Facility

Class B (1,000 Plants or as amended by the Act)

Processor

Class C (1,500 Plants or as amended by the Act)

1. Applicant

2. Applicant Address

City _____ State _____ Zip _____

3. Applicant Phone

_____ Email _____

4. Property Address

5. Property Parcel #

6. Current Zoning

7. Size of Property in Acres

8. List All Owners with any level of interest in the property or in the business. (Copies of valid drivers license must accompany application for required background check.) *I (we) hereby swear and attest that I (we) are the owners of the above parcel of property and the information is true and accurate to my (our) knowledge.*

Date

Print Name

Signature

_____	1) _____	_____
_____	2) _____	_____
_____	3) _____	_____
_____	4) _____	_____
_____	5) _____	_____

For Office Use Only

Date Received _____

Cash

Credit Card

Amount Received _____

Check # _____

Received By _____

Money Order