

Bridgewater Township

APPLICATION FOR A MEDICAL MARIJUANA FACILITY PERMIT APPROVAL

A completed application must include all information required by the Township's Medical Marijuana Facilities Ordinance No. 72 and applicable state laws for the type of facility proposed.

Proposed Facility:	
Processor	<input type="checkbox"/>
Safety Compliance Facility	<input type="checkbox"/>
Secure Transporter	<input type="checkbox"/>
New Application	<input type="checkbox"/>
Permit Renewal	<input type="checkbox"/>

Location Information:

Address: _____ Tax Parcel Identification Number: Q - 17 - _____ - _____ - _____

_____ Description of the Proposed Facility: Legal Description Attached?

Existing Building Building Addition New Construction

Applicant Information:

Primary Contact Person's Name: _____

Names of any Additional Applicants: _____

Primary Contact Mailing Address: _____ Primary Contact Phone Number: _____

_____ Primary Contact Email Address: _____

_____ Additional Contact Information: _____

If not the property owner, authorization to apply is attached?

Property Owner Information:

Property Owner(s) Name(s): _____

Owner(s) Mailing Address: _____ Phone Number(s): _____

_____ Email Address(es): _____

Proof of ownership is attached?

If in a trust, LLC or similar, ownership documents are attached?

Applicant Certification

I do hereby swear or affirm that all statements, signatures, descriptions, and documents submitted on or with this application are true and accurate to the best of my knowledge, and that I am authorized to file this application.

Applicant Signature(s): _____ Date: _____

Printed Name(s): _____

Application Information Checklist:

Copy of a valid Michigan Marijuana Facility license	<input type="checkbox"/>	Building floor plans with dimensions and notation of any proposed additions or other changes	<input type="checkbox"/>
Lighting information per Section 5.1	<input type="checkbox"/>	Conceptual development plans drawn to a standard engineer's scale not to exceed 1:60, with parcel dimensions, roads, easements, a vicinity map, a north arrow, and a plan revision date; along with the owners' names, existing uses, zoning classifications, and locations of existing and proposed structures and improvements for the site and surrounding parcels.	<input type="checkbox"/>
Odor control information per Section 5.2	<input type="checkbox"/>		
Security information per Section 5.3	<input type="checkbox"/>		
Hours of operation information per Section 5.4	<input type="checkbox"/>		
A detailed facility use statement or operation plan, including proposed changes to an existing facility	<input type="checkbox"/>		

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FOR OFFICE USE ONLY

Date received by the Township: _____

Application received by: _____

Required application fee: **\$5,000.00** or as otherwise set by Township Board resolution _____

Fee paid by applicant: **\$** _____ Check number: _____

Application includes all required information and documentation? Yes, application accepted as complete No, application rejected as incomplete

If rejected, summarize the items of information or documentation missing from the application: _____

Date of administrative acceptance per Section 4.4: _____ Provisional permit number: _____

Zoning Ordinance approval actions required: Date of final site plan approval action: _____ Rezoning required? _____

Final Township Board action Medical Marijuana Facility Permit Approved Medical Marijuana Facility Permit Denied

If denied, reasons for denial: _____

Date of final Township Board approval per Section 4.6: _____ Approved permit number: _____

TOWNSHIP CLERK CERTIFICATION

During a regular meeting on _____, 20____, the Bridgewater Township Board of Trustees approved Permit Number _____, which authorizes _____ to operate a Medical Marijuana _____ facility at _____ for 365 calendar days from the date of Permit approval, by authority of the Medical Marijuana Facilities Ordinance No. 72.

Bridgewater Township Clerk Date