



Medical Marihuana Facilities Conditional Permit Extension Request

Must be submitted by the Applicant 30 days prior to the expiration of the Conditional Approval Permit

Only one extension is permitted

Applications can be submitted to:

City of Battle Creek Clerk's Office, 10 N. Division St., Room 111, Battle Creek, MI 49014 or cityclerk@battlecreekmi.gov

Business Information			
Business Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Business E-mail:	Business Website:	
Name & Location of Facility			
Facility Name:		Real Property ID #	
Address:		Personal Property ID #	
Type of Facility		Check all that apply	
Grower: <input type="checkbox"/>	Class A (500 plants) x _____ # of licenses	<input type="checkbox"/> Safety Compliance	
<input type="checkbox"/>	Class B (1,000 plants) x _____ # of licenses	<input type="checkbox"/> Processor	
<input type="checkbox"/>	Class C (1,500 plants) x _____ # of licenses	<input type="checkbox"/> Provisioning Center	
		<input type="checkbox"/> Secure Transporter	
Applicant Information (person principally in charge of operation of business)			
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	DOB:
Michigan ID/Driver's License #:		Primary Contact #:	
Email Address:		Secondary Contact #:	
<p>I am requesting an extension of the Medical Marihuana Facility application for the facility named above which was submitted on _____ and was conditionally approved on _____ pursuant to Chapters 833 & 1299 of the codified ordinances of the City of Battle Creek.</p> <p>If this extension is approved, I understand the 90 Day Conditional permit will expire 30 days beyond the expiration date of the current conditional permit.</p>			
_____ Applicant's Signature		_____ Date	
Official Use Only			
<p>The undersigned City of Battle Creek official acknowledges receipt of requested extension of the above Medical Marihuana Conditional Approval Permit property. Signature certifies that the extension request is accepted.</p>			
_____ City Clerk (or assignee)		_____ Date	
_____ Original 90 Day Conditional Permit Expiration Date		_____ New 90 Day Conditional Permit Expiration Date	