



1160 South Outer Drive
 Saginaw, MI 48601
 989-754-6536
www.bvct.org

Date Received:
Time:
Initials:

All required information must be submitted at the time of application. One application per license. Attach additional pages when necessary.

Non-Refundable Fee For All License Types
\$5,000 Renewal Fee **Changes Listed**
No Changes

(List any changes on application. If nothing has changed, simply check above and sign the last page)

License Type: **Medical** **Recreational**

Applicant Information		
Applicant Name:		Date of Birth:
Business Name:		Phone:
Business Address:		Secondary Phone:
City/State		Zip:
Business Mailing Address (if different)		Zip:
Email Address	Secondary Email Address	

APPLICANT

(check one):

Individual/
Sole

Proprietor

Partnership

LLC

Corporation

Type: _____

D/B/A:

Other/Specify: _____

TYPE OF LICENSE BEING APPLIED FOR: (Check all that apply)

() Grower Class () A () B () C

() Processor

() Provisioning Center

() Secure Transporter

() Safety Compliance Facility

Has the applicant been denied an application for a marihuana facility from any jurisdiction? Yes No

If yes state when, where and why:

Has the applicant had a marihuana facility license suspended or revoked by any jurisdiction?

Yes No

If yes state when, where and why:

List Changes Made (use additional paper if necessary):

SUBMIT \$5,000 NON-REFUNDABLE APPLICATION FEE PER LICENSE TYPE WITH THIS APPLICATION FOR A NEW LICENSE OR A RENEWAL LICENSE.

Property Information:	
Business Site Address:	Tax Parcel #:
Acreage in Parcel:	
<input type="checkbox"/> Owned	Date of Purchase:
<input type="checkbox"/> Leased	Start Date: End Date:
If Leased:	
Property Owner Name:	
Phone:	Address:
Will facility be in an existing structure?	How many square feet?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will a new structure or addition be built?	How many square feet?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a security alarm in place?	If there is a security alarm in place please describe what type:
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide the name, address and telephone number of the security alarm company:	

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 Buena Vista Charter Township Ordinances which govern my License.

Applicant's Signature **Date** **Co-Applicant's Signature** **Date**

Township Office Use Only:

() Application Fee Cash _____ Certified Check _____ Money Order _____

Application reviewed on: Date: _____ Application reviewed by: _____

(Please use this sheet if additional information is needed)