

MARIHUANA BUSINESS MUNICIPAL LICENSE APPLICATION



Table of Contents

Each section is required by all applicants

Section 1: Applicant Information

Fill out the Applicable Form Provided and Attach as Tab “Section 1”

- Form 1 (a) – Individual Applicant Information; or
- Form 1 (b) – Non-Individual Applicant Information; or
- Form 1 (c) – Non-Individual Applicant Information (entity contact person)

Section 2. Information on Proposed Location

Provide Requested Information and/or Documents and Attach as Tab “Section 2”

- a) Name of Marihuana Business
- b) Specify if the business is for Medical and/or Recreational Marihuana
- c) Specify if it is a Grower, Processor, Transporter or Retailer establishment
- d) Address and Description of Marihuana Business
- e) Location Area Map (that reflects compliance with separation distance requirements)
- f) Copy of Special Land Use
- g) Permit Copy of Approved Site Plan
- h) Copy of Floor Plan

Section 3. Applicant Affirmations

Fill out the Applicable Form Provided and Attach as Tab “Section 3”

Form for Section 3 - Applicant Affirmations

Section 4. Affidavit of Non-Default and Compliance Transfer

Fill out the Applicable Form Provided and Attach as Tab “Section 4”

Form for Section 4 - Affidavit of Non-Default and Compliance Transfer

Section 5. Proof of Financial Responsibility

Provide Requested Documents and Attach as Tab "Section 5"

Copy of Proof of Financial Responsibility Submitted to LARA with State Application

Section 6. Ownership Interest

Provide Requested Information and/or Documents and Attach as Tab "Section 6"

Proof of Insurance of the Premises

Written Consent from the Property Owner for use Requiring Licensure

Section 7. Exterior Graphs of Building

Provide Requested Documents and Attach as Tab "Section 7"

Any Proposed Text or Graphical Materials to be Shown of Exterior

Section 8. Sanitation Plan

Provide Requested Information and/or Documents and Attach as Tab "Section 8"

Waste Storage Method(s)

Waste Disposal Method(s)

Section 9. Crime Prevention Through Design Plan

Provide Requested Information and/or Documents and Attach as Tab "Section 9"

Surveillance Methods

Access Control Strategies

Operational Elements/Site Features

Maintenance

Customer, Employee, Neighbor, and Neighborhood Safety

Section 10. Good Neighbor Plan

Provide Requested Information and/or Documents and Attach as Tab "Section 10"

Measures to Reduce Potential Negative Impacts on Residents & Businesses

Relationship with the Community

Implementation Program

Section 11. Applicant Qualifications

Provide Requested Information and/or Documents and Attach as Tab “Section 11”

Business History Experience

Regulatory Compliance and/or Legal History

Section 12. Executive Summary

Provide Requested Information and/or Documents and Attach as Tab “Section 12”

a) Operational Vision

b) Success of Applicant's Approach in Other Marihuana Markets

c) Recruitment

d) Hiring Strategy

e) Training Programs

f) Compensation Packages

Section 13. Grower Facilities (only required if applying for a Grower Facility License)

Provide Requested Information and/or Documents and Attach as Tab “Section 13”

Chemical and Pesticide Storage Plan

Section 14. Strategies to Mitigate Negative Impacts on the Following:

Provide Requested Information and/or Documents and Attach as Tab “Section 14”

a) Township Services and Resources

b) Local Economy

c) Public Infrastructure and Utilities

d) Traffic and Parking

e) Natural Resources and Energy

f) Adjacent Uses of Land

Section 15. Assessment

Fill out the Applicable Form Provided and Attach as Tab “Section 15”

Form for Section 15 – Self-Assessment Rubric

Directions for Completing this Application

The response to this Application is to be made in 3-ring binders and is required to numbered tabs (Numbered “Section 1” through “Section 15”) according to the table of contents. The information that the applicant is requested to provide for each section is to be placed behind the respective numbered tabbed section.

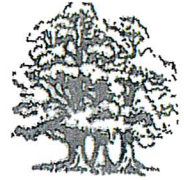
A sample assessment rubric is provided as Form 15 - Self Assessment Rubric shall be included under Tab 15. This Rubric is designed for the applicant to evaluate its own Application materials and assess themselves in a fair and appropriate manner. The Self-Assessment Rubric will provide the applicant with a reflective tool and enhance understanding between the applicant and the Township.

One (1) hard copy of the Application binder(s) and the Application fee shall be filed in the Township Clerk's Office. The Application shall be reviewed by the Township Clerk and Zoning Administrator for completeness within 14 days of receipt.

- A Complete Application (binder) shall receive Conditional Authorization.
- An incomplete Application (binder) will be denied.
- The Township Clerk shall notify the applicant of the grant or denial of the Conditional Authorization by first-class mail.
- In the event of a denial, the applicant shall have 14 days from the mailing date of the denial to correct deficiencies.
- If all deficiencies are timely corrected, the Township Clerk shall issue a Conditional Authorization.

Within 10 days of Conditional Authorization, the applicant shall supply the Township Clerk with 7 hard copies of the complete Application (binder) and one (1) digital copy of the complete Application, recorded on a removable thumb drive.

Form 1.(a) Individual Applicant Information



Important Notice to Applicants: This initial Application is to request conditional approval to operate a marihuana facility or facilities in the TOWNSHIP of THREE OAKS. A conditionally approved Application and the TOWNSHIP's Marihuana Facilities Ordinances may be used as part of the submittal to the State of Michigan for a marihuana 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 THREE OAKS TOWNSHIP Marihuana Facilities Ordinances and must obtain zoning approval prior to operations of a facility or facilities within the TOWNSHIP.

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Section 1.(a) Individual Applicant Information - Required if the Applicant is an Individual. A copy of the Applicant's government issued photo is required.

_____ Applicant Name			
_____ Date of Birth		_____ Social Security#	
Applicant Physical Residential Address		City	State Zip
Applicant Physical Business Address		City	State Zip
_____ Primary Phone	_____ Secondary Phone	_____ Email	
_____ Emergency Contact (Name, Phone)			

I affirm that I have included a copy of my government issued photo identification with this Application.

Dated: _____

Signature: _____

Form 1.(b) Non-Individual Applicant Information



Important Notice to Applicants: This initial Application is to request conditional approval to operate a marihuana facility or facilities in the TOWNSHIP of THREE OAKS. A conditionally approved Application and the TOWNSHIP's Marihuana Facilities Ordinances may be used as part of the submittal to the State of Michigan for a marihuana 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 THREE OAKS TOWNSHIP Marihuana Facilities Ordinances and must obtain zoning approval prior to operations of a facility or facilities within the TOWNSHIP.

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Section 1.(b) Non-Individual Applicant Information - Required if the Applicant is not an Individual. Each person holding an ownership interest in the Applicant Entity must be listed. **Make additional copies of this form as needed.**

A copy of the Applicant's government issued photo is required.

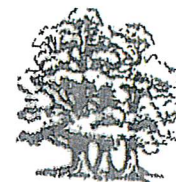
Applicant Entity		Stakeholder(s) Name(s)	
Date of Birth	Percentage Ownership		
Stakeholder Physical Residential Address	City	State	Zip
Stakeholder Physical Business Address	City	State	Zip
Primary Phone	Secondary Phone	Email	

I affirm that I have included a copy of my government issued photo identification with this Application.

Dated: _____

Signature: _____

Form 1.(c) Non-Individual Applicant Information



Important Notice to Applicants: This initial Application is to request conditional approval to operate a marihuana facility or facilities in the TOWNSHIP of THREE OAKS. A conditionally approved Application and the TOWNSHIP's Marihuana Facilities Ordinances may be used as part of the submittal to the State of Michigan for a marihuana 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 THREE OAKS TOWNSHIP Marihuana Facilities Ordinances and must obtain zoning approval prior to operations of a facility or facilities within the TOWNSHIP.

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Section 1. (c) Non-Individual Applicant Information (Entity Contact Person) -

Required if the Applicant is not an Individual. The Applicant Entity Contact Person must be the highest-ranking member of the Applicant Entity or the highest-ranking managerial employee.

Applicant Entity		Stakeholder Name	
Entity Contact Person (i.e., highest ranking member)		Entity Contact Person Title	
Address	City	State	Zip
Primary Phone	Secondary Phone	Email	

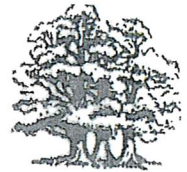
I affirm that I have included the following required documents (as applicable to my entity)

- ☐ Articles of Incorporation (if corporation)
- ☐ Articles of Organization (if LLC)
- ☐ Assumed Name Registration Documents
- ☐ Internal Revenue Service SS-4 EIN Confirmation Letter
- ☐ Copy of the Partnership Agreement (if partnership)
- ☐ Name and Addresses of Beneficiaries (if trust)
- ☐ Copy of the By-Laws or Shareholder Agreement (if corporation)

Dated: _____

Signature: _____

Form 3. Applicant Affirmations



MARIHUANA BUSINESS MUNICIPAL LICENSE APPLICATION

Section 3. Applicant Affirmations - Required to be completed by all Applicants and Stakeholders.
I affirm that I, and each applicant, operator, and stakeholder, is at least 18 years of age.

Initials

I affirm that, I and each applicant, operator, and stakeholder, is not, or has not been within the preceding 24 months, employed by the Township, a consultant for the Township, or an advisor to the Township and involved in the implementation, administration, or enforcement related to a marihuana business.

Initials

I affirm that I, and each applicant, operator, and stakeholder, acknowledge and understand that consumption and/or use of marihuana at the marihuana business is prohibited.

Initials

I affirm that I, and each applicant, operator, and stakeholder, acknowledge and understand that the granting of a Marihuana Business Municipal License by the Township does not guarantee that the State of Michigan will issue me, the applicant, a license.

Initials

I affirm that I, and each applicant, operator, and stakeholder, acknowledge and understand that all matters related to marihuana growing, cultivation, possession, testing, safety compliance and transporting are currently subject to state and federal laws, rules and regulations, and that the granting of a Municipal License by the Township does not exonerate or exculpate the applicant, stakeholders, and operators from abiding by the provisions and requirements and penalties associated with those laws, rules and regulations, or exposure to any penalties associated therewith.

Initials

I declare that I, and each applicant, operator and stakeholder, waives and forever releases any claim, demand, action, legal redress, or recourse against the Township, its elected and appointed officials, and its employees and agents for any claims, damages, liabilities, causes of action or attorney fees that may be incurred as a result of the violation by the applicant, stakeholders, or operators of those laws, rules and regulations.

Initials

I affirm that I, and each applicant, operator, and stakeholder, acknowledge and understand that a Municipal License applied for or issued under the Three Oaks Township Regulation of Marihuana Ordinance may be denied or revoked on any of the grounds set forth in Section 7 of said Ordinance.

Initials

I affirm that I, and each applicant, operator, and stakeholder, acknowledge and understand that the Township may request additional information concerning this Application. If I fail to timely provide all requested information, then the Township may discard this Application and give it no further consideration.

Initials

I affirm that I, and each applicant, operator, and stakeholder, acknowledge and understand that, if authorization is granted, the Township of Three Oaks may inspect the establishment at any time during normal business hours to ensure compliance with applicable laws and regulations.

Initials

I affirm that I, and each applicant, operator, and stakeholder have not had a business license revoked or suspended.

Initials

If any business license has been revoked or suspended, please explain below including the facts and circumstances concerning the Application, denial, restriction, suspension, revocation, or nonrenewal and the licensing authority, the date each action was taken, and the reason for each action.

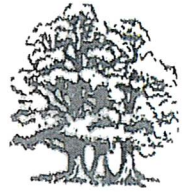
Initials

I certify that the information in this Application (including all attachments) is true and complete to the best of my knowledge.

Initials

Three Oaks Township

6810 US Hwy 12
PO BOX 55
THREE OAKS, MI 49128
TEL: 269-756-9801
www.threeoakstownship.org



I affirm, acknowledge, understand, and consent to the fact that this Application will be evaluated and assessed pursuant to the criteria set forth in the Township of Three Oaks Regulation of Marihuana Ordinances.

Initials

I swear that the statements made in this Affirmation are true and complete as required by the laws and ordinances of the Township of Three Oaks.

Dated: _____

Signature

STATE OF MICHIGAN

)

) ss.

COUNTY OF _____

)

This instrument was acknowledged before me on _____, 2023.

By _____

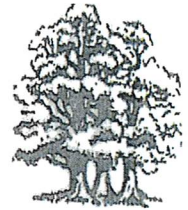
Notary

Public State of Michigan, County of _____

Acting in the County of _____

My Commission Expires: _____

**Form 4. Affidavit
of Non-Default and
Compliant Transfer**



MARIHUANA BUSINESS MUNICIPAL LICENSE APPLICATION

Section 4. Affidavit of Non-Default and Compliant Transfer - Required to be completed by all Applicants.

STATE OF MICHIGAN)
) ss.
COUNTY OF _____)

_____, being duly sworn, deposes and says:
Applicant

1. I am an adult and legally competent to make the statements in the affidavit, which I make from firsthand knowledge.
2. I, and each applicant, operator, and stakeholder, am not in default to the Township of Three Oaks.
3. I, and each applicant, operator, and stakeholder, have never failed to file or pay any income tax, property taxes, special assessments, fines, fees, or any other financial obligation to the Township of Three Oaks.

Dated: _____

Signature

This instrument was acknowledged before me on _____, 2023.

By _____

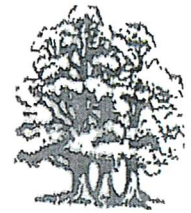
Notary

Public State of Michigan, County of _____

Acting in the County of _____

My Commission Expires: _____

Form 15. Self-Assessment Rubric

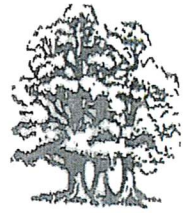


MARIHUANA BUSINESS MUNICIPAL LICENSE APPLICATION

Section 15. Self-Assessment Rubric - Required to be completed by all Applicants.

Assessed Factor	Assessment	Self-Assessment
Whether the applicant or any stakeholder is a resident of the Township or otherwise demonstrated commitment to or invest in the Township that is not purely financial.		
The applicant's experience in operating or owning a business in the Township.		
The applicant's experience in operating other similar licensed Marihuana Business(es) in Michigan.		
The applicant's general business management experience.		
Whether the applicant or any stakeholder has a history of non-compliance with any regulatory requirements in any other jurisdiction.		
How the proposed Marihuana Business will mitigate impacts of the operation on Township services and resources, including without limitation, impacts on the Township economy, impacts on local services, public utilities; and impacts on parking and traffic.		
Whether the applicant has demonstrated the ability to execute and finance the proposed Marihuana Business.		
Quality of the employee training and education offered.		

**FEE
AFFIRMATION
FORM**



MARIHUANA BUSINESS MUNICIPAL LICENSE APPLICATION

A nonrefundable Municipal License Application fee shall be paid by each Marihuana Business applying to be licensed in the amount of \$5,000.00.

Please note that any Application is not complete or accepted until payment has been received by the Clerk.

I affirm that the above is a true copy of the receipt submitted with this Application. I understand and affirm that my Application is not complete or accepted until payment has been received by the Clerk.

Dated: _____

Signature

Three Oaks Township

6810 US Hwy 12

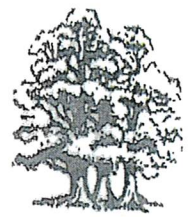
PO BOX 55

THREE OAKS, MI 49128

TEL: 269-756-9801

www.threeoakstownship.org

FOR TOWNSHIP USE ONLY



MARIHUANA BUSINESS MUNICIPAL LICENSE APPLICATION RECEIPT

Name of Individual who submitted the Receipt:

Driver's License Number and State of Individual who submitted the Receipt:

Entity or Individual Applicant Name for Fee Submission:

Clerk's Office

Certification of Receipt

Name: _____ Signature: _____

Date: _____

Zoning Administrator's Office

Certification of Receipt

Name: _____ Signature: _____

Date: _____