



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 Leslie Clerk's Office, 602 W. Bellevue St., Leslie, MI 49251 or clerk@cityofleslie.org

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: ☐ Class A (500 plants) x # of licenses ☐ Safety Compliance

☐ Class B (1,000 plants) x # of licenses ☐ Processor

☐ Class C (1,500 plants) x # of licenses ☐ Provisioning Center

☐ 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 #:

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 19 & 98.278 of the codified ordinances of the City of Leslie. 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.

Applicant's Signature

Date

Official Use Only

The undersigned City of Leslie officially acknowledges receipt of requested extension of the above Medical Marihuana Conditional Approval Permit property. Signature certifies that the extension request is accepted.

City Clerk (or assignee)

Date

Original 90 Day Conditional Permit Expiration Date

New 90 Day Conditional Permit Expiration Date