PARMA TOWNSHIP JACKSON COUNTY, MICHIGAN

APPLICATION DATE	
PERMIT NO	

## APPLICATION FOR PERMIT COMMERCIAL MEDICAL MARIHUANA FACILITY

Submit <u>six (6)</u> physical copies and one (1) electronic copy of completed application and all required materials to the Township

Application for (check one):  ☐ New permit for Commercial Medical Marihuana Facility ("CMMF")  ☐ Renewal permit for CMMF  ☐ Transfer of permit for CMMF				
owners, directors application) Name	ne information required below, the names, home addresses, and personal phone numbers for all s, officers, and managers of the proposed CMMF are required and must be attached to this			
Address				
Phone	Email			
Legal Interest	Emailin Subject Property			
Subject Prope	erty Owner			
Address	Email			
Address of Co	Lindi			
Parcel Identif	ibject Property:			
☐ Growe ☐ Proces ☐ Secure	IF (check one): r Facility, Class C sor Facility Transporter Facility ioning Center			
☐ A stru☐ A stru☐ A con	IMF will operate within (check one): acture or structures pre-existing on the Subject Property acture or structures to be erected pending issuance of a Permit abination of structures pre-existing on the Subject Property and structures to be d pending issuance of a Permit			
	wnship will consider the Application for a CMMF Permit, the Applicant(s) must application form, pay all fees and attach ALL of the following documentation:			
compa	proposed Permit Holder is a corporation, non-profit organization, limited liability my or any other entity other than a natural person, attach all of the following:  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 a CMMF. ☐ 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. Application for a Sign Permit, if any sign is proposed. ☐ Non-refundable Application fee. ☐ Business and Operations Plan, showing in detail the CMMF's proposed plan of operation, including without limitation, the following: 1. A security plan meeting the requirements of Parma Township Ordinance Authorizing and Permitting CMMFs. 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 CMMF. 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.
- 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.

6. A plan for the disposal of Marihuana and related byproducts that will be

An identification of any business that is directly or indirectly involved in the growing,

used at the Facility.

	A site plan and interior floor plan of the Permitted Premises and the Permitted Property		
	A statement providing information regarding any other CMMF 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.		
	A valid insurance policy as required by the Parma Towns Permitting CMMFs, listing the Township as an additional		
	A statement acknowledging that all fees collected by the Township in connection with ar Application are non-refundable, regardless of whether the Applicant receives a Permit License, or other similar document required by another governmental or regulatory authority.		
	An explanation of any review factors the Township should consider when evaluating the Application against other Applications, including, but not limited to, those factors listed in Section 4(4) of the Parma Township Ordinance Authorizing and Permitting CMMFs.		
Applic	cant(s) and Owner(s) Certification:		
application and at Ordinathe recognized approved approved complement girms.	cant(s) and Owner(s) certify that the information subnation is true and correct to the best of their knowledge wledge and agree that: (1) they are required to supplement tached to this application when required, and within (10) dance Authorizing and Permitting CMMFs; (2) it is their so quirements of any applicable Parma Township Ordinance, and all of any Township employee(s) or official(s); (3) Particle the approval or other action of any employees(s) or itance with the applicable Parma Township Ordinance; and we the Applicant(s) or Owner(s) any vested rights to any pernewal.	ge. Applicant(s) and Owner(s) at the information submitted in ays, under the Parma Township the responsibility to comply with notwithstanding the signature of ma Township is not bound to official(s) that is not in stricted (4) the resulting permit does	
Signat	ture (Applicant) Print name:	Date	
Signat	ture (Applicant) Print name:	Date	
Signat	ture (Owner) Print name:	Date	
Signat	ture (Owner) Print name:	Date	
THIS SECTION TO BE COMPLETED BY PARMA TOWNSHIP			
	On, 20, the Parma Township Boar	d:	

[] Approved the application for the follow	ving reason(s):
[] Approved the application subject to the	e following conditions:
[] Denied the application for the following	g reason(s):
Township Supervisor	Date
Township Clerk	Date
Copy of Completed Permit Application ar  Applicant Property Owner	nd, if issued, copy of Permit retained by or provided to:    Township Clerk