

<u>Township Use Only</u>	
Date Received:	_____
Received By:	_____
Fee Paid:	_____
Application No.	_____
Complete date:	_____

South Haven Charter Township
09761 Blue Star Hwy
South Haven Michigan 49090
269-637-3305

APPLICATION TO OPERATE ADULT-USE (RECREATIONAL) MARIHUANA ESTABLISHMENT

Information for Applicants

A separate application is required for each license request.

- I. Fees. The following fees must be included with this application:
 - ☐ Non-refundable application fee: \$5,000
 - ☐ Advance payment of annual administrative fee: \$5,000
- II. Attachments. You must attach all of the documents identified in Section 6.
- III. Process. The application receipt period begins on May 11, 2023. After a complete application is approved, the applicant must (1) obtain special use authorization from the Township Planning Commission within 12 months, and (2) receive all required operating licenses and approvals from LARA (CRA) within 18 months.
- IV. Supplemental Information. Applicants for Township authorization and persons operating existing establishments in the Township must provide the Township Clerk with copies of all documents submitted to LARA in connection with the initial license application, subsequent renewal applications, or investigations conducted by LARA. The documents must be provided to the Clerk within 14 days of submission to LARA and may be submitted electronically to the Township unless otherwise requested by the Clerk.
- V. Restrictions. Only one application may be submitted per proposed property.

1. ESTABLISHMENT INFORMATION

- a. Name of proposed establishment: _____
- b. Please select the type of licensed establishment that you are applying to operate:
 - ☐ Retailer

2. APPLICANT INFORMATION – INDIVIDUAL APPLICANT(S)

Attach additional sheets if needed.

Name: _____

Date of Birth: _____

Social Security Number: _____

Residential Address (no P.O. Box): _____

Business Address: _____

E-mail Address: _____

Telephone number: _____

Alternative telephone number: _____

3. APPLICANT INFORMATION – NON-INDIVIDUAL APPLICANT

- a. Provide the following for each stakeholder of the applicant. Attach additional sheets if needed.**

Stakeholder #1 (select highest ranking representative, who will serve as contact person):

Name: _____

Date of Birth: _____

Social Security Number: _____

Residential Address (no P.O. Box): _____

Business Address: _____

E-mail Address: _____

Telephone number: _____

Alternative telephone number: _____

Stakeholder #2

Name: _____

Date of Birth: _____

Social Security Number: _____

Residential Address (no P.O. Box): _____

Business Address: _____

E-mail Address: _____

Telephone number: _____

Alternative telephone number: _____

Stakeholder #3

Name: _____

Date of Birth: _____

Social Security Number: _____

Residential Address (no P.O. Box): _____

Business Address: _____

E-mail Address: _____

Telephone number: _____

Alternative telephone number: _____

b. Provide the following information for the entity:

Entity type: ☐ Corporation ☐ Limited Liability Company ☐ Partnership ☐ Other: _____

Date of incorporation/organization with State of Michigan: _____

Resident agent name and address: _____

4. LICENSE INFORMATION

a. What is the status of the applicant's state operating license for this establishment?

☐ The applicant has obtained a state operating license for this establishment:

License/record number: _____ Expiration date: _____

☐ The applicant has completed the prequalification phase of the state's licensing process.

☐ The applicant has not yet applied for a state operating license.

☐ Other (explain): _____

b. Identify all adult-use marihuana permits and licenses held by the applicant, including the issuing state, the license/record number, and the expiration date.

5. PROPERTY INFORMATION

Please provide the following information for the real property where the proposed establishment will be located.

Street address of property: _____

Parcel ID No. _____

Current use of property: _____

Zoning designation of property: _____

Name and address of property owner, if different from applicant (note: property owner must sign this application): _____

6. ATTACHMENTS

Please attach all of the following to this application:

- ☐ A photocopy of a valid, unexpired driver's license or state issued identification card for all owners, directors, and officers of the applicant entity (or for any individual applicant), including all individuals signing this application.
- ☐ A location area map of the proposed marihuana establishment and surrounding area that identifies the relative locations and the distances (closest property line to the subject marihuana establishment's building) to any public or private K-12 schools and one-family dwellings within 1,000 feet. **Note:**
 - An establishment may not be located within 1,000 feet of an existing public or private K-12 school. This distance is computed by measuring a straight line from the nearest property line of land used for an existing public or private K-12 school to the nearest property line of the parcel used as a marihuana establishment.
 - An establishment building must be set back 100 feet from the property line of any adjacent parcel with an existing dwelling. See Ordinance for full description of distance requirements.
- ☐ A copy of all documents submitted by the applicant to the Department of Licensing and Regulatory Affairs ("LARA") / Cannabis Regulatory Agency ("CRA") in connection with

the application for a state operating license under the MMFLA or MRTMA, including documents submitted for prequalification;

- ☐ A copy of all documents issued by LARA indicating that the applicant has been prequalified for a state operating license under the MMFLA or MRTMA;

Non-individual applicants must submit the documents above and all of the following:

- ☐ Articles of incorporation or organization;
- ☐ Internal Revenue Service EIN confirmation letter;
- ☐ Copy of the operating agreement of the applicant, if a limited liability company;
- ☐ Copy of the partnership agreement, if a partnership;
- ☐ Names and addresses of the beneficiaries, if a trust;
- ☐ Copy of the bylaws or shareholder agreement, if a corporation.

[SEE NEXT PAGE]

APPLICANT ACKNOWLEDGMENT & CERTIFICATION

- I understand that no person may operate an adult-use marihuana establishment in the Township without an authorization issued by the Township pursuant to the provisions of the Township Code of Ordinances; a special use permit pursuant to the Township Code of Ordinances and the Township Zoning Ordinance; and an operating license from the State of Michigan.
- I agree that if authorization is granted, the Township of South Haven Charter may inspect the establishment at any time during normal business hours to ensure compliance with applicable laws and regulations.
- I 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.
- I certify that if the proposed establishment is authorized, the establishment will be operated in accordance with state law and all Township ordinances, rules, and regulations.
- I understand that marihuana growing, cultivation, possession, testing, safety compliance, distribution, and use are subject to state and federal laws, rules, and regulations, and that receiving authorization of the Township does not relieve me from complying with those laws, rules, and regulations. I waive and forever release any claim or demand against the Township and its officials, employees, and agents for any damages, liabilities, or attorney fees that I may incur based on my operation of an establishment in the Township.
- I certify that the information in this application (including all attachments) is true and complete to the best of my knowledge.

Applicant Signature

Date

Print applicant name

Property Owner Signature

Date

Print property owner name