



## MEDICAL 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](tel:269.857.7721)

This application is for:

- New License     Amendment to an existing license

| 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"/> Provisioning Center <input type="checkbox"/> Grower-Class A<br><input type="checkbox"/> Safety Compliance <input type="checkbox"/> Grower-Class B<br><span style="margin-left: 350px;"><input type="checkbox"/> Grower-Class C</span> |

| 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 |     |      |      |       |     |     |     |



## MEDICAL MARIHUANA FACILITIES APPLICATION

### IV. Application Materials

- Fee: \$5,000 Annual Administrative Fee
- 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: \_\_\_\_\_



## MEDICAL MARIHUANA FACILITIES APPLICATION

### 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 zoning approvals: site plan approval and applicable special use approval

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: \_\_\_\_\_