

Township Use Only
Date Received: _____
Time Received: _____
Received By: _____
Fee Paid: _____
Application No. _____

NEW BUFFALO TOWNSHIP

**APPLICATION TO OPERATE MEDICAL OR 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 9.
- III. Process. After a complete application is submitted, the applicant must (1) obtain special land use permit 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 facilities or establishments in the Township must provide the Zoning Administrator 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 Zoning Administrator within 14 days of submission to LARA and may be submitted electronically to the Township unless otherwise requested-
- V. Restrictions. Only one application may be submitted per proposed property, unless the applications are for proposed co-located establishments or equivalent licenses to the extent permitted under the Township's ordinances.

1. FACILITY/ESTABLISHMENT INFORMATION

- a. Name of proposed facility/establishment: _____
- b. This application is for (select one only):
 - Medical marihuana facility
 - Adult-use (recreational) marihuana establishment

c. Please select the type of licensed establishment that you are applying to operate:

- | | |
|---|--|
| <input type="checkbox"/> Grower – Class A | <input type="checkbox"/> Secure Transporter |
| <input type="checkbox"/> Grower – Class B | <input type="checkbox"/> Provisioning
Center/Retailer |
| <input type="checkbox"/> Grower – Class C | <input type="checkbox"/> Microbusiness (adult-use
only) |
| <input type="checkbox"/> Processor | <input type="checkbox"/> Designated consumption
establishment (adult-use
only) |
| <input type="checkbox"/> Safety Compliance
Establishment | |

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 facility or establishment?

The applicant has obtained a state operating license for this facility/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 medical and 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. CO-LOCATION INFORMATION

Will the proposed facility or establishment be co-located on the same property as another marihuana facility or establishment?

- Yes No

If yes, please identify the owner of or applicant for the co-located facility or establishment and its street address, including suite number:

Note: A maximum of one of each license type may operate on a single parcel. By way of example and not limitation, this provision allows one adult-use grower and one adult-use retailer to be co-located on the same parcel, but it does not allow two adult-use retailers to be co-located on the same parcel. For purposes of this subsection, “parcel” means a parcel designated on the Township’s assessment roll for property tax purposes, regardless of the number of street addresses assigned to the parcel or the number of buildings or units on the parcel.

7. EQUIVALENT LICENSE INFORMATION

Will the applicant operate equivalent medical and recreational marihuana licenses at the proposed facility / establishment?

- Yes No

If yes, please identify the equivalent licenses that will be held by the applicant for the proposed facility / establishment:

Equivalent license means any of the following held by a single licensee: (i) A marihuana grower license, of any class, issued under the MMFLA and a grower license, of any class, issued under

MRTMA. (ii) A marihuana processor license issued under the MMFLA and a processor license issued under MRTMA. (iii) A marihuana provisioning center license issued under the MMFLA and a retailer license issued under MRTMA. (iv) A marihuana secure transporter license issued under the MMFLA and a secure transporter license issued under MRTMA. (v) A marihuana safety compliance facility license issued under the MMFLA and a safety compliance facility license issued under MRTMA

When a licensee holds equivalent licenses for a single property, each facility or establishment counts as a separate facility or establishment under the Township Code. Each licensed facility or establishment must meet all other requirements of the Township Code and the Township Zoning Ordinance. A separate application, application fee, and annual fee are required for each proposed licensed facility or establishment with equivalent licenses.

8. Stacked Grower License Information

Does the applicant hold or intend to obtain one or more state operating licenses to operate as a grower of class C marihuana plants at the proposed establishment?

Yes No

9. 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 facility/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 and multi-family dwellings within 1,000 feet. **Note:**
 - A facility or establishment may not be located within 1,000 feet of an existing public or private K-12 school; a church; a licensed daycare center; or a public library. This distance is computed by measuring a straight line between the two closest points of any buildings on the subject parcels.
 - A facility or establishment may not be on a parcel that abuts the R-1, R-2, or MR zoning districts within the Township. For purposes of this subsection, a parcel does not abut a zoning district if a railroad or state highway separates the parcel from the zoning district.

- A provisioning center or retailer may not be located within 150 feet of a one-family or multiple-family dwelling unless the owner of the dwelling signs a waiver of this requirement in a form acceptable to the Township and records the waiver with the Berrien County Register of Deeds. This distance is computed by measuring a straight line between the two closest points of the dwelling building and the provisioning center or retailer building.
- 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;
- For facilities/establishments proposing co-location with another facility/establishment:* A copy of a diagram, floorplan, or other illustration identifying the locations of each establishment’s distinct and identifiable area on the property, its entrance(s) and exit(s), its inventory, its record keeping, and its point-of-sale operations (if applicable).

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 a medical marihuana facility or 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 land 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 New Buffalo 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 a facility or 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.

SIGNED:

Applicant:

Real Property Owner:

Type or print name:

Type or print name:

Date:

Date:

Applicant:

Type or print name:

Date: