



Charter Township of Marquette
 1000 Commerce Drive Marquette, Michigan 49855
 Phone: 906-228-6220 • Fax: 906-228-7337



Application for Marijuana Business License

**NOTE: This Application must be completed and submitted to the Marquette Township Offices.
 *Be sure to complete ALL sections of this form. Please Print or type.
 The application is not considered complete until all items have been submitted and the application fee paid.

The following information/ materials are required by Ordinance No. 011921 (Sec. 8) as part of this application. Your application requires approval by the Planning Commission. As required by Ordinance, Adult-Use Recreational Marijuana Establishment land uses and Medical Marijuana Facility land uses require approval by Special Use Permit which normally involve a minimum of two Planning Commission meetings. The first meeting is to review the completed application and schedule the required public hearing; the second meeting consists of the public hearing, after which the Planning Commission will deliberate on the proposed special use either approving it, approving it with conditions, or disapproving it.

Application Type

<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal	<input type="checkbox"/> Modification
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Application # _____

STAFF TO COMPLETE THIS BOX

License Type **Different facility or establishment types require separate applications. Only one box should be checked per application.*

Medical Marijuana Facility Type

<input type="checkbox"/> Grower Class A
<input type="checkbox"/> Grower Class B
<input type="checkbox"/> Grower Class C
<input type="checkbox"/> Processor
<input type="checkbox"/> Secure Transporter
<input type="checkbox"/> Safety Compliance Facility
<input type="checkbox"/> Provisioning Center

Recreational Marijuana Establishment Type

<input type="checkbox"/> Grower Class A	<input type="checkbox"/> Marijuana Retailer
<input type="checkbox"/> Grower Class B	<input type="checkbox"/> Marijuana Microbusiness
<input type="checkbox"/> Grower Class C	<input type="checkbox"/> Event Organizer
<input type="checkbox"/> Excess Grower	
<input type="checkbox"/> Processor	
<input type="checkbox"/> Transporter	
<input type="checkbox"/> Safety Compliance Facility	

Applicant Type

<input type="checkbox"/> Individual <i>*Complete box below (individual)</i>	<input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Corporation <input type="checkbox"/> Other <i>*Skip box below and complete information on pg. 2</i>
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Applicant Information (if applying as individual)

Name:		Residential Address:	
Social Security Number: - -		Existing Business Address(s) (if applicable):	
Phone:	Fax:	Name of Emergency Contact Person(s):	Emergency Contact Phone:
If Applicant is not the Owner, state the Applicant's relationship to the Owner (i.e. purchaser, land contract vendee, owner's designated agent, etc.):			
E-Mail Address:		Applicant DOB:	

Attach a copy of government-issued photo ID for stated applicant

Applicant Information (if applying other than as an individual)

If the applicant is not an individual, include the names, dates of birth, physical addresses, including residential and any business address, telephone number(s), email address, and copy of government-issued photo identification for each person authorized to submit the application; list each person holding ownership interest in the applicant, including designation of the highest-ranking representative as an emergency contact person; contact information for the emergency contact person(s).

Primary Contact	Name:	Address (Residential and Business if applicable):			
	Email Address:	Phone Number:	Date of Birth:	Ownership Type:	Ownership %
Representative Contact	Name:	Address (Residential and Business if applicable):			
	Email Address:	Phone Number:	Date of Birth:	Ownership Type:	Ownership %
Representative Contact	Name:	Address (Residential and Business if applicable):			
	Email Address:	Phone Number:	Date of Birth:	Ownership Type:	Ownership %
Representative Contact	Name:	Address (Residential and Business if applicable):			
	Email Address:	Phone Number:	Date of Birth:	Ownership Type:	Ownership %
Representative Contact	Name:	Address (Residential and Business if applicable):			
	Email Address:	Phone Number:	Date of Birth:	Ownership Type:	Ownership %
Additional Emergency Contact	Name:	Address (Residential and Business if applicable):			
	Email Address:	Phone Number:	Date of Birth:	Ownership Type:	Ownership %

Attach a copy of government-issued photo ID for each person authorized to submit this application

Examine the Following and Include if Applicable (attach pages as necessary):

- Articles of Incorporation or Organization.
- Assumed name registration.
- Internal Revenue Service EIN Confirmation.
- Copy of Operating Agreement of applicant (if a limited liability company)
- Copy of Partnership Agreement (if a partnership)
- Names and addresses of Trustees and all beneficiaries (if a trust)
- Copy of the By-Laws or Shareholder Agreement (if a corporation)

Property Owner (if different from applicant)

Name:		Address:	
Phone:	Fax:	Name of Contact Person:	Contact Phone:
E-Mail Address:			

Proposed Property Information

Address:		Parcel I.D. Number(s): 52-08- - -	
Zoning District:	Legal Description(s) <i>(attach pages as necessary)</i> :		
Size <i>(acreage or square footage)</i> :	Name of any existing businesses on property:		
Proposed Use of Property:			
Present Use of Property:			

Proposed Facility/Establishment Structure Information

Indicate how the proposed Facility/Established will operate:

Within a structure or structures already existing on subject property

Within a structure or structures to be constructed

Combination of both pre-existing and to be constructed structures on subject property

If the proposed Facility/Establishment is to operate within a structure yet to be constructed, has a Township permit already been approved?

Yes No Pending approval

Permission

If Applicant is not the Property Owner, does the Applicant have the Owner's permission? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please include with this application the following items:

- A copy of deed, lease, purchase agreement, purchase option, or other documentation entitling the applicant to use and possess the subject premise.
- All water, sewer and wastewater management information.
- A site plan or plot plan complying with all requirements set forth in the Township Zoning Ordinance, if required. (See Article 18, Site Plan Review, Section 18.03 & 18.06).
- A copy of a Special Use Permit with any and all conditions, approved and issued by the Township Planning Commission OR a Special Use Permit application completed and submitted for concurrent processing.
- Detailed description of the business and organizational plan as required by Ordinance No. 011921 (Sec. 8), including but not limited to:
 - Facility type description and the estimated number of employees
 - A description of product categories and types
 - Identification of any other business entity involved in the facilitation of business operations
- Detailed Description of all proposed security measures as required by Ordinance No. 011921 (Sec. 8).
- A copy of government-issued photo ID for each person authorized to submit this application.
- Submittal of \$5,000 non-refundable fee (includes fee for Special Use Permit process)

Applicant:

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

Signature of Applicant: _____ Date: _____

Applicant's Name (print): _____

Property Owner:

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

Signature of Property Owner: _____ Date: _____

Property Owner's Name (print): _____

Optional: I hereby grant permission Marquette Township officials and personnel, including but not limited to the Zoning Administrator, Planner, Fire Marshall, DPW Director, or Manager to enter the above-described property for the purposes of gathering information related to this application. *Note to applicant: This permission is optional and failure to grant permission will not affect any decision on your application, but may delay processing.*

Signature of Applicant: _____ Date: _____

OFFICIAL USE ONLY

Official Receiving Application (*please print*): _____ Date: _____

Fee Paid: Yes No If Yes, Amount Paid: _____

Provisional License:

Approved Not Approved

Provisional License Number: _____

Reason: Incomplete Application Other

Date: _____

Marijuana Business License:

Approved Not Approved

Business License Number: _____

Reason: Incomplete Application Other

Condition(s) of Approval: _____

Signature of Zoning Administrator: _____

Date: _____