



**CITY OF MANCHESTER**  
 912 CITY ROAD  
 MANCHESTER, MI 48158  
 (734) 428-7877 FAX: (734) 428-1877

**APPLICATION FOR MEDICAL MARIHUANA FACILITY**

Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Address of facility: \_\_\_\_\_  
 \_\_\_\_\_  
 Property Parcel Number: \_\_\_\_\_

If applicant is not the owner of the location where the facility will be located attach a document signed by the landowner authorizing the applicant to operate on the property. Also, the following information shall be submitted with this application pertaining to the landowner of the property:

Property owner: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

The type of medical marijuana facility applicant intends to operate:

- Provisioning Center     Safety Compliance

Does the applicant have or has the applicant filed for a medical marihuana facility license with the State of Michigan?

- Yes     No

If yes, please state the date the license was granted or the application for license was filed with the State of Michigan:

**Attach the following items:**

- Photocopy of applicant's driver's license
- Statement from property owner (where applicable)
- Application fee of \$5,000.00 (non-refundable fee)
- A copy of the license issued by the State of Michigan or the application submitted to the State.

**Applicant Statement:**

I hereby state that the information I have provided in this application is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*For Staff Use Only*

Application Number: \_\_\_\_\_  
 Provisional Permit Issued:  Yes     No    Permit Issued:  Yes     No  
 Provisional Permit Issuance Date: \_\_\_\_\_    Permit Issuance Date: \_\_\_\_\_  
 Provisional Permit Valid Through: \_\_\_\_\_    Permit Valid Through: \_\_\_\_\_  
 Provisional Permit Issued By: \_\_\_\_\_    Permit Issued By: \_\_\_\_\_  
 Signature: \_\_\_\_\_    Signature: \_\_\_\_\_

(Provisional Permit serves as an indication that application is valid and will be issued when other licenses and permits are obtained to operate within the City of Manchester or State of Michigan.)

Reason for Provisional Permit (if issued): \_\_\_\_\_

Reason for Permit Denial (if issued): \_\_\_\_\_

Application Form Approved by the Manchester City Council on <<date of approval>>