



3461 Blue Star Hwy
 P.O. Box 100
 Saugatuck, MI 49453

Phone (269) 857-7721
www.SaugatuckTownship.org

MEDICAL MARIJUANA 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) extension 106.

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
<p>A separate application and fees must be submitted for each facility type and location.</p> <p> <input type="checkbox"/> 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 </p>

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							

IV. Application Materials

- | | |
|---|--|
| <p><input type="checkbox"/> Fee: \$5,000 Annual Administrative Fee, \$2,500 for second license.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> | <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> If the proposed facility type involves stacked growing licenses, indicate the number of licenses sought. _____</p> <p><input type="checkbox"/> Include plan showing setback from property lines, proposed screening/buffering on site, uses of adjacent lots and proposed lighting.</p> <p><input type="checkbox"/> Proposed signage.</p> <p><input type="checkbox"/> Approval from Saugatuck Township Fire District in accordance with the International Fire Code, as referenced in the Township ordinance.</p> |
|---|--|

**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 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: _____