

**MONROE CHARTER TOWNSHIP**

**MARIHUANA BUSINESS LICENSE RENEWAL REQUEST TO TOWNSHIP BOARD**

**RECREATIONAL (ADULT USE) ESTABLISHMENTS AND MEDICAL FACILITIES**

**Name of Marihuana Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of licensee(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Property I.D. Number: 5812-** \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_

**Types of license(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of license(s): \_\_\_\_\_\_\_\_\_\_**

**All requirements must be met at the time of submittal. Failure to make a written request to be placed on the Charter Township of Monroe Board of Trustees’ agenda within 30 days prior to the annual renewal date (one year from the date of the Planning Commission’s approval), provide a copy of the state operating license(s) from the State of Michigan, and pay the $5,000 annual licensing fee (per license) by the renewal date could result in notification to the State of Michigan that requirements have not been met for renewal and possible revocation of the license(s). All renewal applicants must provide the following:**

**\_\_\_\_\_\_ Copy of the state operating license(s) from the State of Michigan.**

**\_\_\_\_\_\_ Written request to be placed on the Charter Township of Monroe Board of Trustees’ agenda prior to the annual renewal date. Written request must include name of Marihuana Establishment and/or Facility, Name of licensee, address, telephone number and email address of licensee; Number of licenses; Types of Licenses; Site address; and Site’s Property I.D. number.**

**\_\_\_\_\_\_ Pay the nonrefundable $5,000 annual licensing fee (per license) by cash or cashier’s check. Checks are made payable to “Monroe Charter Township”.**

**\_\_\_\_\_\_ Proof of Insurance providing (i) general liability coverage for loss, liability and damage claims arising out of injury to persons or property in an amount to be set by resolution of the Township Board; (ii) that the premium has been paid in advance for a full year from the date of the Certificate of Occupancy; and (iii) and that such insurance includes the Charter Township of Monroe as an additional insured pursuant to a CG 2010 or 2012 endorsement, provided.**

**\_\_\_\_\_\_Copy of any changes in the entity’s ownership, or property’s ownership.**

**\_\_\_\_\_\_By checking this line, I have verified that all personal property taxes have been paid for the marihuana business. If personal property taxes have not been paid, the license renewal may be denied.**

**\_\_\_\_\_\_By checking this line, all property taxes, to the extent that they are the responsibility of the marihuana business, have been paid for entire parcel. If real property taxes have not been paid, the license renewal may be denied.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To Be Completed by Township \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_**Renewal (is) or (is not) approved by the Community Development Director & Zoning Enforcement Officer**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ **Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Kim Fortner Date**

**\_\_\_\_\_ Renewal (is) or (is not) approved by the Building Official**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Eric Kronk Date**

**\_\_\_\_\_ Renewal (is) or (is not) approved by the Township Fire Inspector**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Calvin Schmitt Date**

**\_\_\_\_\_ Renewal (is) or (is not) approved by the Township Treasurer**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lisa Sulfaro Date**