



# MARIJUANA BUSINESS APPLICATION

City of Allegan – City Clerk’s Office  
 231 Trowbridge Street, Allegan, MI 49010  
 (269) 673-5511 ▪ Email [mkleehammer@cityofallegan.org](mailto:mkleehammer@cityofallegan.org) ▪ [www.cityofallegan.org](http://www.cityofallegan.org)

Please type or print clearly:

I. APPLICANT INFORMATION*			
Applicant Name:		Doing Business As:	
Mailing Address:		City:	State: Zip:
Telephone Number:		E-mail Address:	

II. LICENSE TYPES
<p><b>Medical Businesses</b></p> <p> <input type="checkbox"/> Grower    <input type="checkbox"/> Processor    <input type="checkbox"/> Secure Transporter    <input type="checkbox"/> Safety Compliance    <input type="checkbox"/> Provisioning Center  <input type="checkbox"/> Grower – Class A  <input type="checkbox"/> Grower – Class B  <input type="checkbox"/> Grower – Class C – Number of Class C licenses to be used at this location: _____         </p> <p><b>Adult-Use Businesses</b></p> <p> <input type="checkbox"/> Grower    <input type="checkbox"/> Processor    <input type="checkbox"/> Secure Transporter    <input type="checkbox"/> Safety Compliance    <input type="checkbox"/> Retailer    <input type="checkbox"/> Microbusiness  <input type="checkbox"/> Grower – Class A  <input type="checkbox"/> Grower – Class B  <input type="checkbox"/> Grower – Class C – Number of Class C licenses to be used at this location: _____         </p>

III. BUSINESS LOCATION			
Property Address:		Zoning District:	Tax ID Number:
Property Status:			
<input type="checkbox"/> Owned <input type="checkbox"/> Leasing <input type="checkbox"/> Option <input type="checkbox"/> Land Contract			
Owner Name (if different than applicant):			
Owner Mailing Address:		City:	State: Zip:

Owner Telephone Number:	Owner E-mail Address:
-------------------------	-----------------------

<b>IV. APPLICATION MATERIALS</b>
<p>The following is a checklist of items that must be submitted with applications for Recreational Marijuana Establishments. Incomplete applications will not be processed.</p> <p><input type="checkbox"/> Completed application form</p> <p><input type="checkbox"/> Advance of applicable annual fees:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Parcel with 1 state operating license - \$5,000</li> <li><input type="checkbox"/> Parcel with 2 state operating licenses - \$10,000</li> <li><input type="checkbox"/> Parcel with 3 state operating licenses - \$12,500</li> <li><input type="checkbox"/> Parcel with 4 or more state operating licenses - \$15,000</li> </ul> <p><input type="checkbox"/> If the current property owner is different than the applicant, the property owner's signature is required in addition to the applicants. Only one application shall be submitted per property, unless the applications are proposed for co-located facilities.</p> <p><input type="checkbox"/> A copy of the official paperwork issued by LARA indicating that the applicant has successfully completed the prequalification step of the application for a state operating license.</p>

<b>V. SIGNATURES</b>
<p>Signature of Applicant: _____ Date: _____</p> <p>Signature of Property Owner (if applicable): _____ Date: _____</p>

<b>OFFICE USE ONLY</b>	
<p><b>Application #</b> _____</p> <p><i>Application received by City Clerk's Office</i></p> <p>Date and Time: _____</p> <p>Staff Signature: _____</p> <p><i>Conditional Authorization Issued by City Clerk's Office</i></p> <p>Date and Time: _____</p> <p>Staff Signature: _____</p> <p><i>Final Authorization Issued by City Clerk's Office</i></p> <p>Date and Time: _____</p> <p>Staff Signature: _____</p>	<p><i>Final Authorization Checklist</i></p> <p>Within 12 months of Conditional Authorization date:</p> <p><input type="checkbox"/> Applicant obtains Special Use Permit approval from the Planning Commission</p> <p>Within 18 months of Conditional Authorization date above:</p> <p><input type="checkbox"/> Applicant obtains state operating license from LARA</p>