



Office Use: Received Date: _____
Clerk's Office Review Date: _____
Clerk's Office Approved Date: _____
Extension Expires: _____

PROVISIONAL LICENSE EXTENSION REQUEST

LICENSEE INFORMATION: Must match State and City of Lapeer License Application

Applicant Name: _____

Individual Partnership Corporation LLC Other _____

Doing Business As: _____

Mailing Address: _____

Physical Address: _____

Telephone Number: _____ Website Address: _____

Email Address: _____ Fax #: _____

Federal ID#: _____ State ID#: _____

ATTESTATION OF APPLICANT
(To be completed and signed by business/entity/individual seeking extension)
 Do not sign until notary is present

I, _____, (applicant) hereby attest to the following:

1. I hold a current and valid Provisional Marihuana Facility License issued by the City of Lapeer.
2. I am interested in obtaining a Medical Marihuana Facility License from the City of Lapeer in accordance with Chapter 68 of the General Ordinances of the City of Lapeer.
3. I am currently pursuing licensure from the State of Michigan to operate a Medical Marihuana Facility in accordance with the Medical Marihuana Facilities Licensing Act, MCL 333.27101 et seq. and confirm the following is a true and factual representation of events undertaken in an effort to obtain licensure from the State of Michigan (attach additional sheets if necessary):

4. That my application for licensure by the State of Michigan was submitted to the State of Michigan on _____ date. If application has not been submitted, the anticipated submittal date is _____ date.

