Township of Humboldt

244 County Road FAF
Champion, MI 49814
Phone: (906)339-2927 Fax (906)339-4431

FORM NUMBER
MMF-201__-_____

DATE OF RECEIPT
_____/_____/_____

Permit Application for Commercial Medical Marihuana Facility

*NOTE: This application must be completed and submitted to the Humboldt Township Clerk
*Be sure to complete ALL sections of this form. Please print or type.
*The application is not considered complete until all items have been submitted and the $300 application fee paid.

The following information/materials are required by the Ordinance Authorizing and Permitting Commercial Medical Marihuana Facilities (Section 4. Application for and Renewal of Permits). Your application requires approval by the Township Board.

Application Type

☐ New Application	☐ Renewal

Proposed Permit Holder

Name:	Address:
Phone:	E-Mail:
The names, home addresses and personal phone numbers for all owners, directors, officers and managers of the Permit Holder and the Commercial Medical Marihuana Facility are required with this application. Please attach additional sheets as necessary.	
E-Mail Address:	

Proposed Commercial Medical Marihuana Facility

Address:	Parcel I.D. Number(s) 52-06- - -
Zoning District:	Size *(acreage or square footage)* :
Legal Description(s) *(attach pages as necessary)* :	
Proposed Use of Property:	
Present Use of Property:	

Permission

If Applicant is not the Property Owner, does the Applicant have the Owner's permission?	☐ Yes	☐ No

(Attach a notarized statement from the owner authorizing the use of the property for a Commercial Medical Marihuana Facility.)

Applicant must submit the following: (as listed in Section 4 Item 1 of the Ordinance)

One copy of the following:

i. 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 & Permitted Premises, a notarized statement from the owner of such property authorizing the use of the property for a Commercial Medical Marihuana Facility.

ii. If the proposed Permit Holder is a Corporation, Non-Profit Organization, Limited Liability Company or any othe rentity other than a natural person, indicate its legal status, attach a copy of all company formation documents (including amendments) proof of registration with the State of Michigan, and a certificate of good standing.

iii. A valid, unexpired driver's license or state issued ID for all owners, directors, officers and managers of the proposed facility.

iv. Evidence of a valid sales tax license for the business, if such a license is required by state law or local regulations.

v. Application for Sign Permit, if any sign is proposed.

vi. Non-refundable Application fee.

vii. Business and Operations Plan, showing in detail the Commercial Medical Marihuana Facility's proposed plan of operation, including without limitation, the following:

1. A description of the type of Facility proposed and the anticipated or actual number of employees
2. A security plan meeting the requirements of Section 6 of the Ordinance Authorizing and Permitting Commercial Medical Marihuana Facilities, which shall include a general description of the security system(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
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 Commercial Medical M arihuana Facility.
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 Marihuana and related byproducts that will be used at the Facility.

viii. An identification of any business that is directly or indirectly involved in the growing, processing, testing, transporting, or sale of Marihuana for the Facility.

ix. 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 non-renewal, including the licensing authority, the date each action was taken, and the reason for each action.

x. Signed and sealed (by Michigan registered architect, surveyor or professional engineer) site plan and interior floor plan of the Permitted Premises and Permitted Property.

xi. Information regarding 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.

The Township reserves the right to request any other information found to be reasonably relevant to the processing or consideration of this Application.

Information obtained from the Applicant or proposed Permit Holder is exempt from public disclosure under state law.

Applicant:

I certify that the information I have provided is true to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Applicant's Name (print): _____

I hereby grant permission for any State, Federal or Local Fire, Emergency, or Law Enforcement Personnel to conduct random and unannounced examinations of the Facility and all articles of property in that Facility at any time to ensure compliance with this Ordinance, any other local regulations and with the Permit.

Signature of Applicant: _____ Date: _____

OFFICAL USE ONLY

Offical Receiving Application *(please print):* Date:

Fee Paid: ☐ Yes ☐ No

Application: ☐ Approved ☐ Not Approved

Reason: ☐ Incomplete Application ☐ Other Date:

Condition(s) of Approval:

Signature of Township Supervisor Date: