



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

Before submitting this application for review, an applicant may meet with the Director of Community Planning and Development to discuss the requirements for any and all marihuana facilities. Applicants are strongly encouraged to read all Township Zoning Ordinance provisions applicable to marihuana facilities and uses. Please note that should staff find error(s) in the application, the applicant will have seven (7) 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 (MMFLA) Marijuana Retailer (MRTMA)

OVERLAY AREA:

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

Overlay Area 1 Overlay Area 4
 Overlay Area 2 Overlay Area 5
 Overlay Area 3

Part I

A. Applicant Information

Permit Applicant _____

(Permit Applicant will be the person or entity to whom the permit will be issued. This cannot be changed after the application has been reviewed with formal transfer approval.)

Address of Permit Applicant _____

Telephone - Work _____ Cell _____ Email _____

PLEASE NOTE: All correspondence related to the review and issuance of licenses for marijuana facilities will be done through email.

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

B. Ownership Type

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



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C. Ownership Information

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

Facility Owner _____

Home Address _____

Telephone - Cell _____ Email _____

D. Facility Information

Site address and 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 _____



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**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.

I the applicant consents to inspections, examinations, searches and seizures required or undertaken pursuant to enforcement of this ordinance, including a background check for every member of the ownership group.

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/or Michigan Regulation and Taxation of Marihuana Act, Initiated Law 1 of 2018, and the Charter Township of Meridian Ordinances, which govern my license.

Signature of Applicant

Date

Type/Print Name

Fee: _____

Received by/Date: _____



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Commercial Marihuana Facilities Application Attachment

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

1. If applying for a provisioning center (MMFLA) at least two of the following items are required (**does not apply to Marijuana Retailer (MRTMA)**):

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. 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.**

7. Business and Operations Plan, showing in detail the Commercial Medical Marihuana Facility's proposed plan of operation, including the following:



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- 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 Chapter 40 of the Code of 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.
8. A list of any business that is directly or indirectly involved in the growing, processing, testing, transporting or sale of Marihuana for the Facility.
9. 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.
10. 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.
11. 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.
12. Any other information required by Chapter 40 of the Meridian Township Code Ordinances or information under the procedures and standards for accepting applications necessary for the Township to make a determination on the application.