



Yates Township Hall
6437 S. Nelson Road
Idlewild, MI 49642

Yates Township Marihuana Establishment License Application

Pursuant to Ordinance No. 2025-02

Please complete this form and submit it with all applicable materials to the Township Clerk. If you are unable to answer the questions in the space provided, please attach additional sheets of paper with your answers, specifying which questions are being answered.

This application is for:	
<input type="checkbox"/> Initial Township license	<input type="checkbox"/> Renewal of an existing Township license
<input type="checkbox"/> Appeal	<input type="checkbox"/> Change in location

I. APPLICANT INFORMATION	
Applicant Name:	DBA (if any):
Entity Type:	State ID:
Registered Mailing Address (including City, State, Zip):	
Point of Contact:	
Telephone Number:	Email Address:

II. LICENSE TYPE
<input type="checkbox"/> Class C marihuana grower
<input type="checkbox"/> Marihuana processor
<input type="checkbox"/> Marihuana safety compliance facility
<input type="checkbox"/> Marihuana secure transporter

III. MARIHUANA BUSINESS LOCATION AND INFORMATION

Business Name:

Property Address:

Zoning District:

If requesting a change in location provide the new address, zoning district, and reason for the change in location below. Any approval for a change of license location still requires necessary zoning approvals.

IV. TOWNSHIP LICENSE APPLICATION MATERIALS (Not applicable for changes in location / appeals)

The following is a checklist of items that must be submitted with any township license application.

- A copy of all documents submitted by the applicant to the Cannabis Regulatory Agency (“CRA”) in connection with the application for a state operating license, including documents submitted for prequalification.
- State prequalification letter (initial application only)
- State license (renewal application only)
- Letter from Township stating that the Applicant is not in default to the Township

V. TOWNSHIP LICENSE QUESTIONS (Not applicable for changes in location / appeals)

Provide explanation for any “YES” answer:

1. Is the Applicant in default to the state or any local jurisdiction? YES / NO
2. Is the Applicant operating or has the Applicant operated a marihuana establishment or marihuana facility without proper municipal licensing or zoning in any local jurisdiction? YES / NO
3. Is Applicant operating or has the Applicant operated a marihuana establishment or marihuana facility within the state of Michigan without the required state license? YES / NO
4. Has the Applicant had a municipal license for a marihuana establishment or marihuana facility in any jurisdiction suspended or revoked? YES / NO
5. Has the Applicant had a state of Michigan license for a marihuana establishment or marihuana facility suspended or revoked? YES / NO

Explanation (if any):

VI. FOR APPEALS ONLY

Clearly state the decision being appealed and the basis for the appeal:

TOWNSHIP OFFICE USE ONLY
Application Received:
Application Accepted:
Payment Accepted:
Application Fee:
Licensing Fee:
License Approval: Granted / Denied Date:
License Issued Date:
Appeal Hearing Date: Outcome:
Change in location approval: Granted / Denied Date: