



# City of Buchanan

## Medical Marihuana Facility Permit Renewal Form

City of Buchanan  
 302 N. Redbud Trail  
 Buchanan, MI 49107  
 269-695-3844  
 www.cityofbuchanan.com

Date Received:
----------------

**RENEWAL FORM:**

Date \$5,000.00 Permit Fee Paid: \_\_\_\_\_ Type of Payment: \_\_\_\_\_

**ORIGINAL CITY OF BUCHANAN MMFP NUMBER:** \_\_\_\_\_

**1. OWNER AND MANAGER INFORMATION:**

Applicant/Business Name:	
Owner/Representative Name:	
Phone Number:	Email Address:
Physical Address:	
Mailing Address:	

**2. CONTACT INFORMATION:**

Primary Contact	Name:	Address:	
	Email Address:	Phone Number:	Position:
Additional Contact	Name:	Address:	
	Email Address:	Phone Number:	Position:

**3. PROPERTY INFORMATION:**

Business Site Address: _____	
Property Tax ID Number: _____	
<input type="checkbox"/> <b>Owned</b> <input type="checkbox"/> <b>Leased</b>	<b>Date of Purchase:</b> _____ <b>Start Date:</b> _____ <b>End Date:</b> _____
<b>If Leased:</b> <b>Property Owner Name:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____	
<b>Is facility in an existing structure?</b> <input type="checkbox"/> <b>Yes *</b> <input type="checkbox"/> <b>No</b> *If yes, provide documentation that the Facility has the capacity and capability to accommodate the stacking of an additional Class C Grow Permit.	<b>How many square feet?</b>
<b>Will a new structure or addition be built?</b> <input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> <b>No</b> *If yes, provide a detailed site plan and a complete set of building plans.	<b>How many square feet?</b>

**4. WATER AND WASTE WATER INFORMATION:**

Have the water use and wastewater discharge increased since the original permit was issued? If so, please indicate below.

<b>Expected Level of Water Use (gal/day)</b>	<b>Expected Waste Water Discharge (gal/day)</b>
--	---

**5. ADDITIONAL INFORMATION REQUIRED: PLEASE ATTACH AND LABEL**

- A. To the extent that information has changed or not been previously reported, updated personal, business, and financial information related to the eligibility, suitability, and general fitness of the permittee to continue to hold the permit for which renewal is requested. To the extent that the information has changed or not been previously reported, updated information on the marijuana facility.
- B. Photocopies of current driver’s license, front & back, and authorization for the City of Buchanan Police Department to conduct a background check. (these documents must be updated annually)

**6. ADDITIONAL REQUIREMENTS FOR GROWER FACILITIES:** All Growing must be performed within an enclosed locked Facility.

**7. TIMELY RENEWAL:** If a medical marijuana facility permit renewal form is not submitted by the permit expiration date, the permit may be renewed within 60 days after its expiration date upon submission of the required renewal form, payment of the medical marijuana facility permit fee, and satisfaction of the renewal requirements. The permittee may continue to operate during the 60 days after the license expiration date if the permittee submits the renewal form to the City and complies with all the requirements for renewal.

**8. OATH OF RENEWAL:**

I declare under penalty of perjury in the second degree that this MMF Permit Renewal 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, the State of Michigan rules and regulations applicable to medical marihuana permit renewal, and the City of Buchanan Ordinances which govern my Permit.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name Title

\_\_\_\_\_  
City of Buchanan Use Only:

City Clerk Approval: \_\_\_\_\_

Zoning Approval: \_\_\_\_\_

Building Inspector Approval: \_\_\_\_\_

Fire Department Approval: \_\_\_\_\_

Public Services Director Approval: \_\_\_\_\_

Police Department Approval:  
\_\_\_\_\_

**Approved by City Commission on:** \_\_\_\_\_

\_\_\_\_\_  
Barbara A. Pitcher, City Clerk Date