



Marihuana Business Permit Application

Charter Township of Harrison

Clerk's Office

38151 L'Anse Creuse St, Harrison Township, MI 48045

Type of Permit(s) being Renewed	
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Medical (MMFLA) _____ Grower Class A _____ Grower Class B _____ Grower Class C _____ Amount of Class C _____ Processor _____ Safety Compliance _____ Secure Transporter	Adult Use (MRTMA) _____ Grower Class A _____ Grower Class B _____ Grower Class C _____ Amount of Class C _____ Processor _____ Safety Compliance _____ Secure Transporter
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Permit Holder

_____ Name

_____ Address _____ City _____ State _____ Zip

_____ Phone Number _____ Cell Number _____ Email

_____ Company Name

_____ Facility Address

_____ Facility Property ID Number

For Township Use Only					
Date Received		Application Number		Fire Department	Building Department
Time Received		Employee Initials		Planner	Treasurer
Final Disposition:					

Renewal with No Changes

Instructions: If you can affirmatively sign the statement below, no further information is required.

I declare under penalty of perjury that this application and any attachments are true, correct, and complete to the best of my knowledge. I also affirm that there are no material changes to my current operations and that all the previous paperwork is still true and correct. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the state public acts and the Charter Township of Harrison Ordinances which govern my Permit. I acknowledge and understand that I am required to immediately provide the Township with any changes in the information submitted with the Application or any other changes that materially affect a License or Permit if granted.

Signature of Applicant

Sworn to and subscribed before me this

_____ day of _____, 20__

Notary Public, _____

County of _____, Michigan

My Commission Expires _____

The names, home addresses and personal phone numbers for all owners, directors, officers and managers of the Permit Holder and the Marihuana Business (Attach additional pages if necessary)

Full Name (First Middle Last)			
Official Position/Nature of Interest			Ownership Percentage %
Address	City	State	Zip
Phone Number	Cell Number	Email	

Full Name (First Middle Last)			
Official Position/Nature of Interest			Ownership Percentage %
Address	City	State	Zip
Phone Number	Cell Number	Email	

Full Name (First Middle Last)			
Official Position/Nature of Interest			Ownership Percentage %
Address	City	State	Zip
Phone Number	Cell Number	Email	

Full Name (First Middle Last)			
Official Position/Nature of Interest			Ownership Percentage %
Address	City	State	Zip
Phone Number	Cell Number	Email	

You must attach one copy of each of the following:

- _____ 1 All documentation showing the proposed Permit Holder's valid tenancy, ownership or other legal interest in the proposed Location and Permitted Premises. If the Applicant is not the owner of the proposed Location and Permitted Premises, a notarized statement from the owner of such Location authorizing the use of the Location for a Marihuana Business Facility.
- _____ 2 If the proposed Permit Holder is a corporation, non-profit organization, Limited Liability Company or any other entity other than a natural person, indicate its legal status, attach a copy of all company formation documents (including amendments), proof of registration with the State of Michigan, and a certificate of good standing.
- _____ 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 if such a license is required by state law or local regulations.
- _____ 5 Non-refundable Application fee/Renewal fee of \$5,000 per permit requested
- _____ 6 Business and Operations Plan, showing in detail the Marihuana Business'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. The name of the proposed Manager of the Marihuana Business. The days and hours the Facility will be open and or in operation.
 - _____ ii. A security plan meeting the requirements of Section 23-100(9) of this Ordinance which shall include a general description of the security systems(s) and lighting plan showing the lighting outside of the Marihuana Business Facility for security purposes in compliance with Township requirements, current centrally alarmed and monitored security system service agreement for the proposed Location, and confirmation that those systems will meet State requirements and be approved by the State prior to commencing operations.
 - _____ iii. A list of Material Safety Data Sheets for all nutrients, pesticides, and other chemicals proposed for use in the Marihuana Business Facility. A copy of a procedural plans for testing of contaminants, including mold
 - _____ iv. A description and plan of all equipment and methods that will be

employed to stop any impact to adjacent uses, including enforceable assurances that no odor will be detected from outside the Location.

v. A plan for the disposal of Marihuana and related byproducts that will be used at the Facility which includes at a minimum how the plan will protect against any marihuana being ingested by any person or animal, indicating how the waste will be stored and disposed of, and how any marihuana will be rendered unusable upon disposal. Disposal by on-site burning or introduction to the sewage system is prohibited.

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 A signed attestation whether any Applicant has ever applied for or has been granted any 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 and a statement describing the facts and circumstances concerning the application, denial, restriction, suspension, revocation, or nonrenewal, including the licensing authority, the date each action was taken and the reason for each action.

9 A Site Plan of the Location and the Permitted Property. The site plan shall also include an interior floor plan as well as a scale diagram illustrating the Location upon which the Facility (s) is to be operated, including all available parking spaces and specifying which parking spaces, if any, are handicapped accessible. A location area map of the Marihuana Business Facility and the surrounding area that identifies that the location of the Facility lies in accordance with the Industrial Marihuana Business Buffer Overlay District as set forth in Section 14.21 of the Harrison Township Zoning Ordinance.

10 Information regarding any other Marihuana Business Facility that the Licensee is authorized to operate in any other jurisdiction within the State, or another State, and the Applicant's involvement in each Facility.

11 Proof of Insurance. A Licensee shall at all times maintain full force and effect for duration of the License, worker's compensation insurance as required by state law, and general liability insurance with minimum limits of \$1,000,000 per occurrence and a \$2,000,000 aggregate limit issued from a company licensed to do business in Michigan. A Licensee shall provide proof of insurance to the Township Clerk in the form of a certificate of insurance evidencing the existence of a valid and effective policy which discloses the limits of each policy, the name of the insurer, the effective date and expiration date of each policy, the policy number and the names of (continued)

the additional insureds. The policy shall name the Charter Township of Harrison and its officials and employees as additional insureds to the limits required by this section. A Licensee or its insurance broker shall notify the Township of any cancellation or reduction in coverage within seven (7) days of receipt of insurers' notification to that effect. The Licensee or Permit Holder shall forthwith obtain and submit proof of substitute insurance to the Township Clerk within five (5) business days in the event of expiration or cancellation of coverage.

Release of Liability, Indemnification and Waiver

This Application or the granting of a permit hereunder is not intended to grant, nor shall it be construed as granting, immunity from criminal prosecution for growing, sale, consumption, use, distribution, or possession of marijuana/marihuana not in strict compliance with state or federal law. Also, since federal law is not affected by state law or local ordinance, nothing in this permit application; the granting of a permit hereunder; or any Charter Township of Harrison ordinance, policy, or rule is intended to grant, nor shall they be construed as granting, immunity from criminal prosecution under federal law, state law, this permit application, or the issuance of a Township permit does not protect users, caregivers, or the owners of properties on which the use of marijuana/marihuana is occurring from federal prosecution, or from having their property seized by federal authorities under the Federal Controlled Substances Act.

Upon issuance and acceptance of a permit for Marihuana Facilities and/or renewal, the undersigned individually and on behalf of _____, as its duly authorized agent, hereby unconditionally and irrevocably waives, discharges, and releases the Charter Township of Harrison, its agents, employees, and officials from any and all claims, damages, and liability in any way arising out of or related to the permitted premises including, but not limited to, issuance of a permit to permittee and any and all acts, omissions damages, or injuries to any person or property resulting from any act, omission, condition, occurrence, or criminal act occurring upon or in relation to the premises, and to indemnify, defend, and hold harmless the Charter Township of Harrison, including its agents, employees, and officials to the fullest extent permitted by law and equity for any and all claims, damages, injuries, or liabilities at law or equity in any way arising out of or related to any acts, omissions, activities, conditions, or occurrences or incidents in any way related to the

Additionally, the applicant hereby agrees to not violate any of the laws of the State of Michigan or the ordinances of the Charter Township of Harrison in conducting the business in which the permit will be used, and that a violation on the premises may be cause for objecting to renewal of the permit, or for revocation of the permit. (continued)

The applicant agrees to make the premises open for inspection upon request by the Building Official, the Fire Department, and law enforcement officials for compliance with all applicable laws and rules, during the stated hours of operation/use and as such other times as anyone is present on the premises. The applicant agrees to inspections by the Township Official's designee to confirm the facility is operating in accordance with applicable laws including, but not limited to, state law and local ordinances.

Authorized Signature

Title

Date

Oath of Application

I declare under penalty of perjury 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 state public acts and the Charter Township of Harrison Ordinances which govern my Permit. I acknowledge and understand that I am required to immediately provide the Township with any changes in the information submitted with the Application or any other changes that materially affect a License or Permit if granted.

Signature of Applicant

Sworn to and subscribed before me this
_____ day of _____, 20__
Notary Public, _____
County of _____, Michigan
My Commission Expires _____