



# Charter Township of Bangor Medical Marihuana Facility Application for Permit

Charter Township of Bangor  
180 State Park Dr.  
Bay City, MI 48706  
989-684-8931  
WWW.BANGORTOWNSHIP.ORG

Date Received:

**TYPE OF APPLICATION:**

- New Application
- Renewal Application    \_\_\_ Changes listed            \_\_\_ No Changes  
(Complete page one, list any changes and sign the last page. If there are no changes, please complete page one and sign the back page)
- Permit Modification
- Transfer

**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>	

**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
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

	<b>Email Address:</b>	<b>Phone Number:</b>	<b>Position:</b>	<b>DOB:</b>	<b>% Ownership</b>

**PROPERTY INFORMATION:**

<b>Business Site Address:</b>	
<input type="checkbox"/> <b>Owned</b> <b>Date of Purchase:</b> _____ <input type="checkbox"/> <b>Leased</b> <b>Start Date:</b> _____ <b>End Date:</b> _____	
<b>If Leased:</b> <b>Property Owner Name:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____	
<b>Will facility be in an existing structure?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>How many square feet?</b>
<b>Will a new structure or addition be built?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>How many square feet?</b>
<b>Is the parcel located within 750 feet of any educational institution or school, college or university, church, house of worship or other religious facility, or public or private park?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**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>

**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>							

Close							
-------	--	--	--	--	--	--	--

**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.**

---

---

---

---

**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.**

---

---

---

---

**Provide a list of all members 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.)**

---

---

---

---

---

---

---

**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.)**

---

---

---

---

---

---

---

**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.

---

---

---

---

---

**Do you authorize the Charter Township of Bangor 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 Bangor Township Ordinances which govern my License.

---

Signature

Date

---

Printed Name

Title

