



# Township of Leoni Medical Marihuana Facility License Application

Township of Leoni  
913 Fifth St  
Michigan Center, MI 49254  
517-764-4694  
[WWW.LEONITOWNSHIP.COM](http://WWW.LEONITOWNSHIP.COM)

Date Received:

**TYPE OF APPLICATION:**

- New Application
- Renewal Application
- License Modification

Date Fees Paid: \_\_\_\_\_

**TYPE OF LICENSES:**

Different facility types require separate applications.

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

<b>Applicant Name:</b>	
<b>Business Name:</b>	
<b>Phone Number:</b>	<b>Email Address:</b>
<b>Physical Address:</b>	
<b>Mailing Address:</b>	

**OWNER AND MANAGER INFORMATION:**

List all officers, directors, general partners, managing members, stockholders, partners, and members. If a holding company has an ownership interest in the licensed business, list that company and its ownership percentage as well. Attach additional pages as necessary.

Primary Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership

**PROPERTY INFORMATION:**

**Business Site Address:**

Owned                      Date of Purchase: \_\_\_\_\_

Leased                      Start Date: \_\_\_\_\_                      End Date: \_\_\_\_\_

**If Leased:** \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Phone: \_\_\_\_\_                      Email: \_\_\_\_\_

**Will facility be in an existing structure?**

Yes                                       No

**How many square feet?**

**Will a new structure or addition be built?**

Yes                                       No

**How many square feet?**

**Applicant must provide a sealed Survey Drawing from a Registered Surveyor or Professional Engineer Showing the parcel applied for in this application indicating the distance in feet from any "Authorized Structure" – educational institution or school, college or university, licensed daycares, church, house of Worship or other religious facilities.**

**Please refer to \* and \*\* for distances related to the type of facility being applied for**

**How many feet are you away from the "Authorized Structure"? \_\_\_\_\_**

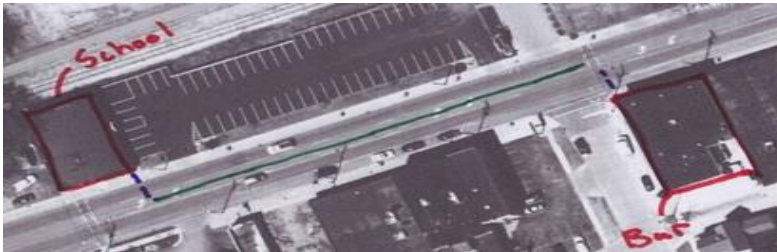
**NOTE: Distances over 3000 ft from an "Authorized Structure" and the parcel applied for are not required.**

**\*No Grower Facility, Safety Compliance Facility, Processor or Secure Transport shall be located within One thousand (1000) ft of a real property comprising of educational institution or school, college or university, licensed daycares, church, house of Worship or other religious facilities.**

**\*\*No Provisioning Center shall be located within two thousand six hundred forty (2640) Ft of a real Property comprising a public, private vocational or secondary school or;  
One thousand (1000) ft of a church or religious institution defined as exempt by the Township Assessor or County Assessor's office or a licensed child care facility.**

**Please attach the Survey Drawing indicating the distance**

**Measurements are from door to door – see example on how to measure**



If this is a grow facility will you be growing in soil or hydroponics? \_\_\_\_\_

**WATER AND WASTE WATER INFORMATION:**

This information must include the business as well as the entire parcel.

<b>Expected Level of Water Use (gal/day)</b>	<b>Expected Waste Water Discharge (gal/day)</b>
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**BUSINESS OPERATIONS:**

**Hours of Operation:**

<b>Day</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Open</b>							
<b>Close</b>							

**Security:**

Will security guards be provided?

Yes                       No

If YES, how many? \_\_\_\_\_

Days and Hours security guards will be provided:

<b>Day</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Open</b>							
<b>Close</b>							

**Provide the name, address, telephone number, and business license number of the security company that will be used. NOTE: The company must have a valid business license in the State of Michigan.**

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**Provide the name, address, and telephone number of the alarm monitoring company that will be used. NOTE: The company must have a valid business license in the State of Michigan.**

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**Provide a list of all members with access to the surveillance camera system to be used. (Attach additional sheets as necessary.)**

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**Provide a detailed description of the security plan for the proposed business. (Attach additional sheets as necessary.)**

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**OTHER BUSINESS INFORMATION:**

**Provide a detailed description of the business plan to dispose of any medical marijuana or product not sold in a manner that protects it from being ingested by an animal or person. (Attach additional sheets as necessary.)**

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**Provide a detailed description of the ventilation system used to prevent odor from leaving the building and how to mitigate noxious fumes or gases during the production process. (Attach additional sheets as necessary.)**

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**Provide a detailed description of all toxic, flammable, or other materials regulated by government agencies including the type of materials, location of materials, and how the materials will be stored. Please also describe how any chemicals or hazardous materials will be used and/or disposed of in your business process. (Attach additional sheets as necessary.)**

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**BACKGROUND INFORMATION:**

**If you are currently licensed by any governmental agency to engage in any business, list each such license held, the city in which it is held and expiration date thereof.**

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**Have you previously operated in this Township or any other County, City, or State under a Medical Marijuana/Marihuana License?**

- Yes                       No

**Have any of the previously issued licenses or permits mentioned above been revoked or suspended?**

Yes                       No

If YES, provide an explanation for the revocation/suspension.

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**Has any owner or business manager ever been convicted of a felony?**

Yes                       No

If YES, list the first and last name of the management employee, the associated criminal case number(s), the statute(s) violated, the date(s) of conviction, the date(s) of imposition of probation and/or parole, and the name and address of the sentencing court.

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**Do you authorize the Township of Leoni to perform background checks?**

Yes                       No

**OATH OF APPLICATION:**

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Michigan Marihuana Facilities Licensing Act, Public Act 281 of 2016 and the Leoni Township Ordinances which govern my License.

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Signature Date

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Printed Name Title

**AFFIDAVIT**

\_\_\_\_\_, being first duly sworn, deposes and says as follows:

1. I am an applicant and/or a stakeholder of the applicant for a medical marijuana license in Leoni Township under Public Act 281 of 2016, as amended, "Medical Marihuana Facilities Licensing Act".
  
2. I am at least eighteen (18) years of age as of the date of the application.
  
3. I have never been arrested, charged, indicted, convicted, pled guilty or nolo contendere ("no contest"), had bail forfeited or revoked, or expunged/set aside conviction for any criminal offense under the laws of any jurisdiction of a felony or controlled substance misdemeanor, not including traffic violations. This includes any and all offenses whether expunged, pardoned, set aside, or reversed on appeal or otherwise disposed of.
  
4. Below or attached to this affidavit, is a list of any arrests, charges, indictments, convictions, guilty or nolo contendere ("no contest") pleas, bail forfeiture or revocation, or expungement/order setting aside conviction as outlined above, I will provide with the application, the date(s), name(s) and location(s) of the court, arresting agency, prosecuting agency, case caption, docket or case number, the specific offense, disposition, and the length and location of any incarceration.

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STATE OF MICHIGAN        )  
   )SS.  
 COUNTY OF JACKSON     )

Subscribed and sworn to before me, a Notary Public, on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_.

\_\_\_\_\_, Notary Public  
 Jackson County, Michigan  
 My Commission Expires: \_\_\_\_\_