

CHARTER TOWNSHIP OF MERIDIAN
DEPARTMENT OF COMMUNITY PLANNING AND DEVELOPMENT
5151 MARSH ROAD, OKEMOS, MI 48864
PLANNING DIVISION PHONE: (517) 853-4560, FAX: (517) 853-4095

COMMERCIAL MEDICAL MARIHUANA FACILITIES PERMIT APPLICATION

Before submitting this application for review, an applicant may meet with the Director of Community Planning and Development to discuss the requirements for commercial medical marihuana facilities. All applicants are strongly encouraged to read the Meridian Township Medical Marihuana Facilities Licensing Ordinance and all Township Zoning Ordinance provisions applicable to medical marihuana facilities and uses. Official copies of the above ordinances are available in the Medical Marihuana Facilities Application Packet and online at <http://www.meridian.mi.us/businesses/resources/medical-marihuana>. Please note that should staff find error(s) in the application, the applicant will have five business days to correct all deficiencies, if the deficient or incomplete application is not resubmitted with the correct or complete information staff has the right to reject the application.

APPLICATION: New License Amendment to existing Renewal

TYPE OF FACILITY:

Check only one—a separate application must be completed for each facility type and a separate \$5,000 application fee submitted if you are applying for more than one permit.

- Provisioning Center Grower Class A (500 plants) Processor
 Safety Compliance Grower Class B (1,000 plants)
 Secure Transporter Grower Class C (1,500 plants)

SEPARATION DISTANCES:

The checklist is provided for your convenience to assure separation distances have been met. Disclaimer: It is your responsibility to determine separation distances have been met prior to applying.

- 1,000 feet away from any public or private K-12 school
 500 feet away from any church, place of worship or other religious facility
 500 feet away from any library, preschool, or child care center

OVERLAY AREA:

Please select the overlay area in which your facility is proposed.

- Overlay Area 1 Overlay Area 4 Overlay Area 7
 Overlay Area 2 Overlay Area 5
 Overlay Area 3 Overlay Area 6

Part I

A. Applicant Information

Permit Applicant _____

(Permit Applicant will be the person or entity to whom the permit will be issued.)

Address of Permit Applicant _____

Telephone - Work _____ Cell _____ Email _____

Interest in property (circle one): Owner Tenant Option Other

B. Ownership Type

- Individual/Sole Proprietor Sole Member LLC LLC Partnership Corporation
 Other (specify) _____

C. Ownership Information

Please attach a list of additional persons having ownership of the facility.

Facility Owner _____

Address _____

Telephone - Work _____ Cell _____ Email _____

D. Facility Information

Site address/location/parcel number _____

Facility name _____

Legal description (provide separately) _____

Current zoning _____

E. Facility or Business Manager(s)

If there are other managers of the facility besides the facility owner please attach a separate list containing contact information for all other facility or business managers.

Name _____

Address _____

Telephone - Work _____ Cell _____ Email _____

Part II

Oath of Application

Neither I, the applicant, nor any true party of interest is in default to Meridian Township for any property tax, special assessment, utility charges, fines, fees, or other financial obligation owed to Meridian Township.

Neither I, the applicant, nor any true party of interest is ineligible from holding a license for any of the reasons set forth at Section 402 of the MMFLA, MCL 333.27402.

I the applicant consents to inspections, examinations, searches and seizures required or undertaken pursuant to enforcement of this ordinance.

I declare under penalty of perjury, as set forth in MCL 750.423, that this application and all attachments are true, correct, and complete to the best of my knowledge. I acknowledge that it is my responsibility to comply with the provisions of the Michigan Marihuana Facilities Licensing Act, Public Act 281 of 2016 and the Charter Township of Meridian Ordinances, which govern my license.

Please check the boxes below to ensure understanding:

If you have not received prequalification from the Department of Licensing and Regulatory Affairs (LARA) please be aware that you must apply within 30 days of receiving conditional approval.

If successful in the lottery proceedings, a special use permit application must be submitted within 60 days of the date the lottery was held.

Signature of Applicant

Date

Type/Print Name

Fee: _____

Received by/Date: _____

Commercial Medical Marihuana Facilities Application Attachment
Commercial Medical Marihuana Facilities Requirements Per Section 40-30(1)(c)

In order for this application to be complete, you must also submit the following documents:

1. At least two of the following items are required:
 - A.) An official statement issued by the Department (LARA) indicating that the Applicant has successfully completed prequalification for a License, if any. Copies of Entity/Individual Prequalification Packets and Supplemental Applicant Prequalification Packets or investigations conducted by the Department (if available) shall be provided.
 - B.) Proof that the Applicant or owners of at least 75% of the Applicant are current Township residents and were residents for at least twelve months prior to filing the Application. Any proof of residency must be satisfactory to the Township and must include more than one of the following: residential leases, tax or special assessment bills, utility bills (water, sewer, electric, gas, cable, internet, etc.), credit card bills, voter registration, driver license, tax returns, or homeowner insurance policies, showing current and at least 12 months' prior residence in the Township. The Applicant's majority shareholders, managing members, or managing partners must submit the same information.
 - C.) Applicant's Certification on a form provided by the Township restricting transfer of the Permit and subsequent renewed Permits, and restricting the transfer of any interest in the Permit Holder for a period of not less than 30 months after issuance of the Permit and License. This commitment shall be enforceable severally or jointly by the Township against the Applicant, Permit Holder, and any members or shareholders thereof.
2. 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 Commercial Medical Marihuana Facility.
3. A copy of all company formation documents (including amendments), proof of registration with the State of Michigan, and a certificate of good standing with the State of Michigan. If the proposed Permit Holder is a corporation, non-profit organization, limited liability company, or any other entity other than a natural person, it must indicate its legal status.
4. Copies of valid, unexpired driver's licenses or state issued IDs for all owners, directors, officers and managers of the proposed Facility.
5. Provide evidence of a valid sales tax license for the business if such a license is required by state law or local regulations.
6. Application for Sign Permit, if any sign is proposed.
7. A non-refundable Application fee in the amount of \$5,000 for all facility types. A separate fee and application must be submitted for each facility type.
8. Business and Operations Plan, showing in detail the Commercial Medical Marihuana Facility's proposed plan of operation, including the following:
 - A.) A description of the type of Facility proposed and the anticipated or actual number of employees.
 - B.) A security plan meeting the requirements of Section 40-31(3) of the Ordinance, which shall include a general description of the security systems(s), current centrally alarmed and monitored security system service agreement for the proposed Permitted Premises, and confirmation that those systems will meet State requirements and be approved by the State prior to commencing operations.

- C.) A description by category of all products to be sold.
 - D.) A list of Material Safety Data Sheets for all nutrients, pesticides, and other chemicals proposed for use in the Commercial Medical Marihuana Facility.
 - E.) 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.
 - F.) A plan for the disposal of Marihuana and related byproducts that will be used at the Facility.
9. A list of any business that is directly or indirectly involved in the growing, processing, testing, transporting or sale of Marihuana for the Facility.
 10. Identify if 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.
 11. Submit two hard copies of a signed and sealed (by Michigan registered architect, surveyor or professional engineer) site plan and interior floor plan of the Permitted Premises and the Permitted Property drawn to scale. The site plan shall show the location of existing buildings and the location of proposed new buildings, public or private roads, driveways, sidewalks, off street parking areas including parking spaces, dumpster(s), landscaped areas, fences, walls, and light poles. PDF versions of the plans shall also be submitted.
 12. List of any other Commercial Medical Marihuana Facility that the Licensee is authorized to operate in any other jurisdiction within the State, or another State, and the Applicant's involvement in each Facility.