



A true community, not just a location!

Charter Township of Emmett  
621 Cliff Street  
Battle Creek, MI 49014  
Marihuana Department  
Direct Line (269) 788-1750  
FAX (269) 968-0108

Material Change Form

Township of Emmett

**Marijuana / Marihuana Establishment; Material Change Notification**

This form must be submitted within **7 days** after the licensee becomes aware of the change (or in advance of implementation, if required).

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**1. Licensee / Establishment Information**

Field	Information
Licensee / Business Name	_____
State License No.	_____
Premises Address	_____
Mailing Address (if different)	_____
Contact Person	_____
Contact Email	_____
Contact Phone	_____

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**2. Type(s) of Proposed Change (check all that apply)**

- Change of business hours / schedule
- Change in ownership / equity interest
- Change of officers / directors / managers
- Change of business name / trade name (DBA)
- Change of premises address / location
- Change in floor plan / interior layout



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- Change in security systems / camera / alarm systems
  - Change in parking / ingress / egress
  - Change in plant / cultivation operations
  - Change in ventilation / odor control (for grow/processing)
  - Change in signage
  - Change in business activities / services offered
  - Other (describe): \_\_\_\_\_
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### 3. Description of Change(s)

For each selected change above, provide:

- **Type of change** (e.g. “Hours of operation”)
  
  - **Current / existing status**
  
  - **Proposed new status**
  
  - **Effective date** of change
  
  - **Reason / justification**
  
  - **Attachments** (if any): updated floor plan, revised site plan, security drawings, signage mockups, etc.
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#### 4. Certification & Acknowledgements

I hereby certify that:

1. The information provided herein is true, correct, and complete to the best of my knowledge.
2. I understand that failure to report a material change may subject the license or permit to review, suspension, revocation, or fines under the township's ordinance.
3. I understand that some changes (e.g. structural changes, security changes) may require **prior approval** before implementation.
4. I will comply with all applicable local, state, and federal laws and licensing requirements.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title / Position: \_\_\_\_\_

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

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#### 5. For Township Use Only

- Date received: \_\_\_\_\_
- Reviewed by: \_\_\_\_\_
- Action:
  - Approved
  - Denied
  - Requires additional information
- Notes / comments:
- Decision date: \_\_\_\_\_
- If approved, effective date of change: \_\_\_\_\_