



CHARTER TOWNSHIP OF WATERFORD

CLERK'S OFFICE

5200 Civic Center Dr. • Waterford, MI 48329

Phone 248-674-6266 • Fax 248-674-5455

Web Page www.waterfordmi.gov

MEDICAL MARIHUANA FACILITY LICENSE SUPPLEMENTAL APPLICATION

Instructions

This Supplemental Application form has been approved for use by the Township Board of Trustees and must be used to apply for a Facility License under the Township's Medical Marihuana Facility Licensing Ordinance, codified in Sections 10-291 through 10-309 as Division 12 in Article III of Chapter 10 of the Waterford Charter Township Code ("Ordinance"). Supplemental Applications may be made within one (1) year of the denial of a previously submitted Application when there are newly available licenses.

One (1) paper hard copy original of this Supplemental Application form and its required attachments with an electronic version of those documents in a media form acceptable to the Township Clerk's office must be personally filed with the Clerk's office. Supplemental Applications will not be accepted for filing until October 18, 2021 and are due November 17, 2021. The Supplemental Application must provide a complete explanation and all necessary documents for the items required in the Ordinance where information has changed and differs from the original Application.

If a Facility License is available, a Supplemental Application may be submitted for multiple types of Facility Licenses (Grower, Processor, Provisioning Center, Safety Compliance Facility, and Secure Transporter) at the same location by the Named Applicant. No more than one (1) of each type of Facility License may be applied for at a single location.

Any questions regarding this Supplemental Application or the Ordinance must be submitted in writing to the Clerk's office and will be responded to in writing on the Township's website for Medical Marihuana Facility Licensing.

CLERK'S USE ONLY

Date Received: _____

Time Received: _____

1. Type of Facility License(s) Applied For

Grower Processor Provisioning Center Safety Compliance Facility Secure Transporter

2. Named Applicant Information

NAMED APPLICANT (exact legal name of entity/person to hold license)		ADDRESS		
CITY		STATE	ZIP	
EMAIL ADDRESS		PHONE		
NAMED APPLICANT'S CONTACT PERSON		ADDRESS		
CITY		STATE	ZIP	
EMAIL ADDRESS		PHONE		
ASSUMED NAME(S), IF ANY, OF NAMED APPLICANT				

3. Proposed Facility Information

FACILITY ADDRESS			
PARCEL ID NUMBER	ZONING DISTRICT		
LEGAL DESCRIPTION (MAY BE ATTACHED AS SUPPLEMENTAL APPLICATION DOCUMENT 1A)			
LEGAL NAME OF OWNER OF PROPOSED FACILITY LOCATION	ADDRESS		
CITY		STATE	ZIP
EMAIL ADDRESS		PHONE	
IF OWNER IS AN INDIVIDUAL, PROVIDE AGE OF OWNER			

AUTHORIZATIONS

By signing this Supplemental Application, the Named Applicant authorizes the Township, through its agents or employees, to enter in and upon and inspect the proposed facility location, to seek information and conduct an investigation to verify the statements and information in and attached to this Supplemental Application and agrees to provide additional information requested by the Township for the reasonable pursuit of such investigation. By signing this Supplemental Application, the owner of the proposed facility (if not the Named Applicant) authorizes this Supplemental Application and the Township, through its agents or employees, to enter in and upon and inspect the proposed facility location.

NAMED APPLICANT AGREEMENT, ACKNOWLEDGEMENT, VERIFICATION, AND CERTIFICATION

This Medical Marihuana Facility License Supplemental Application is under the Township's Medical Marihuana Facility Licensing Ordinance, as adopted and amended. The submission of this Supplemental Application constitutes acknowledgment and agreement that the Applicant has a copy of that Ordinance and that the limited right to appeal a Township decision on a Supplemental Application provided for in Ordinance Section 10-307 is the sole judicial relief and remedy available for challenging a Township decision on this Supplemental Application. **Applicant is strongly encouraged to request a review and issuance of a Zoning Certification letter for determination by the Zoning Official that the proposed medical marihuana facilities and Protected Location requirements are met.** Applicant is also encouraged to request verification from the Township that there are no outstanding financial obligations to the Township. By signing this Supplemental Application, the signatory for the Named Applicant represents that he or she is authorized to do so by, for, and on behalf of the Named Applicant, who hereby verifies that all property taxes and assessments, including water and sewer accounts, for the proposed facility location are current and not delinquent, certifies that none of the conditions prohibiting this Supplemental Application from being filed, as described in Section 10-299(a) of the Ordinance exist, and acknowledges that if this certification is false, that this Supplemental Application will be denied and the Supplemental Application Fee(s) shall be forfeited to the Township.

NAMED APPLICANT:

Named Applicant Signature

Date

Printed Name

Title

The Supplemental Application was acknowledged before me under oath by _____, the authorized _____, of the Named Applicant, on the _____ day of _____, 20____.

Notary Public

County, Michigan

Acting in _____ County, Michigan

My Commission Expires: _____

OWNER OF FACILITY LOCATION:

Owner of Facility Signature

Date

Printed Name / Title

MEDICAL MARIHUANA FACILITY SUPPLEMENTAL INFORMATION/DOCUMENT

This checklist of information/documents required for a complete Supplemental Application is only a summary of information and documents described in subsections (1) - (25) of Ordinance Section 10-301(b). **THOSE ORDINANCE REQUIREMENTS MUST BE FOLLOWED.**

Indicate below each number if there has been a change in the following items that were provided in the Application and provide an explanation and all necessary documentation for review that explain where a change is noted:

- (1) Supplemental Application and prequalification for corresponding State license under MMFLA and State Rules
Yes / No
- (2) Named Application information specified in Ordinance Section 10-301(b)(2), subsections a through c and marked to correspond to those subsection letters.
Yes / No
- (3) Detailed information specified in Ordinance Section 10-301(b)(3), subsections a through k, on separate pages for the Named Applicant and each of the **other Applicants (see attached Ordinance definition.)**
Yes / No
- (4) Written consents or approvals of proposed facility by all Applicants (as defined in Ordinance).
Yes / No
- (5) Documentation of Named Applicant ownership or interest in property.
Yes / No
- (6) Written consent or approval of Supplemental Application by owners of a property.
Yes / No
- (7) Title insurance policy, commitment or search for property.
Yes / No
- (8) Written consents or approvals of proposed facility by adjacent owners and occupants.
Yes / No
- (9) Written support for proposed facility by Township residents and property and business owners.
Yes / No
- (10) Scaled site and building plans for proposed facility,
Yes / No
- (11) Property owner approval of site and building plans.
Yes / No
- (12) Licensed architect/builder estimated construction cost for property and building improvements.
Yes / No

(13) Sources for funding for estimated construction costs.

Yes / No

(14) Contracts, if any, for site and building improvements, and estimated time to start and complete construction.

Yes / No

(15) Comprehensive facility operation plan including everything specified in Ordinance Section 10-301(b)(15), subsections a through i, and marked to correspond to those subsection letters.

Yes / No

(16) For provisioning centers, patient education plan and drug/alcohol awareness programs.

Yes / No

(17) Employee information, including number, type, compensation, benefits and Township resident commitments/preferences.

Yes / No

(18) Itemized projected annual budget with sources of operating capital and guaranteed funding.

Yes / No

(19) Description of employee training and education to be provided.

Yes / No

(20) Description of proposed community outreach/education plans and strategies.

Yes / No

(21) Description of proposed charitable plans, commitments and strategies.

Yes / No

(22) Proof of insurance.

Yes / No

(23) \$10,000 bond payable to Township to defend Named Applicant challenges to Township decisions. Bond is required for all supplemental applications.

If you have a bond remaining with the Township from the Application, a Bond Release Agreement will be required. You may either provide a new bond or request to transfer the bond to the second application process. If you do not have a bond remaining with the Township, a new bond must be provided.

(24) Conditional waiver of FOIA disclosure exemption for State License Supplemental Application.

Yes / No

(25) OPTIONAL: Any other information the Named Applicant wants to have considered by the Township in reviewing, considering and acting on the Supplemental Application.

Yes / No

Ordinance Excerpts relating to Supplemental Applications

Subsection 10-294 (b) Definitions

Supplemental Application means a form, documents, and fee submitted to the Township Clerk to update and rely on a previously denied Application as an Application for a newly available facility license if all of the following requirements are satisfied:

- (a) The previous denial was final no more than one (1) year before the submittal.
- (b) The submittal was within any time required in this Ordinance and any Township Board Resolution allowing applications for the newly available license.
- (c) The submittal includes all forms, documents, and fees required by this Ordinance and any Township Board Resolution allowing applications for the newly available license.

Sec. 10-300. Overview of license application, approval and issuance procedure

- a) The license procedure involved four (4) stages which are: (i) Application to Township Clerk, (ii) Application review and processing by Township personnel (iii) Decision on license application by Township Board, and (iv) License issuance by Township Clerk. Supplemental Applications shall involve the same four (4) stages, however the review and processing by Township personnel may be limited to information indicated in the Supplemental Application as having changed since the submission of the Application, as last amended prior to its denial.

Sec. 10-302. License application review and processing.

- (a) The Township Clerk's office shall review Application and Supplemental Application forms and attachments, with assistance from the Public Works Official, Treasurer and Assessor as to compliance with the minimum requirements in Sec. 10-299, and within 30 business days after accepting the Application or Supplemental Application for filing, will notify the Named Applicant in writing if the Application form is not administratively complete or any of the Application attachments specified in Section 10-301(b) (1) through (24) are missing, have not been submitted in the required order, or are incomplete due to the absence of some responsive language or document for each. That review shall not be for the sufficiency or substance of the responsive language or document. Corrective or supplemental application documents submitted in response to such a notice shall be reviewed by the Clerk's office within 10 business days of receipt. If still administratively incomplete, the Clerk's office shall issue a final notice of such incompleteness and opportunity for correction to the Named Applicant. If the Application is not administratively complete within 10 business days of that notice, it shall be treated and considered as abandoned and the application fee shall be forfeited to the Township. Only administratively complete Applications and Supplemental Applications shall be distributed by the Clerk's office for review as provided in this section. Supplemental Applications shall follow the same review process in subsection (b) for all information that has been identified by the applicant as having changed.
- (b) Upon determining an Application or Supplemental Application to be administratively complete, the Clerk's office shall distribute copies to the following Township personnel for review investigation, and submission of reports to the Clerk's office within 60 days, or longer time approved by the Township Board based on the number of Applications to be reviewed, Supplemental Applications need only be reviewed by Township personnel regarding the updated information and changes disclosed by the Applicant:

Sec. 10-303. Township Board procedure and decision on applications.

- (c) If the Board is considering multiple applications for the same type of facility license, it shall consider those in the order in which the applications were administratively completed as determined under Section 10-302(a). However, if Supplemental Applications are permitted and received, the Supplemental Applications shall be considered before the new applications and shall be considered in the order they were considered in the prior review process. If as a result of the Board approving an application, there are no remaining authorized licenses for that type of facility under Section 10-298, the remaining applications for that type of license shall be denied for that reason. If the Board's approval of another application was with conditions under subsection (e), the denial of the other applications shall be subject to the approved Named Applicant accepting those conditions in the time and manner required by subsection (h). If the Approved Named Applicant does not do that, the remaining applications shall be placed for Consideration on the Agenda for the next regular Township Board meeting that is at least 10 days after the approved Named Applicant's deadline for acceptance of the conditions.