

Marihuana Application Update to Contact Information



CITY OF
Sturgis
MICHIGAN

**130 N. Nottawa Street
Sturgis, MI 49091**

Establishment/Facility Information

Establishment/Facility Name	Parcel ID #
Establishment/Facility Street/Site Address	City License/Permit Number

Application Contact

Please provide a contact person who is authorized to discuss and answer questions regarding this application. You must include their contact information. This is the email and mailing address we will use for correspondence regarding your application including, but not limited to, confirmation of this application, requests for further information, missing information, denials and approvals.

Previous Application Contact

Authorized Application Representative	Representative Phone Number	Representative Email Address
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Physical Address (Street No. and Name)

City	State	Zip Code
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Mailing Address (Street No. and Name or P.O. Box)

City	State	Zip Code
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Declaration of Applicant

I understand by signing this form I am updating the contact person for my application, permits, licenses and communication with the City of Sturgis and all communication from the City of Sturgis in regards to the permit or license listed above will be sent to the new applicant listed above.

Applicant Name (Please Print)	Applicant Signature	Date
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