



MARIHUANA FACILITIES APPLICATION

Please complete this form and submit it with all applicable materials to the Township Clerk.

For questions, contact Zoning Administrator: Lynee Wells [Email: lwells@SaugatuckTownship.org](mailto:lwells@SaugatuckTownship.org)

Phone: 269.857.7721 **Note:** A special land use application form, fee and escrow payment may also be required.

This application is for:

- New License
 Amendment to an existing license
 Adding Adult-use to Existing Approved Medical Facility

I. Applicant Information	
Applicant Name	Doing Business as:
Mailing Address	City, State, Zip
Physical Address	City, State, Zip
Telephone Number:	Email Address:

II. Facility Type
A separate application and fees must be submitted for each facility type and location.
<input type="checkbox"/> Marijuana Retailer/Provisioning Center <input type="checkbox"/> Grower-Class A <input type="checkbox"/> Safety Compliance <input type="checkbox"/> Grower-Class B <input type="checkbox"/> Grower-Class C

III. Facility Location	
Property Address:	Zoning District:
If No Address, Parcel #:	City, State, Zip

Proposed hours of operation:

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Open							
Close							



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IV. Application Materials

Fee: \$5,000 Annual Administrative Fee*

Note: Stacked licenses are permitted.

- Parcel with 1 state operating license - \$5,000
- Parcel with 2 state operating licenses - \$7,500
- Parcel with 3 or more state operating licenses - \$8,500

If the current property owner is different than the applicant, the property owner's signature is required in addition to the applicants. Only one application shall be submitted per property, unless the applications are proposed for co-located facilities.

Include written consent for the Township, Fire District or law enforcement agencies serving the Township to inspect the facility at any time during normal business hours to ensure compliance with applicable laws and regulations.

A copy of the official paperwork issued by LARA indicating that the applicant has successfully completed the prequalification step of the application for a state operating license.

If the proposed facility type involves stacked growing licenses, indicate the number of licenses sought. _____

Include plan showing setback from property lines, proposed screening/buffering on site, uses of adjacent lots and proposed lighting.

Proposed signage.

Approval from Saugatuck Township Fire District in accordance with the International Fire Code, as referenced in the Township ordinance.

Applicant must provide a detailed listing of any and all proposed hazardous materials, including proposed quantities, that will be stored and utilized on the site (including carbon dioxide, pesticides, etc.

V. Signatures

Signature of Applicant: _____

Date: _____

Signature of Property Owner (if applicable): _____

Date: _____



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FOR TOWNSHIP USE ONLY

Application # MM-_____

Application received by the Township Clerk

Date: _____ Application Complete? _____

Staff Signature: _____

Conditional Authorization Issued:

Date: _____

Staff Signature: _____

Final Authorization Checklist:

Within 12 months of Conditional Authorization date above:

Applicant has received applicable zoning approvals: (site plan approval special use)

Within 18 months of Conditional Authorization date above:

Applicant has obtained a state operating license and has presented copy to Township.

Final Authorization Issued:

Date: _____

Staff Signature: _____