

CITY OF HOUGHTON

Medical Marihuana Facility

License Application

City of Houghton
P.O. Box 606
Houghton, MI
49931
906-482-1700
www.cityofhoughton.com

Parcel ID Number: 31052-_____

Date Received: _____

Permit Number: _____

TYPE OF APPLICATION:

- New Application
- Renewal Application

TYPE OF LICENSES:

Different facility types require separate applications.

- Provisioning
Center
- Dispensary
- Nursery

Applicant Name:	
Business Name:	
Primary Phone Number:	Secondary Phone Number
Email Address	
Physical Address:	
Mailing Address:	

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

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

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

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.)

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.)

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.

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.

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.

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 City of Houghton Ordinances which govern my License. **By signing this application I consent to the City of Houghton performing criminal background checks.**

Signature

Date

Printed Name

Title