



Charter Township of Hampton
 801 W Center Ave • Essexville, MI 48732
 (989) 893-7541 • (989) 893-6152 fax

Township Use Only _____	
Application ID _____	
<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal <input type="checkbox"/> Revision
Date Received _____	
Amount Paid _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check
Date Paid _____	Rec'd by _____

Charter Township of Hampton Medical Marihuana Facility License Application

TYPE OF LICENSE (separate application required for each type of license)

<input type="checkbox"/> Class A - Grower - _____ <small>Quantity Requested</small>	<input type="checkbox"/> Processor - _____ <small>Quantity Requested</small>
<input type="checkbox"/> Class B - Grower _____ <small>Quantity Requested</small>	<input type="checkbox"/> Safety Compliance Facility - _____ <small>Quantity Requested</small>
<input type="checkbox"/> Class C – Grower _____ <small>Quantity Requested</small>	<input type="checkbox"/> Secure Transporter - _____ <small>Quantity Requested</small>

APPLICANT INFORMATION

Legal First Name	Middle Initial	Legal Last Name	Suffix (Jr., Sr., etc.)
Business Name		Website	Phone No. ()
Physical Address of Business	Apt., Suite, etc.	City	State Zip
Mailing Address	Apt., Suite, etc.	City	State Zip

BUSINESS INFORMATION (list all officers, directors, shareholders, partners, etc. with % ownership)

Primary Contact	Legal First Name	Middle Initial	Legal Last Name	Suffix (Jr., Sr., etc.)	Percent Ownership %
	Position	Phone/Cell Number ()	Email Address		
	Mailing Address	Apt., Suite, etc.	City	State	Zip
Additional Contact	Legal First Name	Middle Initial	Legal Last Name	Suffix (Jr., Sr., etc.)	Percent Ownership %
	Position	Phone/Cell Number ()	Email Address		
	Mailing Address	Apt., Suite, etc.	City	State	Zip
Additional Contact	Legal First Name	Middle Initial	Legal Last Name	Suffix (Jr., Sr., etc.)	Percent Ownership %
	Position	Phone/Cell Number ()	Email Address		
	Mailing Address	Apt., Suite, etc.	City	State	Zip

BUSINESS INFORMATION (continued)

Additional Contact	Legal First Name	Middle Initial	Legal Last Name	Suffix (Jr., Sr., etc.)	Percent Ownership %
	Position	Phone/Cell Number ()	Email Address		
	Mailing Address	Apt., Suite, etc.	City	State	Zip
Additional Contact	Legal First Name	Middle Initial	Legal Last Name	Suffix (Jr., Sr., etc.)	Percent Ownership %
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	Position	Phone/Cell Number ()	Email Address		
	Mailing Address	Apt., Suite, etc.	City	State	Zip

PROPERTY INFORMATION			
Business Site Address		<input type="checkbox"/> Own Property <input type="checkbox"/> Lease Property	Operation Start Date Date of Purchase (if owned)
Property Owner Name and Address		Phone	
		Email	
Will facility be an existing structure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Square feet?	Will a new structure or addition be built? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many square feet?
Expected Level of Water Use (gal/day)		Expected Waste Water Discharge (gal/day)	
Hours of Operation			
	Open (example 8:00 am)	Close (example 11:00 pm)	
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
SECURITY INFORMATION			
Will security guards be provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?		
Security Guards Hours			
	No. of guards?	From (example 8:00 am)	To (example 11:00 pm)
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Security Company Information			
Security Company	<input type="checkbox"/> Licensed in State of Michigan	Business License No. -	Phone No. ()
Security Company Address, City, State, Zip		Phone	
		Email	
Alarm Monitoring Information			
Alarm Company	<input type="checkbox"/> Licensed in State of Michigan	Business License No. -	Phone No. ()
Alarm Company Address, City, State, Zip		Phone	
		Email	

Surveillance Camera System Information

On-site camera monitoring system?

Yes No

Is there remote viewing?

Yes No

List all members with access to the surveillance camera system to be used:

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

OTHER BUSINESS INFORMATION (Provide a detailed description. Attach additional sheets if necessary.)

Security Plan:

Disposal Plan for any products not sold:

Ventilation System Plan to prevent odor and noxious fumes/gases:

Storage Plan for toxic, flammable, or other materials regulated by the government and how materials will be used, stored and/or disposed of:

BACKGROUND INFORMATION			
Are you currently licensed by any governmental agency to engage in any business? (if yes, continue below) <input type="checkbox"/> Yes <input type="checkbox"/> No			
License Type	City/State Held	Expiration Date	
License Type	City/State Held	Expiration Date	
License Type	City/State Held	Expiration Date	
Have you previously operated under a Medical Marihuana License in Hampton Township? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever had a Medical Marihuana License revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide an explanation for the revocation/suspension.			
Have you or any of the owners or business managers ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide the first and last name of management employee, the associated criminal case number(s), the statues(s) violated, 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 Hampton to perform background checks?

Yes No

I declare under penalty of perjury in the second degree that this application and all attachments are true 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 provision of the Michigan Marihuana Facilities Licensing Act, Public Act 281 of the 2017 Charter Township of Hampton Ordinance which govern my license.

Signature Date

Printed Name Title