

Mancelona Township
9610 S. M-88 Highway
P.O. Box 332
Mancelona, MI 49659
(231) 587-8651

APPLICATION
FOR ADULT USE MARIHUANA FACILITY PERMIT

Note: In addition to what is specified below, information requested in this application shall be provided for each applicant as defined by the Mancelona Township Regulation and Taxation of Marihuana Ordinance.

- New Renewal* Amendment Transfer of Existing Establishment
**Renewal applications must be submitted 30-90 days before expiration of existing license.*

CONTACT INFORMATION

First, Middle, Last Name

Title

Mailing Address

City

State/Zip

Email Address

Phone Number

Description of individual's role in this application:

TYPE OF PERMIT REQUESTED

- Marihuana Grower Class A Marihuana Grower Class B Marihuana Grower Class C
 Marihuana Processor Marihuana Outdoor Grow Marihuana Provisioning Center
 Consuming

LICENSE OWNER

Self Corporation* LLC* Partnership*

Federal EIN #

Physical Address

City

State/Zip

Email Address

Phone Number

* Attach a list of all information for directors, officers, members, partners or individuals, including a copy of State or Federal ID.

Mancelona Township
Application Instruction Page

Step 1.

Obtain required application for a Marihuana facility – see attached check list

Step 2.

Pay a \$1,000.00 non-refundable application fee

Step 3.

Return a completed application. Failure to do so, will result in the application not being processed.

Step 4.

Request a site plan review hearing. Site plan review fee of \$400.00 to be paid at time of review.

Step 5.

The Township Board will receive all required information and will vote on acceptance or denial of the application. If accepted, you will have 45 days to pay required \$4,000.00 application balance to receive your license to operate a Marihuana facility within the Township of Mancelona in the State of Michigan.

Note:

There is a yearly renewal license fee of \$5,000.00 due within 30 days before your license is due to expire. This license is your responsibility to maintain as required by the Township and to pay all fees when due. As the owner or Corporation that holds the license, you will be required to turn into the Township a new background check on yourself and all principal owners. This is a part of the renewal process.

License Transfer

Any and all license transfers must complete a new application to be approved by the Board.

Additional Requested Information

*Proof of prequalification by the State of Michigan for marijuana facility state license

*A comprehensive operating plan as outlined in the Township's ordinance, which includes the following elements:

Type of marijuana facility for which you are applying

Description of products and services to be provided

Security Plan that is consistent with the requirements of the State of Michigan

Staffing plan including:

Employee salary and benefits offered

Building layout emphasizing employee break and restrooms

Employment of non shareholders

Marketing and outreach plan including:

Evidence of outreach in the vicinity of proposed location

Evidence of utilization of locally-sourced services

A declaration of any other past or present businesses or investments with Mancelona Township

A comprehensive list of chemicals used on site

Plant waste disposal

*Signed and notarized oath of application

*Sheet listing all information for directors, officers, members, partners and individuals, including a copy of State of Federal ID

*Depiction of any proposed text or graphic materials to be shown on the exterior of the proposed Marijuana establishment

*Signed and notarized agreement to provide information and authorization of release of information

*Signed and notarized authorization of criminal background check

*Signed and notarized release of liability, indemnification and waiver

*Signed and notarized at risk notice

Signature Requirement

I have read and understand all requirements that are associated with this application.

Please print

Signature

Witness

FACILITY/PROPERTY LOCATION

Business Name

Physical Address

City

State/Zip

Email Address

Phone Number

FACILITY/PROPERTY OWNER, if different than LICENSE OWNER

Self Corporation* LLC* Partnership*

Federal EIN #

Physical Address

City

State/Zip

Email Address

Phone Number

FACILITY OR BUSINESS MANAGER

First, Middle, Last Name

Title

Mailing Address

City

State/Zip

Email Address

Phone Number

Are there additional facility or business managers? Yes No
If yes, please attach contact information for all other managers.

Each person named on the application, including any applicant as defined by the Mancelona Township Michigan Regulation and Taxation of Marihuana Ordinance, must fill out the following questions. Please duplicate this section (pages 3-8) as needed.

First, Middle, Last Name

Social Security Number

Mailing Address

City

State/Zip

Email Address

Phone Number

Description of individual's role in this application:

Please list all residential addresses over the past three (3) years (indicate time frame resided at each address).

Have you submitted an application for a similar license to Mancelona Township? Yes No

Do you owe Mancelona Township or Village of Mancelona any funds for delinquent tax or utility bills? Yes No

Have you been convicted of, pled guilty or nolo contendere to, or forfeited bail concerning any offense that would disqualify it from being licensed by the State of Michigan for the activity for which the permit is requested within the past ten (10) years? Yes No

If yes, provide detailed information here, including charges, dates, location, your plea, and the disposition of the matter:

Have you ever been convicted of, pled guilty or nolo contendere to, or forfeited bail concerning, a misdemeanor involving a controlled substance, theft, dishonesty, or fraud in any state or been found responsible for violating a local ordinance in any state involving a controlled substance, dishonesty, theft, or fraud that substantially corresponds to a misdemeanor in that state within the past five (5) years? Yes No

If yes, what is the date of the conviction(s) and law(s) under which you were convicted?

Please describe the offense of which you were convicted:

Have you ever violated, been accused by a municipality of violating, or been convicted of violating an ordinance similar to the village's ordinances regulating adult-use marihuana facilities? Yes No

If yes, please provide detailed information here:

Have you ever applied for or been granted any commercial license or certificate issued by any governmental agency concerning adult-use marihuana or marihuana that has been denied, restricted, suspended, revoked or not renewed? Yes No

If yes, please attach a statement describing the facts and circumstances describing the application, denial, restriction, revocation, or nonrenewal, including the licensing authority, the date each action was taken and the reason for each action.

Have you ever held an elective office of a governmental unit of this or any state in the United States of America, or are you employed by a regulatory body of a governmental unit in this state, another state or the federal government? Yes No

If yes, please provide relevant information, including the name of the agency, the office/position held, and dates held.

Do you have any interest in any other application for a permit or approved permit under the Mancelona Township ordinances? Yes No

If yes, please provide detailed information here:

Do you have any interest in any other marihuana facility in Michigan? Yes No

If yes, please indicate the type of facility, name and location here.

Have you ever filed, or been served with a complaint or other notice by any public body regarding the delinquency in the payment of or dispute over the filings concerning the payment of any tax required under federal, state or local law? Yes No

If yes, please indicate the amount of any tax, the name of the taxing agency and the time periods involved.

Indicate any businesses you have owned, your occupation and employer for the 5 years including and immediately preceding this application: (attach additional pages if necessary)

First, Middle, Last Name or Company Name

Mailing Address

City

State/Zip

Email Address

Phone Number

OATH OF APPLICATION

Under oath, I swear or affirm, that the information provided in this application is true and correct.

I agree to not violate any laws of the State of Michigan or ordinances of Mancelona Township in conducting the business in which the permit will be used; and I understand that a violation may be cause for non-renewal of the permit applied for, or for suspension or revocation of the permit.

Further, I understand that the issuance of a permit by Mancelona Township is not intended to grant, nor shall be construed as granting, immunity from criminal prosecution for growing, sale, consumption, use, distribution or possession of marihuana in any form or manner that is not in compliance with any law of the State of Michigan, other application rules promulgated by the State of Michigan, or from criminal prosecution or the seizure of property by federal authorities under Federal Law.

Further, I understand and agree to be bound by the indemnification provision of Mancelona Township legal ordinances.

I agree that acceptance of a permit from Mancelona Township constitutes consent by the permittee, owners, managers and employees to permit the Mancelona Township Constable or designee to conduct inspections of the facility to ensure compliance with the *Mancelona Township Regulation and Taxation of Marihuana Ordinance* and other relevant laws.

Date: _____

Signature

Printed Name and Title

Subscribed and sworn to be a Notary Public on this _____ day of _____ 20 ____, by the above named _____, who has appeared before me and presented photo identification and sworn that they have the foregoing and says it is true to the best of his/her knowledge.

_____, Notary Public

County, _____
Acting in _____ County, _____
My Commission Expires: _____

Transfers may ONLY occur of an existing, fully licensed premises. License transferor:

Corporation, Individual or Partnership Name

First, Middle, Last Name of Officers and/or Directors D/O/B

Mailing Address City State/Zip

Email Address Phone Number

First, Middle, Last Name of Officers and/or Directors D/O/B

Mailing Address City State/Zip

Email Address Phone Number

Current address of licensed premises. Registration will be mailed to this location if not changing.

Mailing Address City State/Zip

I hereby certify and swear that I am not currently delinquent in the payment of any taxes, fees or other charges owed to or collected by Mancelona Township. I further understand that in the event that I am delinquent in the payment of any taxes, fees or other charges owed to or collected by Mancelona Township, such delinquency shall be grounds for denial.

Date: _____

Signature

Printed Name and Title

Subscribed and sworn to be a Notary Public on this ____ day of _____ 20 ____,
by the above named _____, who has appeared before me and
presented photo identification and sworn that they have the foregoing and says it is true to the
best of his/her knowledge.

_____, Notary Public

County, _____
Acting in _____ County, _____
My Commission Expires: _____

CHEMICAL SURVEY

Information: This survey is requested to determine the quantity of specific chemical groups used, produced or stored in your facility. Fire Chiefs are required to collect chemical data under the Michigan Occupational Safety and Health Act (MIOSHA), PA 154 of 1974, as amended, and the Fire Prevention Code, PA 207 of 1941, as amended.

Instructions: Indicate below whether your site uses or produces any of the chemical types listed. Check all the categories that apply when a chemical has more than one characteristic, (example: both a Class 3 flammable and a Class 6 poison), see definitions. Each chemical group listed in this survey includes a specified quantity. Indicate the quantity category for each chemical group on your site. To complete this survey, you may need to reference Material Safety Data Sheets and SARA Title III reporting forms, along with the attached definitions.

When substantial changes occur in the quantity or type of chemical use, manufacture or related storage, a revised survey must be submitted to the Fire Chief. In addition, a revised survey will be requested periodically as the Fire Chief determines necessary, but a least once every five years.

This survey may be followed-up with a request for more detailed information. This may include a request for Material Safety Data Sheets, chemical lists maintained under the Employee Right to Know provisions of MIOSHA and other information.

Please return this questionnaire as indicated in the attached cover letter.

This site is:

- Chemical User (Chemicals used in activities on site)
- Chemical Producer (Chemicals manufactured at this site, includes packaging)
- Other (If chemicals are used for incidental purposes only. (Examples: toilet, cleaner, glass cleaner, etc.) Please specify type of business (Example: retail store)

Emergency contacts (include private alarm/security companies)

| | |
|--------------|--------------|
| Name/Company | Phone Number |
|--------------|--------------|

| | |
|--------------|--------------|
| Name/Company | Phone Number |
|--------------|--------------|

| | |
|--------------|--------------|
| Name/Company | Phone Number |
|--------------|--------------|

Respond based on the maximum quantity you would have on-site, including storage, at any one time during the year. Check 1 box for each category.

| <u>Chemical Type</u> | <u>Specified Quantity</u> | <u>Have at or Above Specified Quantity</u> | <u>Have but Below Specified Quantity</u> | <u>Do Not Have</u> |
|---|---------------------------|--|--|--------------------|
| CLASS 1 | | | | |
| Explosives and blasting agents (not including Class C explosives) | Any quantity | | | |
| CLASS 2 | | | | |
| Poison Gas | Any quantity | | | |
| Flammable Gas | 100 gallon water capacity | | | |
| Non-flammable Gas | 100 gallon water capacity | | | |
| CLASS 3 | | | | |
| Flammable Liquid | 1,000 gallons | | | |
| Combustible Liquid | 10,000 gallons | | | |
| CLASS 4 | | | | |
| Flammable Solid (dangerous when wet) | 100 pounds | | | |
| Flammable Solid | 500 pounds | | | |
| Spontaneously Combustible Material | 100 pounds | | | |
| CLASS 5 | | | | |
| Oxidizer | 500 pounds | | | |
| Organic Peroxide | 250 pounds | | | |
| CLASS 6 | | | | |
| Poison | 500 pounds | | | |
| Irritating Material Liquid | 1,000 gallons | | | |
| Irritating Material Solid | 500 pounds | | | |
| CLASS 7 | | | | |
| Radioactive Material (Yellow III Label) | Any quantity | | | |
| CLASS 8 | | | | |
| Corrosives Liquid | 1,000 gallons | | | |
| Corrosives Solid | 500 pounds | | | |
| No DOT Category | | | | |
| Known Human Carcinogen | Any quantity | | | |

**AGREEMENT TO PROVIDE INFORMATION AND AUTHORIZATION OF
RELEASE OF INFORMATION**

I, the undersigned, have the authority to sign this application on behalf of _____ ("the Facility or Company"). I have read all of the above answers, including all sheets and information provided in connection with this application and they are true and correct. The Facility agrees to comply with all terms and conditions of a permit as it may be issued. Finally, I understand that the Facility has a continuing duty to provide Mancelona Township with current information and will notify the Township Clerk in writing of any changes to the Facility's mailing address, phone numbers, electronic mail address or other contact information as well as changes to any other information the applicant has provided to Mancelona Township as part of the permit application within ten (10) days of any such change occurring. I acknowledge that Mancelona Township may be required from time to time to release records in its possession. The applicant hereby gives permission to Mancelona Township to release any records or materials received by Mancelona Township from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.

Date: _____

Signature

Printed Name and Title

Subscribed and sworn to be a Notary Public on this _____ day of _____ 20 ____, by the above named _____, who has appeared before me and presented photo identification and sworn that they have the foregoing and says it is true to the best of his/her knowledge.

_____, Notary Public

County, _____
Acting in _____ County, _____
My Commission Expires: _____

AUTHORIZATION OF CRIMINAL BACKGROUND CHECK

I, the undersigned, hereby allow Mancelona Township to perform a Criminal Background Check based on information gathered from this application form.

Applicant's First, Middle, Last Name D/O/B Social Security #

Mailing Address City State/Zip

Email Address Phone Number

Past addresses for the past five (5) years:

Date: _____

Signature

Printed Name and Title

Subscribed and sworn to be a Notary Public on this ____ day of _____ 20 ____,
by the above named _____, who has appeared before me and
presented photo identification and sworn that they have the foregoing and says it is true to the
best of his/her knowledge.

_____, Notary Public

County, _____
Acting in _____ County, _____
My Commission Expires: _____

RELEASE OF LIABILITY, INDEMNIFICATION & WAIVER

This application or the granting of a license hereunder is not intended to grant, nor shall it be construed as granting, immunity from criminal prosecution for growing, sale, consumption, use, distribution, or possession of marijuana not in strict compliance with State or Federal Law.

Also, since Federal Law is not affected by the State Act, nothing in this license application, the granting of this license hereunder, or any Village of Central Lake Ordinance, policy, or rule, is intended to grant, nor shall they be construed as granting, immunity from criminal prosecution under Federal Law. The State Act, this license application or the issuance of a Township license does not protect user's, caregivers or the owners of properties on which the Recreational and/or Medical use of marijuana is occurring from Federal Prosecution, or from having their property seized by Federal Authorities under the Federal Controlled Substance Act.

Additionally, the applicant hereby agrees, not to violate any laws of the State of Michigan or the Ordinances of Mancelona Township while conducting the business, in which the license will be used, and that a violation on the premises may be cause for objection to renewal of the license, or for requesting revocation of the license. The applicant agrees to make the premises open to inspection upon the request by Mancelona Township, the Mancelona Fire Department, and/or Antrim County Law Enforcement Officials and their Agents for compliance with all applicable laws and rules. The applicant agrees to any inspections by Mancelona Township or Mancelona Township's designee to confirm that the retail shop is operating in accordance with applicable laws including, but not limited to Federal, State, and Municipal laws and ordinances.

Date: _____

Signature

Printed Name and Title

Subscribed and sworn to be a Notary Public on this _____ day of _____ 20 ____, by the above named _____, who has appeared before me and presented photo identification and sworn that they have the foregoing and says it is true to the best of his/her knowledge.

_____, Notary Public

County, _____
Acting in _____ County, _____
My Commission Expires: _____

AT RISK NOTICE

This application is based on the unknown future actions of the State of Michigan or the Federal Government of the United States of America. All funds associated with this application are non-refundable, and will not be returned if the application is not approved by Mancelona Township, the State of Michigan, or if a license is not subsequently renewed. Furthermore, you acknowledge all actions taken by you and/or your agents are fully at-risk and no guarantee whatsoever, of any kind, is made or implied by Mancelona Township.

Further, you and/or your agents agree to indemnify and hold harmless Mancelona Township, the Mancelona Fire Department, and/or the Antrim County Sheriff's Department, and their directors, officials, volunteers and employees, from any and all damages and claims that may arise as a result of this application.

Date: _____

Signature

Printed Name and Title

Subscribed and sworn to be a Notary Public on this ____ day of _____ 20 __, by the above named _____, who has appeared before me and presented photo identification and sworn that they have the foregoing and says it is true to the best of his/her knowledge.

_____, Notary Public

County, _____
Acting in _____ County, _____
My Commission Expires: _____

Township of Mancelona
Site Plan Review Application

Fee – (See Fee Schedule) _____ Application Number _____

Project Address _____

Legal Description and Tax Parcel ID# _____

Applicant Name _____

Mailing Address _____

E-Mail Address _____

Telephone _____

Property Owners Name (if different from applicant) _____

Describe Project _____

Signature of Applicant

Date

As owner of the property on which this project is proposed, I hereby permit the applicant to act in my behalf to present this plan for approval by the Township of Mancelona

Signature of Property Owner

Date

Township of Mancelona
Site Plan Review Application

The information on the following pages is printed to assist you in creating the site plan. However, it is your responsibility to meet all the requirements.

SITE PLAN REQUIREMENTS – SITE PLAN MUST INCLUDE:

- A. Location of sketch/Project Name
- B. Developer/designer information
- C. North arrow, scale and date of original drawing & all revisions
- D. Project Address & legal description
- E. Area in square feet or acres excluding existing & proposed rights-of-way
- F. Boundary and dimensions of subject lots and relationship to abutting properties
- G. Locations and elevations of water courses & bodies, underground drains, man-made drainage ways, flood plains and wetlands
- H. Significant site amenities or unique features
- I. Existing land use & zoning classification of subject property and adjacent parcels
- J. All required minimum setbacks
- K. Location and dimension (length, width, height) of structures:
 - On-site existing
 - On-site proposed
 - Existing structures within 100 feet of subject property
- L. Location of public roads, streets, alleys, easements of record (need title insurance policy/abstract) and existing driveways
- M. Non-Residential:
 - Number of offices
 - Number of employees
 - Number of floors
 - Floor plans are required to be submitted with this application
- N. Proposed parking with details of layout and space dimensions

- _____ O. Location and dimension of proposed streets, drives, curb cuts and access easements
- _____ P. Traffic and pedestrian circulation patterns:
 - _____ Proposed sidewalks
 - _____ Barrier free access
 - _____ Fire lanes
 - _____ Carports
- _____ Q. Signs, dimensions & locations of free standing or wall signs
- _____ R. Trash receptacles, locations, specifications
- _____ S. Outdoor containment structures, location and specifications
- _____ T. Attach written, signed statement that applicant will comply with all local, state and federal laws
- _____ U. Attach written statements relative to project impacts on existing infrastructure (including water, sewer, traffic capacity of streets, schools, and other existing utilities) and on the natural environment of the site and adjoining lands
- _____ V. Details of all hazardous substances (attach MSDS sheets)
- _____ W. Proposed finished grade of buildings, driveways, walkways and parking lots
- _____ X. Proposed building materials
- _____ Y. Location and size of proposed water service
- _____ Z. Location and size of proposed sanitary service (waste stream strength and composition)
- _____ AA. Storm water management plan
- _____ BB. Proposed fire hydrants (include hydrant detail)
- _____ CC. Location of all other utilities (natural gas, electric, cable T.V., telephone)
- _____ DD. List soil erosion and sedimentation control measures
- _____ EE. Detailed landscaping plan:
 - _____ Location
 - _____ Quantity
 - _____ Types and sizes of material
 - _____ Attach written landscape maintenance plan (be specific)
- _____ FF. Note any easements required for public rights-of-ways, utilities, access shared access and drainage
- _____ GG. Critical information or special data needed for review

_____ HH. In regard to potential Township of Mancelona business licensing, applicant acknowledges all actions taken by you and/or your agents are fully at risk, and no guarantee whatsoever, of any kind, is made or implied by the Township of Mancelona

_____ II. Approval of this site plan application applies only to Township Ordinances. Any federal or state regulations are beyond the scope of this application

_____ JJ. Applicant has contacted Mancelona Township Fire Department Chief Chris Orman (231) 715-9433 to discuss chemicals on site and other hazardous material

_____ Applicant initials acknowledging conditions

Approved by Township of Mancelona: _____

Conditions of approval: _____

Approved: _____

Signature

Date