



CITY OF BATTLE CREEK
CITY CLERK

Medical Marihuana Facilities Rescission Request

Site Address _____

Type of MMF License _____

Applicant's Name _____ Email Address _____

I, _____ am rescinding the _____ Medical Marihuana
Name, ABC, LLC *Issued or Pending*

_____ Facilities application that was submitted on _____ and
Type of MM License *Date*

IS/WAS _____ on _____. I have authorization from the LLC,
PENDING/CONDITIONALLY APPROVED/APPROVED *Date*

Corporation, or entity to unilaterally rescind this _____.
Application/Conditional Approval/ Permit

Applicant's Signature *Date*

Acknowledged before me this _____ day of _____, 20_____, in _____,
Michigan,

by _____.

Signature of Notary Public

Name of Notary Public (print your name) _____
Notary Public, State of Michigan

My commission expires: _____

OFFICIAL USE ONLY BELOW

The undersigned City of Battle Creek official acknowledges receipt of requested rescission of the above Medical Marihuana Conditional Approval Permit property. Signature certifies that request to rescind is accepted.

City Clerk (or assignee) *Date*