

Taymouth Township, Saginaw County

4343 E. Birch Run Rd., Birch Run, MI 48415

Phone: (989) 624-4159; Fax: (989) 624-5466

MEDICAL MARIJUANA CAREGIVER PERMIT APPLICATION FOR GROW OPERATIONS

This application must be accompanied by the required fee before it is processed. A Permit shall only be issued once the information required by this application has been submitted and reviewed, and the applicant has received the required approvals per all applicable Taymouth Township Ordinances. Any applicant that is not a natural person must submit a signed and notarized resolution by the applying entity authorizing submission of the application and authorizing the signatory to the application to fully bind the entity to all statements made on the application.

Medical Marijuana Caregiver Grow Permit Fee: \$750.00

Permit No.: _____	Permit Issue Date: _____	Permit Expiration Date: _____
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Applicant's Name: _____	Applicant's Phone Number: _____
Applicant's E-mail: _____	Applicant's Address: _____ City: _____, State _____ Zip Code: _____

Description of applicant's business, occupation or employment for three years preceding the date of this application: _____ _____ _____ _____ _____
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List other state-issued Permits that the applicant has held (including business and professional Permits and Permits issued under the Michigan Medical Marihuana Act) and a description of any disciplinary actions taken against the applicant by licensing authorities, and the reasons for any such actions:

Permit Type:	Permit No.	Expiration Date:	Disciplinary Action? Indicate YES or NO:
1.			
2.			
3.			
4.			
5.			
6.			
7.			

***A description of any disciplinary actions taken against the applicant by a licensing authority, and the reasons for such action, must be provided on a separate sheet of paper. In addition, if more space is needed to list additional Permits, this also should be submitted on a separate sheet of paper.

Property Owner's Name: _____	Property Owner's Phone Number: _____
Property Owner's E-mail: _____	Property Owner's Address: _____ City: _____, State _____ Zip: _____

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Grow Property Address: _____ City: _____, State _____ Zip Code: _____	Grow Property Parcel ID No.: _____
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Description of any services to be provided at or by the proposed medical marijuana grow operation:

Identify the number of employees or people who will occupy the building:

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CHECKLIST

Required Information:	Attached/Provided: Indicate YES or NO
If applicant is other than a natural person, a notarized resolution by the applying entity authorizing submission of the application and authorizing the signatory to the application to fully bind the entity to all statements made on the application.	
Description of any disciplinary actions taken against the applicant by a licensing authority, and the reasons for such action.	
Copy of valid registry card issued by the State of Michigan under the Medical Marihuana Act.	
Area map, drawn to scale, depicting a radius of 500 feet from the boundaries of the proposed medical marijuana grow operation, and any churches, synagogues, places of worship, primary schools, secondary schools, childcare centers, or day care centers within 1,000 feet of the proposed medical marijuana grow operation.	
Certificate of zoning compliance from the Township Zoning Official verifying that the property at the identified location is in full compliance with the Township Zoning Ordinance.	
If applicant does not own the property, a signed and notarized letter from the property owner stating that the applicant has permission to use the property for the proposed medical marijuana grow operation and all uses listed in this application.	

I declare under penalty of perjury 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 to comply with all provisions of all Taymouth Township Ordinances, Resolutions, and Regulations, and the Michigan Medical Marihuana Act, as amended, which govern my Medical Marijuana Grow Operation. Signing this form shall serve as acknowledgement that you have read, understand, and will conform to all applicable Taymouth Township Ordinances, Resolutions, and Regulations, and the Michigan Medical Marihuana Act, as amended. Failure to conform may result in revocation of your Taymouth Township Medical Marijuana Caregiver Grow Permit.

Applicant's Signature

Date