

Rock River Township – Alger County, Michigan

COMMERCIAL MARIHUANA FACILITY & ESTABLISHMENT PERMIT APPLICATION

Rock River 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 Rock River Township).

Check One:

New permit for a Commercial Marihuana Facility or Establishment

Renewal permit

Applicant(s) Information

Name _____

Address _____

Phone/Email _____

Affiliation with property owner _____

Property Owner Name _____

Address _____

Phone/Email _____

Street Address of Property _____

Parcel Identification Number (Fire #) _____

Type of Commercial Marihuana Facility or Establishment Permit (check one):

- Medical Grower Facility, Class A (500)
- Medical Grower Facility, Class B (1000)
- Medical Grower Facility, Class C (1500)
- Secure Transporter
- Processor
- Safety Compliance Facility
- Provisioning Center
- Recreational Grower Facility, Class A (100)
- Recreational Grower Facility, Class B (500)
- Recreational Grower Facility, Class C (2000)
- Retail Establishment
- Microbusiness, (150)

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 or Establishment.

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 Rock River Township's Commercial Marihuana Ordinance.
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
6. A plan for the disposal of Marihuana and related byproducts that will be used at the Facility or Establishment.

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

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, Establishments 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 Rock River Township Commercial Marihuana Ordinance; (2) it is their sole responsibility to comply with the requirements of any applicable Rock River 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 _____

Owner Signature _____

Please print name _____

Date _____

Owner Signature _____

Please print name _____

This Application Received by Rock River Township Clerk on _____, __, 20__ . Initials _____

THIS SECTION TO BE COMPLETED BY ROCK RIVER TOWNSHIP

On _____, 20____, the Zoning Administrator: Permit # _____

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

On _____, 20____, the Rock River Township Board of Trustees:

Approved the application: _____

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 provided to:

- Applicant
- Property Owner
- Township Clerk