

Two copies required in Binders
Pulaski Township (original), Attorney (copy)

Pulaski Township Medical Marihuana Facility License Application

Pulaski Township
12363 Folks Rd.
Hanover, MI 49241
Phone: 517-524-6061
Fax: 517-524-9038

TYPE OF APPLICATION:

- ☐ New Application
- ☐ Renewal Application
- ☐ License Modifications

Date Received:

Date Paid: _____

TYPE OF LICENSES:

Different facility types require separate applications

- ☐ Grower, Class A* ☐ Provisioning Center**
- ☐ Grower, Class B* ☐ Safety Compliance Facility*
- ☐ Grower, Class C* ☐ Secure Transporter*
- ☐ Processor*

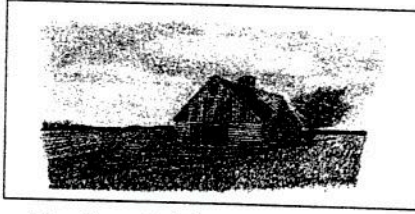
Applicant Name:	
Business Name:	
Phone Number:	Email Address:
Physical Address:	
Mailing Address:	

TOWNSHIP BOARD:

BOB JONES, SUPERVISOR
KRIS RUNYON, CLERK
THERESA RISKE, TREASURER
CRAIG DAWSON, TRUSTEE
BILL HAIRE, TRUSTEE

Pulaski Township

ESTABLISHED 1837



Email: pulaskitwnshp@hotmail.com
Website: pulaskitownship.org

OFFICE HOURS:

MONDAYS & TUESDAYS
8:30 A.M. ~ 4:30 P.M.

PHONE (517) 524-6061
FAX (517) 524-9038

March 19, 2018

Attn: All Applicants for the Medical Marihuana Licenses

Pulaski Township is accepting applications for a limited number of medical marihuana facility licenses.

While we understand this is a risk, please take note that Pulaski Township's \$5,000.00 application fee is Non-Refundable.

In case of an incomplete application/missing documents, the applicants will have 7 days from the date of notification to complete your application. Please be sure we have a good e-mail address, phone number and physical address to be able to contact you immediately.

Thank you,

Pulaski Township Board of Trustees

Please sign as acknowledgement of the Non-refundable \$5,000.00 application fee.

Pulaski Township - Medical Marihuana Facilities - License Application Checklist

This checklist is based on the requirements in Pulaski Township Ordinance No. 28

Two (2) copies required in binders, Twp (original), Attorney (copy)

- ☐ Application Cover Page (signed)
- ☐ Completed Application Form
- ☐ \$5000 non-refundable application fee
- ☐ Certified Survey stating the distance from any church, daycare or school (location area map)

If applying as an individual:

- ☐ Copy of applicant's government issued photo id
- ☐ Emergency contact information

If applying as an entity that's not an individual:

- ☐ Copy of government issued photo id for each stakeholder, shareholder, or member
- ☐ Emergency contact person (should be the highest ranking stakeholder, shareholder, or member)
- ☐ Articles of Incorporation
- ☐ Assumed name registration documents
- ☐ Internal Revenue Service SS-4 EIN confirmation letter
- ☐ Copy of the operating agreement (if an LLC)
- ☐ Copy of the partnership agreement (if a partnership)
- ☐ Copy of the by-laws or shareholder agreement (if a corporation)

☐ Name, date of birth, physical address, copy of photo identification, and email address for any managerial employee or employee of the Medical Marihuana Facility

☐ Permission to use the premises. You need either.

- (a) ☐ Proof of ownership of the entire premises, or
- (b) ☐ Written consent from the property owner for use of the premises in the manner in which you're applying for licensure, and
- ☐ A copy of the lease for the premises (if applicant is not the owner)

☐ Proof of an adequate premise liability and casualty insurance policy

☐ Security Plan

☐ Floor Plan

☐ Scale diagram of the property including parking spaces and handicapped parking spaces

☐ Proposed text or graphical materials to be shown on the exterior of the facility

☐ Staffing Plan

☐ Patient Education Plan

☐ Business Plan

☐ Facility Sanitation Plan

☐ Verification of \$125,000 liquid funds (CPA – attested)

☐ Affidavit of Compliance in Transportation of Marihuana

☐ Affidavit of Applicant Licensing Good Standing

☐ Affidavit of Applicant Municipal Good Standing

☐ Affidavit of Stakeholder Licensing Good Standing (if applicable)

☐ Affidavit of Stakeholder Municipal Good Standing (if applicable)

☐ Affirmation of Applicant Age and Record

Grower licenses have the following additional requirements:

- ☐ Grower Plan
- ☐ Production Testing Plan
- ☐ Chemical and Pesticide Storage Plan

OWNER AND MANAGER INFORMATION:

List all officers, directors, general partners, managing members, stockholders, partners, and members. If a holding company has an ownership interest in the licensed business, list that company and its ownership percentage as well. Attach additional pages as necessary.

Primary Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership

PROPERTY INFORMATION:

Business Site Address:

☐ Owned

Date of Purchase: _____

☐ Leased

Start Date: _____ End Date: _____

If Leased:

Property Owner Name: _____

Phone: _____ Email: _____

Will facility be in an existing structure?

☐ Yes

☐ No

How many square feet? _____

Will a new structure or addition be built?

☐ Yes

☐ No

How many square feet? _____

Applicant must provide a sealed Survey Drawing from a Registered Surveyor or Professional Engineer Showing the parcel applied for in this application indicating the distance in feet from any "Authorized Structure" – educational institution or school, college or university, licensed daycares, church, house of Worship or other religious facilities.

Please refer to * and ** for distances related to the type of facility being applied for

How many feet are you away from the "Authorized Structure"? _____

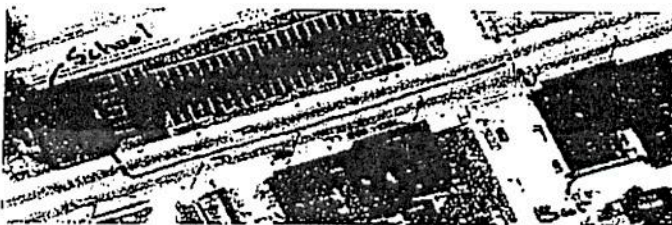
NOTE: Distances over 3000 ft from an "Authorized Structure" and the parcel applied for are not required.

*No Grower Facility, Safety Compliance Facility, Processor or Secure Transport shall be located within One thousand (1000) ft of a real property comprising of educational institution or school, college or university, licensed daycares, church, house of Worship or other religious facilities.

**No Provisioning Center shall be located within two thousand six hundred forty (2640) Ft of a real Property comprising a public, private vocational or secondary school or; One thousand (1000) ft of a church or religious institution defined as exempt by the Township Assessor or County Assessor's office or a licensed child care facility.

Please attach the Survey Drawing Indicating the distance

Measurements are from door to door – see example on how to measure



If this is a grow facility will you be growing in soil or hydroponics? _____

WATER AND WASTE WATER INFORMATION:

This information must include the business as well as the entire parcel.

Expected Level of Water Use (gal/day)	Expected Waste Water Discharge (gal/day)
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BUSINESS OPERATIONS:

Hours of Operation:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

Security:

Will security guards be provided?

☐ Yes ☐ No

If YES, how many? _____

Days and Hours security guards will be provided:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

Provide the name, address, telephone number, and business license number of the security company that will be used. NOTE: The company must have a valid business license in the State of Michigan.

Provide the name, address, and telephone number of the alarm monitoring company that will be used. NOTE: The company must have a valid business license in the State of Michigan.

Provide a list of all members with access to the surveillance camera system to be used. (Attach additional sheets as necessary.)

Provide a detailed description of the security plan for the proposed business. (Attach additional sheets as necessary.)

OTHER BUSINESS INFORMATION:

Provide a detailed description of the business plan to dispose of any medical marijuana or product not sold in a manner that protects it from being ingested by an animal or person. (Attach additional sheets as necessary.)

Provide a detailed description of the ventilation system used to prevent odor from leaving the building and how to mitigate noxious fumes or gases during the production process. (Attach additional sheets as necessary.)

Provide a detailed description of all toxic, flammable, or other materials regulated by government agencies including the type of materials, location of materials, and how the materials will be stored. Please also describe how any chemicals or hazardous materials will be used and/or disposed of in your business process. (Attach additional sheets as necessary.)

BACKGROUND INFORMATION:

If you are currently licensed by any governmental agency to engage in any business, list each such license held, the city in which it is held and expiration date thereof.

Have you previously operated in this Township or any other County, City, or State under a Medical Marijuana/Marihuana License?

☐ Yes

☐ No

Have any of the previously issued licenses or permits mentioned above been revoked or suspended?

☐ Yes ☐ No

If YES, provide an explanation for the revocation/suspension.

Has any owner or business manager ever been convicted of a felony?

☐ Yes ☐ No

If YES, list the first and last name of the management employee, the associated criminal case number(s), the statute(s) violated, the date(s) of conviction, the date(s) of imposition of probation and/or parole, and the name and address of the sentencing court.

Do you authorize the Pulaski Township to perform background checks?

☐ Yes ☐ No

OATH OF APPLICATION:

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Michigan Marihuana Facilities Licensing Act, Public Act 281 of 2016 and the Pulaski Township Ordinances which govern my License.

Signature

Date

Printed Name

Title

AFFIDAVIT

_____, being first duly sworn, deposes and says as follows:

1. I am an applicant and/or a stakeholder of the applicant for a medical marihuana license in Pulaski Township under Michigan Regulation and Taxation of Marihuana Act, being MCL 333.27951 et seq.
2. I am at least (18) years of age as of the date of the application.
3. I have never been arrested, charged, indicted, convicted, plead guilty or nolo contendere ("no contest"), had bail forfeited or revoked, or expunged/set aside conviction for any criminal offense under the laws of any jurisdiction of a felony or controlled substance misdemeanor, not including traffic violations. This includes any and all offenses whether expunged, pardoned, set aside, or reversed on appeal or otherwise disposed of.
4. Below or attached to this affidavit, is a list of any arrests, charges, indictments, convictions, guilty or nolo contendere ("no contest") pleas, bail forfeiture of revocation, or expungement/order setting aside conviction as outlined above, I will provide with the application, the date(s), name(s) and location(s) of the court, arresting agency, prosecuting agency, case caption, docket or case number, the specific offense, disposition, and the length and location of any incarceration.

STATE OF _____)
)SS:
COUNTY OF _____)

Subscribed and sworn to before me, a Notary Public, on this the ____ day of _____
20 ____, by _____

_____, Notary Public
Jackson County, Michigan
My Commission Expires: _____

**Authorization to Release Criminal
Information for Application and Licensing Purposes**

Notification

The Pulaski Township Medical Marihuana Facility License Application requires applicants to consent to a criminal background check as a condition of application. This check is to ascertain whether the applicant, each Stakeholder of the applicant, each managerial employee and employee of the applicant meet the criteria set forth in the Pulaski Township Medical Marihuana Facilities Licensing and Regulations Ordinance.

Authorization

I hereby authorize Pulaski Township to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist Pulaski Township in collecting this information.

Further, I hereby declare that before hiring a prospective agent or employee for any facility or operation requiring license through the Medical Marihuana Facility Licensing and Regulations Ordinance, and after, the holder of a license shall conduct a background check of the prospective employee. If the background check indicated a pending charge or conviction within the past ten (10) years for a controlled substance related felony. I shall not permit the hiring of the prospective employee or agent without written permission from the Township.

Full Legal Name: _____
First Middle Last

Other Names I have used in past seven years: _____

Current Address: _____

Previous Address (most recent): _____

Addresses in the 7 years prior to completing this authorization: _____

Phone Number: _____ Alternate Phone Number: _____

Date of Birth: _____ Gender: Female _____ Male _____
Month/Day/Year

Social Security Number: _____

Driver's License # _____ State of Driver's License _____

I understand that any falsification or omission of information may disqualify me from consideration for this application. By signing below I hereby provide my authorization to Pulaski Township to conduct a criminal background check.

Signature

Date

Affidavit of Compliance in Transportation of Marihuana

STATE OF Michigan
COUNTY OF Jackson
TOWNSHIP OF
Pulaski

The undersigned, _____, being duly sworn, hereby deposes and says:

- The transfer of Marihuana to and from all Medical Marihuana Facilities shall be in compliance with the Michigan Regulation and Taxation of Marihuana Act (MRTMA); and
- The transfer of Marihuana to and from all Medical Marihuana Facilities shall be in compliance with the Medical Marihuana Act; and
- To the extent that there are other State of Municipal laws applicable to the transfer of Marihuana to and from Medical Marihuana Facilities or enacted with the intent to cover such activity, that the transfer of Marihuana to and from all Medical Marihuana Facilities shall be in compliance with such applicable State and Municipal laws.

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this ____ day of _____, 20__.

On behalf of: _____

By: _____

Its: _____

NOTARY ACKNOWLEDGEMENT

STATE OF _____)
)SS:
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ____ day of _____, 20__.
By _____. Said _____ is personally known to me or has
Produced _____ as identification.

Signature of Notary Public

Printed Name of Notary Public
State of Michigan
Commission Number: _____
My Commission Expires: _____

Affidavit of Municipal Good Standing

STATE OF Michigan
COUNTY OF Jackson
TOWNSHIP OF
Pulaski

The undersigned, _____, being duly sworn, hereby deposes and says:

1. _____ is not currently, nor has it ever, been in default to Pulaski Township; and
2. At no time has _____ failed to pay any property taxes, special assessments, fines, fee or other financial obligations to Pulaski Township.

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this ____ day of _____, 20__.

On behalf of: _____

By: _____

Its: _____

NOTARY ACKNOWLEDGEMENT

STATE OF _____)
)SS:
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ____ day of _____, 20__.
By _____. Said _____ is personally known to me or has
Produced _____ as identification.

Signature of Notary Public

Printed Name of Notary Public

State of Michigan

Commission Number: _____

My Commission Expires: _____

Affirmation of Age and Record

STATE OF Michigan
COUNTY OF Jackson
TOWNSHIP OF
Pulaski

The undersigned, _____, being duly sworn, hereby deposes and says:

1. I am at least eighteen (18) years of age;
2. I have never been indicted for, charged with, arrested for, or convicted of, pled guilty or nolo contendere to, forfeited bail concerning, or had expunged any criminal offense under the laws of any jurisdiction, either felony or controlled substance related misdemeanor not including traffic violations, regardless of whether the offense has been expunged, pardoned, reversed on appeal or otherwise.

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this ____ day of _____, 20__.

Signature

Printed Name

NOTARY ACKNOWLEDGEMENT

STATE OF _____)
_____)SS:
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ____ day of _____, 20__.
By _____. Said _____ is personally known to me or has
Produced _____ as identification.

Signature of Notary Public

Printed Name of Notary Public

State of Michigan

Commission Number: _____

My Commission Expires: _____

Affidavit of Licensing Good Standing

STATE OF Michigan
COUNTY OF Jackson
TOWNSHIP OF
Pulaski

The undersigned, _____, being duly sworn, hereby deposes and says:

1. _____ has never had a commercial license or certificate issued by a licensing authority in Michigan or any other jurisdiction that has been denied, restricted, suspended, revoked, or not renewed.

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this _____ day of _____, 20__.

On behalf of: _____

By: _____

Its: _____

NOTARY ACKNOWLEDGEMENT

STATE OF _____)
)SS:
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20__.
By _____. Said _____ is personally known to me or has
Produced _____ as identification.

Signature of Notary Public

Printed Name of Notary Public

State of Michigan

Commission Number: _____

My Commission Expires: _____

Notary Acknowledgement

STATE OF Michigan
COUNTY OF Jackson
TOWNSHIP OF Pulaski

The foregoing instrument was acknowledged before me this _____ day of _____, 20__, by
_____. Said _____ is personally known to me or has produced
_____ as identification.

Signature of Notary Public

Printed Name of Notary Public

State of Michigan

Commission Number: _____

My Commission Expires: _____