

**CHARTER TOWNSHIP OF BEDFORD
MEDICAL MARIHUANA FACILITY LICENSE APPLICATION**

Office Use Only

Date

Time

Received by

Application Number _____

License Number _____

Type of Facility Requested: **A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH FACILITY REQUESTED**

Grower: Class A
Class B
Class C

Processor
Provisioning Center
Transporter
Safety Compliance Center

Application fee: \$5,000 must be paid with the application and is non-refundable

AN APPLICATION MUST HAVE BEEN SUBMITTED TO THE STATE PRIOR TO APPLYING WITH THE TOWNSHIP.

Applicant Name: _____

Address: _____

Phone Number: _____

Email Address: _____

APPLICANT MUST PROVIDE A PHOTOCOPY OF THE APPLICANTS VALID AND CURRENT LICENSE ISSUED BY THE STATE OF MICHIGAN.

Property Owner's Name (if not the applicant) _____

Property Owner's Address _____

Property Owner's Phone Number _____

Email Address: _____

All applicants should read and understand the Charter Township of Bedford Medical Marihuana Licensing Ordinance and all Township Zoning Ordinances applicable to the medical marihuana facilities and uses.

Proposed location of the Facility: _____

Legal Status: Individual Corporation LLC LLP Other

Federal Tax ID Number/Social Security Number: _____ Date of Birth: _____

How long have you been a resident of the State of Michigan? _____

Drivers License or State ID Card Number: _____

APPLICANT MUST SUBMIT THE FOLLOWING:

One copy of the following:

- 1 All documentation showing the proposed permit holder's valid tenancy, ownership or other legal interest in the proposed permitted property and permitted premises. If the applicant is not the owner of the proposed permitted property and premises, a notarized statement from the owner of the property authorizing the use of the property for a Commercial Medical Marihuana Facility.
- 2 If the proposed permit holder is a Corporation, Non-Profit Organization, Limited Liability Company or any other than an individual, indicate its legal status, attach a copy of the company articles of incorporation, partnership, charter or other organizational documents.
- 3 A valid, unexpired, driver's license or state issued ID for all owners, directors, officers and managers of the proposed facility.
- 4 Evidence of a valid sales tax license for the business, if such a license is required by state law or local regulations.
- 5 Non-refundable application fee.
- 6 Operations plan, showing in detail the Commercial Medical Marihuana Facility's proposed plan of operation, including without limitation the following:
 - i A description of the type of facility proposed and the anticipated or actual number of employees.
 - ii A security plan meeting the requirements of the Township Ordinance regulating Medical Marihuana Facilities, which shall include a general description of the security system(s), current centrally alarmed and monitored security system service agreement for the proposed property, and confirmation that those systems will meet State requirement and be approved by the State prior to commencing operations.
 - iii A description by category of all products to be sold.
 - iv A list of Material Safety Data Sheets for all nutrients, pesticides, and other chemicals proposed for use in the facility.
 - v A description and plan of all equipment and methods that will be employed to stop any impact on adjacent uses, including enforceable assurances that no odor will be detectable outside of the permitted premises.
 - vi A plan for the disposal of marihuana and related byproducts that will be used at the facility.
- 7 An identification of any business that is directly or indirectly involved in the growing, processing, testing, transporting, or sale of marihuana for the facility.
- 8 Signed and sealed site plan and interior floor plan of the proposed permitted premises and property.
- 9 Information regarding any other commercial medical marihuana facility that the licensee is authorized to operate in any other jurisdiction within the State of Michigan, or any other state, and the applicant's involvement in each facility.

The Township reserves the right to request any other information found to be reasonably relevant to the processing or consideration of this application.

Information obtained from the applicant or proposed permit holder is exempt from public disclosure under State Law.

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Applicant:

I certify that the information I have provided is true to the best of my knowledge.

Signature of applicant

Date

Applicant's name Printed

I hereby grant permission for Township personnel to conduct inspections of the facility and property to ensure compliance with this ordinance and other local regulations.

Signature of applicant

Date

Applicant's name Printed