

**Application for a *Medical Marihuana Cultivation Facility*
-Industrial Districts Only-
City of Traverse City
TC Code of Ordinances: 1320.07, 1354.01 & 844**



Applicant Name: _____

Applicant Address: _____

Phone Number: _____ E-Mail address: _____

Date of Birth: ____________ Drivers license No. ________________
(for Police Investigation only)

Facility Address: _____
Street City State Zip

Facility Phone Number: _____ E-mail address: _____

1. Attach a diagram of the Medical Marihuana Cultivation Facility demonstrating the number of facilities within the premises to be utilized for cultivation of Medical Marihuana.
2. Attach owner consent form if applicant is not the owner of the premises.
3. Attached payment of fee in the amount \$225.

The undersigned, declares and says he/she wishes to be permitted to perform the operation, service or act stated hereon and that the statements made above are true and correct to the best of his/her knowledge and belief, will comply with all provisions of the ordinances of the City of Traverse City relative to the operation, service or act for which the permit is requested, and agrees to hold the City of Traverse City free and harmless from all liability which may be imposed upon it, to reimburse the City of Traverse City for all expenses of

litigation in connection with the defense of claims as such liability and claims may arise because of negligence in the performance of the work or act for which the permit was issued.

The applicant acknowledges that the City may be required from time to time to release records in its possession. The applicant hereby gives permission to the City to release any records or materials received by the City from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.

Date: _____ Applicant Signature: _____

- Completed by City Clerk's Office -

Required Approvals	Approved by:	Date	Copy
Police Department			
Fire Department			
Zoning Department			
Treasurer's Department			
County Construction Code Dept.			
City Clerk's Department			

Consent Form

**For Use of Industrial Private Property as a
Medical Marihuana Cultivation Facility**

Applicant's Name: _____
Please Print

The following is to be completed by an industrial private property owner only:

I, _____, hereby certify that the above-named person
(Property Owner - Print Name)

has contacted me; and I hereby give permission to the applicant to use my
property located at: _____,
(Address of Property)

Traverse City, MI, as a Medical Marihuana Cultivation Facility.

(Date)

(Signature of Property Owner)