



Charter Township of Garfield

Grand Traverse County

3848 VETERANS DRIVE
TRAVERSE CITY, MICHIGAN 49684
PH: (231) 941-1620 • FAX: (231) 941-1588

MARIJUANA SAFETY COMPLIANCE FACILITY LICENSE APPLICATION

DATE RECEIVED

ACTION REQUESTED

- New Application
- Renewal Application

APPLICANT AND OWNER INFORMATION

List all officers, directors, general partners, managing members, partners, and members. Attach additional pages as necessary.

APPLICANT/PRIMARY CONTACT

This person will be the contact person for all correspondence and questions.

- Name:
- Business Name:
- Address:
- Phone Number:
- Email:

ADDITIONAL CONTACT

- Name:
- Address:
- Phone Number:
- Email:

ADDITIONAL CONTACT

- Name:
- Address:
- Phone Number:
- Email:

ADDITIONAL CONTACT

Name:

Address:

Phone Number:

Email:

PROPERTY INFORMATION

Business Site Address:

Owned

Leased

If Leased:

Property Owner Name:

Address:

Phone Number:

Email:

Will the facility be in an existing structure?

Yes

No

How many square feet?

Will the facility be a new structure or addition is to be built?

Yes

No

How many square feet?

Will the facility be within 1,000 feet of a pre-existing public or private school providing education in kindergarten or any of grades 1 through 12?

Yes

No

BUSINESS INFORMATION

Provide the days and hours of operation:

Provide a detailed description of the security plan for the facility:

If applicable, provide the name, address, telephone number, and business license number of the security company that will be used:

If applicable, provide the name, address, telephone number, and business license number of the alarm monitoring company that will be used:

Provide a detailed description of the business operations to test and dispose of any marijuana or product in a manner that protects it from being ingested by an animal or person:

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 testing process:

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:

BACKGROUND INFORMATION

If you are currently or were previously licensed by any governmental agency to engage in any marijuana establishment, list each such license held, the municipality in which it is held, and expiration date thereof:

Have any of the previously issued licenses or permits mentioned above been revoked or suspended?

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

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

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.

OATH OF APPLICATION

I declare 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, the Michigan Regulation and Taxation of Marihuana Act, Initiated Law 1 of 2018, and the Garfield Township Ordinances which govern my License.

Signature

Date

Printed Name

Title

REQUIRED SUBMITTAL ITEMS

A complete application for consists of the following:

Application Form:

- One original signed application
- One digital copy of the application (PDF only)

Application Fee:

Fees are established by resolution of the Garfield Township Board and are set out in the current Fee Schedule as listed on the Planning Department page of the Township website (<http://www.garfield-twp.com>). Please make check out to Charter Township of Garfield.

- Fee