

# SANDS TOWNSHIP ~ MARQUETTE COUNTY

## COMMERCIAL MARIHUANA FACILITY PERMIT APPLICATION

Sands Township will only accept and review this application if:

- All information on the application is complete; > All required support documents are provided by the applicant; > A \$3,000.00 nonrefundable filing fee is paid upon submittal (checks made out to Sands Township).

### Check One:

- New permit for a Commercial Marihuana Facility
- Renewal permit

### Applicant(s) Information

Name

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Address

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Phone \_\_\_\_\_ Email \_\_\_\_\_

Affiliation with property owner \_\_\_\_\_

### Property Owner

Name

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Address

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Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address of Property: \_\_\_\_\_

Parcel Identification Number: 52-14-

### Type of Commercial Marihuana Facility Permit (check one):

- Grower Facility, Class A (500)
- Grower Facility, Class B (1000)
- Grower Facility, Class C (1500)
- Secure Transporter facility
- Processor
- Safety Compliance Facility
- Provisioning Center

### Proposed facility 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.

In addition to the applicant's information, the names, home addresses, personal phone numbers for all owners, officers, directors and managers of the proposed permitted facility are required and must be included with this application

- Statement, indicating if applicant has ever applied for or has been granted any commercial license/certificate issued by a licensing authority in Michigan or any other jurisdiction that has been denied, restricted, suspended revoked, or not renewed including 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, the reason for each action.
- 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, a notarized statement from the owner of such property authorizing the use of the property as a Commercial Marihuana Facility.
- Copy of a valid, unexpired driver's license or state issued ID for all owners, directors, officers and managers of the proposed facility.
- Proof of a current sales tax license for the business if such a license is required by Michigan State law or local regulation.
- Non-refundable application fee.
- Business and Operations Plan, showing in detail the proposed facility's plan of operation, including but not limited to the following:
  1. A security plan meeting the requirements of Sands Township's Commercial Marihuana Ordinance #57.
  2. A description of the type of Facility proposed and the anticipated 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 facility.
  5. A description of all equipment and methods which will be employed to enforce odor control outside of the permitted premises, as required by the Township's Commercial Marihuana Facilities (CMF) Ordinance #57
  6. A plan for the disposal of Marihuana and related byproducts that will be used at the Facility.

7. Identification of any business that is directly/indirectly involved in the growing, processing, testing, transporting, or sale of Marihuana for the Facility.

- A site plan and interior floor plan of the permitted premises and the surrounding permitted property. (Site Plan must be Signed and Sealed)
- A statement providing information regarding any other Commercial Marihuana Facilities or services that the Applicant(s) is authorized to operate in any other jurisdiction within the State of Michigan, or another State, and the Applicant(s) involvement in each operation of such services or facilities.
- Application for Sign Permit, if any is proposed, requires an approved Township Zoning Compliance permit, signed by the Zoning Administrator.

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 with this application when required, under the Sands Township Commercial Marihuana Ordinance; (2) it is their sole responsibility to comply with the requirements of any applicable Sands Township Ordinance; and (3) application submissions does not bestow the Applicant(s) or Owner(s) any vested rights to any permit or to any renewal.

\_\_\_\_\_ Date \_\_\_\_\_  
Applicant Signature

Please print name: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
Applicant Signature

Please print name: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
Owner Signature

Please print name: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
Owner Signature

Please print name: \_\_\_\_\_

*This Application Received by Sands Township Clerk on \_\_\_\_\_, \_\_, 20\_\_.* Initials \_\_\_\_\_

# THIS SECTION TO BE COMPLETED BY SANDS TOWNSHIP

On \_\_\_\_\_, 20\_\_\_\_, the Zoning Administrator: Permit # \_\_\_\_\_

**(Application & Site Plan Reviewed and presented to Planning Commission)**

On \_\_\_\_\_, 20\_\_\_\_, the Sands Township Planning Commission:  
**(S.U.P. requirements accomplished and recommendation to Marquette County Planning Commission and Sands Township Board of Trustees)**

On \_\_\_\_\_, 20\_\_\_\_, the Sands Township Board of Trustees:

Approved the application:

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Approved the application; subject to the following conditions:

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Denied the application for the following reason(s):

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\_\_\_\_\_  
Township Supervisor

Date \_\_\_\_\_

\_\_\_\_\_  
Township Clerk

Date \_\_\_\_\_

**Copy of Completed Permit Application and, if issued, copy of Permit provided to:**

- Applicant**
- Property Owner**
- Township Clerk**