



Charter Township of AuSable

311 Fifth Street AuSable, MI 48750
Phone: (989) 739-9169 Fax: (989) 739-0696

Application Date: _____

Permit No.: _____

Medical Marihuana Special Land Use Permit Application

FOR ADMINISTRATIVE USE ONLY

SPECIAL LAND USE CASE # _____

NEW

RENEWAL

Processing Fee \$500.00

Receipt Number: _____

Regular Meeting Costs \$100.00

Special Meeting Cost \$435.00

(Processing and Application Fees are non-refundable)

Permit Fee \$4400.00 due upon receipt of approval by the Planning Commission.

The information provided by the applicant on this form will be distributed to the Charter Township of AuSable Planning Commission for review. Please read Ordinance 88, Articles 2, 16, and 19 as well as Ordinance 113 in its entirety prior to completing this application. If you have any questions regarding the information requested on this application, please contact AuSable Superintendent/ Zoning Administrator.

Processing and Application Fees are non-refundable

Applicant must submit seven (7) copies of completed application and all required materials to the Township Zoning Administrator.

Before the Township will consider an application for issuance of a SUP, the Applicant(s) must complete this application form, pay all fees and attach **ALL** the following documentation.

- A scale drawing of the property or site which includes the following information:
 1. Shape, area, and dimensions of the lot or parcel and the names and widths of abutting streets or street right of way.
 2. Location, dimensions, and height of existing and/or proposed structures to be erected, altered, or moved on the property.
 3. All yards, open spaces, setbacks and parking dimensions, including driveways.
 4. Identification of nearby flood areas and wetlands, if applicable.

- A site plan which illustrates the general uses, character, and impact of the special land use, and includes all the following information:

1. The date, north arrow and scale. The scale shall not be less than 1" = 20' for property three (3) acres or less and not less than 1" = 100' for property more than three (3) acres.
2. All lot and property lines, clearly defined.
3. Location and height of all existing and/or proposed structures on and within one hundred (100) feet of the subject property.
4. Location and dimensions of all existing and proposed drives, walkaways, curb openings, number and size of signs, exterior lighting and parking areas including the number and size of spaces.
5. Location and width of all access and egress roads, streets, right of ways and/or alley ways abutting the proposed site and details and conditions of the same.
6. The name and address of the person responsible for the preparation of the site plan including professional seal.
7. The name and address of the property owner or applicant.
8. Location, type, height, and density of existing and/or proposed landscaping, fences, walls, buffer zones, and green spaces.
9. The location of existing or proposed septic systems, water/sewer lines, fire hydrants, utility lines, and the type and size of water run off facilities including drainage ditches.
10. Any other information required for compliance with State and Federal statutes and regulations.
11. Application for Sign Permit, if any sign is proposed.

▪ **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) it is their sole responsibility to comply with the requirements of any applicable AuSable Township Ordinance, notwithstanding the signature or approval of any Township employee(s) or official(s); (2) AuSable Township is not bound to recognize the approval or other action of any employee(s) or official(s) that is not in strict compliance with the AuSable Township Ordinance; and (3) the resulting permit does not give the Applicant(s) or Owner(s) any vested rights to any permit or to any renewal.

Signature (Applicant) _____ Date: _____

Print Name _____ Date: _____

Signature (Applicant) _____ Date: _____

Print Name _____ Date: _____

Signature (Owner) _____ Date: _____

Print Name _____ Date: _____

Signature (Owner) _____ Date: _____

Print Name _____ Date: _____



Charter Township of AuSable

311 Fifth Street AuSable, MI 48750
Phone: (989) 739-9169 Fax: (989) 739-0696

Application Date: _____
Permit No.: _____

APPLICATION FOR PERMIT COMMERCIAL MEDICAL MARIHUANA FACILITY

Applicant must submit seven (7) copies of completed application and all required materials to the Township Zoning Administrator.

Application for (check one):

- New permit for Commercial Medical Marihuana Facility
- Renewal permit for Commercial Medical Marihuana Facility

Applicant(s) Information

(In addition to the information required below, the names, home addresses and personal phone numbers for all owners, directors, officers and managers of the proposed Commercial Medical Marihuana Facility are required and must be attached to this application)

Name: _____

Address: _____

Phone: _____ E-Mail: _____

Copy of Government issued photo ID attached. (circle one) Y or N

Legal Interest in Subject Property: _____

Subject Property Owner

Name: _____

Address: _____

Phone: _____ E-Mail: _____

Copy of Government issued photo ID attached. (circle one) Y or N

Address of Subject Property: _____

Parcel Identification Number: _____

Type of Commercial Medical Marihuana Facility (check one):

- Grower Facility, Class A
- Processor Facility
- Provisioning Center
- Safety Compliance Facility
- Secure Transporter Facility

Proposed Commercial Medical Marihuana 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 of a Permit.

Before the Township will consider the Application for Commercial Medical Marihuana Facility Permit, the Applicant(s) must complete this application form, pay all fees and attach ALL of the following documentation.

- 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 of the proposed Permitted Property and Permitted Premises, a notarized statement from the owner of such property authorizing the use of the property for Commercial Medical Marihuana Facility.
- Copies of a valid, unexpired driver's license or state issued ID for all owners, directors, officers and managers of the proposed Facility.
- Evidence of a valid sales tax license for the business if such a license is required by state law or local regulations.
- Non-refundable Application Fee
- Business and Operations Plan showing in detail the Commercial Medical Marihuana Facility proposed plan of operation including without limitation the following:
 1. A security plan meeting the requirements of AuSable Township Ordinance Authorizing and Permitting Commercial Medical Marihuana Facilities.
 2. A description of the type of Facility proposed and the anticipated or actual 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 Commercial Medical Marihuana 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.
- An identification of any business that is directly or indirectly involved in the growing, processing, testing, transporting or sale of Marihuana for the Facility.

- A statement indicating 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 nonrenewal, including the licensing authority, the date each action was taken and the reason for each action.
- A site plan and interior floor plan of the Permitted Premises and the Permitted Property signed and sealed by a Michigan registered architect, surveyor or professional engineer.
- A statement providing information regarding any other Commercial Medical Marihuana Facility that the Applicant(s) is authorized to operate in any other jurisdiction within the State or another State and the Applicant(s) involvement in each Facility.

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 in and attached to this application when required. (2) it is their sole responsibility to comply with the requirements of any applicable AuSable Township Ordinance, notwithstanding the signature or approval of any Township employee(s) or official(s); (3) AuSable Township is not bound to recognize the approval or other action of any employee(s) of official(s) that is not in strict compliance with the AuSable Township Ordinance; and (4) the end resulting permit does not give the Applicant(s) and Owner(s) any vested rights to any permit or to any renewal.

Signature (Applicant) _____ Date: _____

Print Name _____ Date: _____

Signature (Applicant) _____ Date: _____

Print Name _____ Date: _____

Signature (Owner) _____ Date: _____

Print Name _____ Date: _____

Signature (Owner) _____ Date: _____

Print Name _____ Date: _____

THIS SECTION TO BE COMPLETED BY AUSABLE TOWNSHIP

On _____, 20____ the AuSable Township Planning Commission:

Approved the application: _____

Approved the application subject to the following conditions: _____

Denied the application for the following reason(s): _____

Planning Commission Chairperson

Date

Zoning Administrator

Date

Copy of Completed Permit Application and, if issued, copy of Permit retained by or provided to

Applicant Property Owner Township Zoning Administrator

DOCUMENTS REQUIRED FOR COMMERCIAL APPLICATION

All applications must include the following documentation:

- Completed Application for Commercial Medical Marihuana Facility Permit
- If the proposed Permit Holder is a corporation, non-profit organization, limited liability company or any other entity other than a natural person, all of the following must be included:
 - Documentation indicating its legal status
 - A copy of all company formation documents (including amendments)
 - Proof of registration with the State of Michigan
 - A certificate of good standing
- *If the Applicant is the owner of the Subject Property*: 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 Subject*: the owner of the Subject Property must co-sign the application.
- Copies of a valid, unexpired driver's license or state issued ID for all owners, directors, officers and managers of the proposed Facility.
- Evidence of a valid sales tax license for the business if such a license is required by state law or local regulations.
- Non-refundable Application fee, if required
- Business and Operations Plan, showing in detail in the Commercial Medical Marihuana Facility proposed plan of operation including:
 - A security plan which includes (1) a general description of the security systems(s), (2) current centrally alarmed and monitored security system service agreement for the proposed Permitted Premises, and (3) confirmation that those systems will meet State requirements and be approved by the State prior to commencing operations.
 - A description of the type of Facility proposed and the anticipated or actual number of employees.
 - A description by category of all products to be sold.
 - A list of Material Safety Data Sheets for all nutrients, pesticides, and other chemicals proposed for use in the Commercial Medical Marihuana Facility.
- 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.
 - A plan for the disposal of Marihuana and related byproducts that will be used at the Facility.
- An identification of any business that is directly or indirectly involved in the growing, processing, testing, transporting or sale of Marihuana for the Facility.
- A statement indicating 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 nonrenewal, including the licensing authority, the date each action was taken, and the reason for each action.
- A site plan and interior floor plan of the Permitted Premises and the Permitted Property signed and sealed by a Michigan registered architect, surveyor or professional engineer.

- A statement providing information regarding any other Commercial Medical Marijuana Facility that the Applicant(s) is authorized to operate in any other jurisdiction within the State, or another State, and the Applicant(s) involvement in each Facility.

DOCUMENTS REQUIRED FOR SPECIAL USE APPLICATION

All applications must include the following documentation:

- Completed Application for Commercial Medical Marihuana Facility Permit
- A scale drawing of the property or site which includes the following information:
 - Shape, area, and dimensions of the lot or parcel and the names and widths of abutting streets or street right of way.
 - Location, dimensions, and height of existing and/or proposed structures to be erected, altered or moved on the property.
 - The intended use of the property.
 - All yards, open spaces, setbacks and parking dimensions, including driveways.
- A site plan which illustrates the general uses, character, and impact of the special land use, and includes all the following information:
 - The date, north arrow and scale. The scale shall not be less than 1" = 20' for property three (3) acres or less and not less than 1" = 100' for property more than three (3) acres
 - All lot and property lines, clearly defined
 - Location and height of all existing and/or proposed structures on and within one hundred (100) feet of the subject property
 - Location and dimensions of all existing and proposed drives, walkways, curb openings, number and size of signs, exterior lighting and parking areas including the number and size of spaces
 - Location and width of all access and egress roads, streets, right of ways an/or alley ways abutting the proposed site and details and conditions of the same.
 - The name and address of the person responsible for the preparation of the site plan including professional seal.
 - The name and address of the property owner or applicant.
 - Location, type height and density of existing and/or proposed landscaping, fences, walls, buffer zones, and green spaces.
 - The location of existing or proposed septic systems, water/sewer lines, tire hydrants, utility lines, and the type and size of water run off facilities including drainage ditches.
 - Application for Sign Permit, if any sign is proposed.