

## CITY OF HARTFORD APPLICATION FOR COMMERCIAL MEDICAL MARIHUANA FACILITY

Submit seven (7) copies of completed application and all the required materials to the City Clerk.

case the seven (1) copies of completed application and all the required materials to the City Clerk.
Application for (Check One):  New permit for Commercial Medical Marihuana Facility ('CMMF')  Renewal permit for Commercial Medical Marihuana Facility (CMMF)  Type of Commercial Medical Marihuana Facility (CMMF) (Check One):
<ul> <li>Grower Facility, Class A,</li> <li>Grower Facility Class B,</li> <li>Grower Facility Class C,</li> <li>Safety Compliance Facility</li> <li>Processor Facility</li> <li>Secure Transporter Facility</li> <li>Provisioning Center</li> </ul> Proposed Commercial Medical Marihuana Facility (CMMF) will operate within (Check One)
A structure or structures pre-existing on the real property  A structure or structures to be built pending issuance of a permit  A combination of structures pre-existing on the real property and structures to be built pending issuance of a permit.
Applicant(s) Information(In addition to the information required below, the names, home addresses, and personal phone numbers for all owners, directors, officers, and managers of the proposed CMMF are required and must be attached to this application)  Name Med Leaf LLL
Name Med Leaf LLC Address 301 West Main St.
Phone (249) 308 - 3111 Email Med. (laf 11 2 gma: 1. com
Legal Interest in Premise Property to be Licensed +tnan+
Premise Property Owner Name Judy Smith (Estate)
Premise Property Owner Name Judy Smith (Estate)  Address 5453 Fairview Stevensville, M1 49127  Phone (269) 208-9766 Email
Address of Real Property 301 West Main Street
Parcel Identification Number_80-52 - 900 - 245 - 00