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

## **RECREATIONAL MARIHUANA COMMERCIAL LICENSE APPLICATION**

|                      | \$5,000 Annual License Fee required to accompany application                       |         |                     |  |  |  |
|----------------------|--|---------|---------------------|--|--|--|
|                      | New License  | Renewal |                     | Transfer of<br>Ownership   |  |  |
| License Requested    | Provisioning Center<br>Secure Transport<br>Safety Compliance Facility<br>Processor | Class B | (500 Plants or as a | mended by the Act)<br>amended by the Act)<br>s amended by the Act) |  |  |
| 1. Applicant         |  |         |                     |  |  |  |
| 2. Applicant Address |  |         |                     |  |  |  |
|                      | City   | St      | ate                 | 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 | S | Signature    |             |  |
|---------------------|------------|---|--------------|-------------|--|
|                     | 1)         |   |              |             |  |
|                     | 2)         |   |              |             |  |
|                     | 3)         |   |              |             |  |
|                     | 4)         |   |              |             |  |
|                     | 5)         |   |              |             |  |
|                     |            |   |              |             |  |
| For Office Use Only |            |   |              |             |  |
| Date Received       |            | C | Cash         | Credit Card |  |
| Amount Received     |            | C | Check #      |             |  |
| Received By         |            |   | /loney Order |             |  |