

Application Name _____

Application Number _____



CITY OF PONTIAC MEDICAL MARIHUANA COMMISSION

Following a denial of an application by the City Clerk after review by the Hearing Officer, an appellant who wishes to appeal the denial of its application may further appeal to the medical marihuana commission by filing a written statement fully setting forth the grounds for appeal within 30 days after notice of the denial has been mailed to the appellant. Written statements of appeal must be filed by mail or in person with the City Clerk’s office. The medical marihuana commission shall only overturn a decision or finding of the City Clerk if it finds such decision or finding to be arbitrary or capricious and not supported by material, substantial, and competent facts on the whole record considered by the City Clerk in arriving at such decision or finding.

Please note the Medical Marihuana Commission is a public body. Any documents that you submit as a part of your appeal to Medical Marihuana Commission are public and subject to disclosure in accordance with the Freedom of Information Act (FOIA). The hearing officer recommendation and the Clerk’s decision on your appeal will be submitted to the Medical Marihuana Commission and therefore will subject to public disclosure.

Please use the appeal form below if you are submitting an appeal to the Medical Marihuana Commission. You can only appeal to the Medical Marihuana Commission after you have received a decision letter from the City Clerk about your hearing officer appeal.

**Medical Marihuana Facility Permit Application
Medical Marihuana Commission Appeal Form**

Appellant Name (Applicant)		Address	
City	State	Zip Code	
Appellant’s Representative or Contact Person for Purposes of Appeal			
Phone Number		Email Address	

Appellant Representative or Contact Person
Print Name _____ Signature _____ Date _____

Application Name _____

Application Number _____

Written Statement of Appeal

***If You Require Additional Space, You May Attach An Addendum, All Attachments To This Appeal Form Should Be Clearly Labeled With Your Appellant (Application) Name and Application Number**

For Office of the City Clerk Use Only

Hearing Officer Appeal Hearing Date _____

Clerk Decision Letter Date _____