



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.

5. I am at the following step in the State licensing process:
- Prequalification Application has been submitted to the State and is (circle one) pending review/granted/denied.
  - If prequalification has been granted, anticipated date of full licensure \_\_\_/\_\_\_/\_\_\_.
  - If prequalification has been denied, explain in detail appellate steps taken to challenge the denial, including any known dates (include proof) of appeal hearings (attach additional sheets if necessary).

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6. I do not anticipate full licensure from the State of Michigan prior to the expiration of the Provisional License granted to me by the City of Lapeer and for the reasons detailed above, formally request an extension of the expiration date of said Provisional License as provided for in Section 68-04(D) of Chapter 68 of the General Ordinances of the City of Lapeer.

I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Printed Name

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the County of \_\_\_\_\_, State of \_\_\_\_\_.  
My commission expires: \_\_\_\_\_.