

APPLICATION FOR PERMIT COMMERCIAL MEDICAL MARIHUANA FACILITY

Submit three (3) physical copies and one (1) electronic copy of completed application and all required materials to the Township

Application for (check one):

- New permit for Commercial Medical Marihuana Facility (“CMMF”)
- Renewal permit for CMMF

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 _____

Address _____

Phone _____ Email _____

Legal Interest in Subject Property _____

Subject Property Owner

Name _____

Address _____

Phone _____ Email _____

Address of Subject Property: _____

Parcel Identification Number: _____

Type of CMMF (check one):

- Grower Facility, Class A
- Grower Facility, Class B
- Grower Facility, Class C
- Processor Facility
- Provisioning Center
- Safety Compliance Facility
- Secure Transporter facility

Proposed CMMF will operate within (check one):

- A structure or structures pre-existing on the Subject Property
- A structure or structures to be erected pending issuance of a Permit
- A combination of structures pre-existing on the Subject Property and structures to be erected pending issuance of a Permit

Before the Township will consider the Application for a CMMF Permit, the Applicant(s) must complete this application form, pay all fees and attach ALL of the following documentation:

- If the proposed Permit Holder is a corporation, non-profit organization, limited liability company or any other entity other than a natural person, attach all of the following:
 1. Documentation indicating its legal status
 2. Copy of all company formation documents (including amendments)
 3. Proof of registration with the State of Michigan
 4. Certificate of good standing

- All documentation showing the proposed Permit Holder's valid tenancy, ownership or other legal interest in the proposed Permitted Property and Permitted Premises. If the Applicant is not the owner of the proposed Permitted Property and Permitted Premises, a notarized statement from the owner of such property authorizing the use of the property for a CMMF.
- Copies of a valid, unexpired driver's license or state issued ID for all owners, directors, officers and managers of the proposed Facility.
- Evidence of a valid sales tax license for the business if such a license is required by state law or local regulations.
- Non-refundable Application fee.
- Business and Operations Plan, showing in detail the CMMF's proposed plan of operation, including without limitation, the following:
 1. A security plan meeting the requirements of Pinconning Township Ordinance Authorizing and Permitting CMMFs.
 2. A description of the type of Facility proposed and the anticipated or actual number of employees.
 3. A description by category of all products to be sold.
 4. A list of Material Safety Data Sheets for all nutrients, pesticides, and other chemicals proposed for use in the CMMF.
 5. A description and plan of all equipment and methods that will be employed to stop any impact to adjacent uses, including enforceable assurances that no odor will be detectable from outside of the Permitted Premises.
 6. A plan for the disposal of Marijuana and related byproducts that will be used at the Facility.
- An identification of any business that is directly or indirectly involved in the growing, processing, testing, transporting or sale of Marijuana for the Facility.
- A statement indicating whether any Applicant has ever applied for or has been granted any commercial license or certificate issued by a licensing authority in Michigan or any other jurisdiction that has been denied, restricted, suspended, revoked, or not renewed and a statement describing the facts and circumstances concerning the application, denial, restriction, suspension, revocation, or nonrenewal, including the licensing authority, the date each action was taken, and the reason for each action.
- A site plan and interior floor plan of the Permitted Premises and the Permitted Property signed and sealed by a Michigan registered architect, surveyor or professional engineer.
- A statement providing information regarding any other CMMF that the Applicant(s) is authorized to operate in any other jurisdiction within the State, or another State, and the Applicant(s) involvement in each Facility.

Applicant(s) and Owner(s) Certification:

Applicant(s) and Owner(s) certify that the information submitted in and attached to this application is true and correct to the best of their knowledge. Applicant(s) and Owner(s) acknowledge and agree that: (1) they are required to supplement the information submitted in and attached to this application when required, and within (10) days, under the Pinconning Township Ordinance Authorizing and Permitting CMMFs; (2) it is their sole responsibility to comply with the requirements of any applicable Pinconning Township Ordinance, notwithstanding the signature or approval of any Township employee(s) or official(s); (3) Pinconning Township is not bound to recognize the approval or other action of any employees(s) or official(s) that is not in strict compliance with the applicable Pinconning Township Ordinance; and (4) the and resulting permit do not give the Applicant(s) or Owner(s) any vested rights to any permit or to any renewal.

Signature (Applicant) Print name: _____ Date _____

Signature (Applicant) Print name: _____ Date _____

Signature (Owner) Print name: _____ Date _____

Signature (Owner) Print name: _____ Date _____

THIS SECTION TO BE COMPLETED BY PINCONNING TOWNSHIP

On _____, 20____, the Pinconning Township Board:

[] Approved the application for the following reason(s): _____

[] Approved the application subject to the following conditions: _____

[] Denied the application for the following reason(s): _____

Township Supervisor _____ Date _____

Township Clerk _____ Date _____

Copy of Completed Permit Application and, if issued, copy of Permit retained by or provided to:

- Applicant Township Clerk
- Property Owner