

**MUELLER TOWNSHIP MEDICAL MARIHUANA
FACILITY APPLICATION**

TYPE OF FACILITY FOR WHICH APPROVAL IS SOUGHT:

_____ 500 PLANT GROW (CLASS A)

_____ 1000 PLANT GROW (CLASS B)

_____ 1500 PLANT GROW (CLASS C)

_____ PROVISIONING CENTER

_____ PROCESSING

_____ SECURE TRANSPORTER

_____ SAFETY COMPLIANCE FACILITY

NAME OF CONTACT PERSON

MAILING ADDRESS

TELEPHONE _____ EMAIL

NAME OF APPLICANT (ENTITY)

MAILING ADDRESS

TELEPHONE _____ EMAIL

DATE SUBMITTED AND \$5,000 FEE PAID

ACKNOWLEDGEMENT OF RECEIPT OF APPLICATION AND FUNDS:

BY: _____ ON BEHALF OF MUELLER TOWNSHIP

ATTACH DOCUMENTATION OF THE FOLLOWING:

DESCRIBE THE ENTITY WHICH IS THE APPLICANT;

DESCRIBE APPLICANT'S RELEVANT PROFESSIONAL EXPERIENCE;

ATTACH PROOF OF OWNERSHIP OR OTHER OCCUPANCY RIGHTS;

DESCRIBE THE PLANNED FACILITY AND IT'S OPERATIONS;

DESCRIBE APPLICABLE INSURANCE WHICH WILL BE PROVIDED;

DESCRIBE WASTE DISPOSAL METHODS;

DESCRIBE EXTERIOR FENCING, LIGHTING, ACCESS CONTROL AND VIDEO SURVEILLANCE;

DESCRIBE ANY SIGNAGE;

INDICATE PLANNED HOURS OF OPERATION;

DESCRIBE HOW YOU SEE YOUR BUSINESS AS POTENTIALLY BEING AN ASSET TO MUELLER TOWNSHIP;

APPLICANT AGREES TO FULLY COMPLY WITH THE MICHIGAN MEDICAL MARIHUANA FACILITIES LICENSING ACT, THE TRACKING ACT, AND ALL APPLICABLE STATE AND LOCAL LAWS AND ORDINANCES.

APPLICANT AGREES TO MAKE FACILITY AVAILABLE DURING OPERATING HOURS FOR INSPECTION WITHOUT A SEARCH WARRANT FOR COMPLIANCE WITH STATE AND LOCAL LAWS, AND BY THE TOWNSHIP SUPERVISOR TO ALLOW EXAMINATION OF SURVEILLANCE AND SECURITY CAMERA RECORDINGS FOR PURPOSES OF PROTECTING THE PUBLIC SAFTEY.

APPLICANT HEREBY ACKNOWLEDGES THAT IT WILL HOLD MUELLER TOWNSHIP AND ITS OFFICIALS HARMLESS AND INDEMNIFY THEM AGAINST ANY CLAIMS RELATED TO PROPOSED USE.

I DECLARE THAT THE ABOVE INFORMATION AND ATTACHMENTS ARE TRUE.

SIGNATURE

DATED:

PRINTED NAME OF SIGNATORY:

