



INITIAL APPLICATION FOR A MEDICAL MARIJUANA FACILITY IN THE CHARTER TOWNSHIP OF KALAMAZOO
 Updated March 1, 2018

Important Notice to Applicants: *This initial application is to request conditional approval to operate a medical marijuana facility or facilities in the Charter Township of Kalamazoo. A conditionally-approved application and the Township’s Medical Marijuana Facilities Ordinance may be used as part of a submittal to the State of Michigan for a medical marijuana facility (or facilities) license (or licenses) but does not confer authority to operate a particular facility or facilities at any particular location in the Township. All state-approved facilities are subject to the provisions of the Charter Township of Kalamazoo Ordinance Number 591 (Medical Marijuana Facilities Ordinance) and must obtain zoning approval prior to operation of a facility or facilities within the Township.*

TYPE OF APPLICATION: () New Application () Renewal Application () License Modification

Medical Marijuana Facility Business Information		
Name of Company:		
Federal Employer ID Number:	Personal Property ID:	
Business Address:	Parcel Property ID:	
City:	State:	Zip Code:
Phone:	Fax:	Business Website:
Business Email contact:		

Applicant Information		
Name of Applicant:	Title:	
Address:		
City:	State:	Zip Code:
Michigan ID/Driver’s License Number:		
Land Line:	Cell:	

- APPLICANT** (check one):
- Individual / Sole Proprietor
 - Partnership
 - LLC
 - Corporation Type: _____
 - D/B/A
 - Other/Specify: _____

IF A CORPORATION OR DBA, name and address of registered agent for service of process:

- TYPE OF FACILITY BEING APPLIED FOR:**
- () Grower Class () A () B () C * Must be in Agricultural or Industrial Zoning District
 - () Processor
 - () Provisioning Center
 - () Secure Transporter
 - () Safety Compliance Facility
- Check all that apply**



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SUBMIT \$5,000 NON-REFUNDABLE APPLICATION FEE PER LICENSE TYPE WITH THIS APPLICATION.

ATTACH COPY OF PRE-QUALIFICATION APPROVAL LETTER, IF AVAILABLE, FROM THE STATE OF MICHIGAN, DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS UNDER RULE 5 OF THE BUREAU OF MEDICAL MARIHUANA REGULATION EMERGENCY RULES

ATTACH LIST (PAGE 6 OF THIS APPLICATION) DISCLOSING THE IDENTITY OF EVERY PERSON HAVING ANY OWNERSHIP INTEREST IN THE APPLICANT WITH RESPECT TO WHICH THE LICENSE IS SOUGHT. THIS SHOULD CONTAIN THE INFORMATION REQUIRED TO BE SUBMITTED TO THE STATE OF MICHIGAN UNDER RULE 5, PARAGRAPH 2.

ATTACH COPY OF ALL INFORMATION REQUIRED TO BE SUBMITTED TO THE STATE OF MICHIGAN UNDER RULE 5, PARAGRAPH 4, SUBPARAGRAPHS (a), (b), (c), (d), (e), and (f).

Property Information:	
Business Site Address:	Tax Parcel #:
Acreage in Parcel:	
<input type="checkbox"/> Owned Date of Purchase: _____ <input type="checkbox"/> Leased Start Date: _____ End Date: _____	
If Leased: Property Owner Name: _____ Phone: _____ Email: _____	
Will facility be in an existing structure? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many square feet?
Will a new structure or addition be built? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many square feet?



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Medical Marijuana Facility – Zoning Assurance Letter

By initialing each section and signing below, I acknowledge the following to be true:

_____ I have reviewed and understand applicable zoning regulations pertaining to the special uses, locations, and restrictions for medical marijuana facilities in the Charter Township of Kalamazoo, and that if the property identified with this application does not meet said regulations, the application will be denied.

_____ I understand that the property is subject to other regulations of the zoning ordinance, and any use, occupancy, and/or development of a property will need to be in compliance with all regulations of the zoning ordinance, including but not limited to:

- Article 4: Off-street Parking and Loading Requirements
- Article 5: Landscaping and Screening
- Article 6: Walls and Fences
- Article 7: Signs
- Article 8: Site Development Standards VV. Marijuana grower, marijuana processor, marijuana provisioning center, marijuana secure transporter, and marijuana safety compliance facility.
- Section 26.02 Site Plan Review
- Section 26.03 Special Land Use

 Signature of Applicant

 Signature of Co-Applicant

 Date

 Date



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Medical Marijuana Facilities Criminal History Disclosure and Background Record Authorization

As part of the Licensing Process, each person listed on the information submitted to the State of Michigan under Emergency Rules, Rule 5, paragraph 4, subparagraphs (a) and (b), must also complete this form and submit with a copy of Michigan ID or Driver's License. All questions on this form must be answered completely and truthfully. A separate form for each individual listed is required.

A separate form for each individual listed on the MMF Permit application is required, including applicant, stakeholders & facility managers			
Full Name:			
Maiden Name or Aliases:			
Michigan ID or Driver's License Number:			
Home Address:	City:	State:	Zip:
Phone:	Date of Birth:	Gender:	

I, _____, authorize the release of any and all information from any appropriate agency regarding my criminal conviction history to the Charter Township of Kalamazoo Clerk's Office or Township of Kalamazoo Police Department. **I understand that my race, color, sex, age, religion, national origin, height, weight, marital status, familial status, veteran status, citizenship, handicap/disability, gender identity, sexual orientation, genetic information, or as otherwise in accordance with all Federal or State law, or local regulations will not be made part of my application and that none of these items will be considered in the review of my permit application.** I acknowledge that a complete background investigation, including, but not limited to, a State Police Criminal Conviction Record Check will be done. In addition, I agree to cooperate with the investigator / inspector assigned to screening this application.

Signature: _____ Date: _____

- | | |
|----|--|
| 1. | Has the applicant ever been arrested, charged, indicted or imprisoned for a felony involving controlled substances as defined under the Michigan Public Health Code, MCL 333.11041 et seq., the federal law, or the law of any other state? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. | Has the applicant ever been arrested, charged, indicted or imprisoned for any other type of felony under the law of Michigan, the United States, or any other state? Yes <input type="checkbox"/> No <input type="checkbox"/> |

If you answered Yes to either or both of the above questions, the applicant must complete the following section.

Offense: Arrest/Charge Indictment/Conviction	Date	Arresting Agency	Name & Location of Court	Case Caption	Case/Docket Number	Disposition
Date of Conviction	Law under which the person was convicted					SID Number

I hereby certify that the information provided above is accurate to the best of my knowledge

Signature: _____ Date: _____



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List all Owners, Partners or Corporate Officers (Stakeholders)			
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	

Attach an additional sheet if there are more persons to list