

Watervliet Charter Township Medical Marihuana Facilities Application

All required information must be submitted at the time of application.

Applications must be submitted to:

**Watervliet Township Clerk
4959 M-140
Watervliet, Michigan 49098
(269) 463-5113**

Non-Refundable Application / Renewal Fee for all license types: \$5,000 (certified funds required)

Date Paid: _____

Type of Application (choose one only*)	
<input type="checkbox"/> Grow Facility (Cultivation)	<input type="checkbox"/> Provisioning Center
<input type="checkbox"/> Class A	<input type="checkbox"/> Secure Transporter
<input type="checkbox"/> Class B	<input type="checkbox"/> Safety Compliance Facility
<input type="checkbox"/> Class C	<input type="checkbox"/> Processing Facility

* Separate Applications must be submitted for each type of license being applied for

Applicant Information	
Applicant Name:	Date of Birth:
Business Name:	Phone:
Business Address:	Email:
Mailing Address (if different)	
Type of Business*:	

*If other than a sole proprietorship, please attach Articles of Incorporation and a list of the names, addresses and birth dates for all owners.

* Attach a copy of a state or federally issued photo identification

Property / Proposed Site Information	
Address:	Tax ID Number:
	Total Acreage:
Current Owner:	

*If the Applicant is not the current owner of the property, attach a copy of the lease or purchase agreement.

*If the Applicant is the current owner of the property, attach a copy of the deed

Will the facility be located in an existing structure? _____

Will a new structure be built instead of or in addition to an existing structure? _____

* Attach a copy of the proposed site plan for the facility

Operator Information	
If different from Applicant Information, list the individual(s) responsible for daily operations	
Operator Name:	Date of Birth:
Address:	Phone:

* Attach a copy of a state or federally issued photo identification

Licensing Information
<p>Has the Applicant and/or Operator or any Owner listed above been denied an application for any type of medical marihuana facility in any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, state when, where and for what reason: _____</p> <p>_____</p> <p>_____</p>
<p>Has the Applicant and/or Operator or any Owner listed above had a medical marihuana facility license of any kind suspended or revoked in any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, state when, where and for what reason: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Has the Applicant or Operator ever been convicted of a felony or controlled substance violation(s) in a federal, state, or other court? Yes No

If yes, state when, where and for what reason: _____

If necessary, please attach additional pages.

Applicant Signature

Date: _____

Applicant Signature

Date: _____

Affidavit & Attestation

Page 1

I (we) the undersigned affirm that the foregoing answers, statements, and information, and any attachments, are in all respects true and correct to the best of my (our) knowledge and belief. I (we) the undersigned understand that this application is for conditional approval to operate a medical marihuana facility or facilities in Watervliet Charter Township, Berrien County, Michigan and that a conditionally-approved Township application may be used as part of an application to the State of Michigan for a Medical Marihuana Facility or Facilities to be operated within the Township.

I (we) the undersigned, understand that if I am conditionally authorized by Watervliet Charter Township but my application to the State of Michigan for a state operating license is denied, that the Township Clerk will cancel the conditional authorization and I will forfeit the initial application fee.

I (we) understand that I do not have the right to a particular location or zoning district by making this application. I understand that I will be required to submit a separate zoning application, if necessary, and/or special use permit application, together with an application fee for that process; which is separate from the application fee paid with this application.

I (we) will not operate a medical marihuana facility or facilities in Watervliet Charter Township unless and until I have obtained approval for the location and site plan approval as required by Watervliet Township's zoning ordinance as well as a fully approved license from the Township and from the state of Michigan.

I (we) agree to report any changes to the information in this application to the Township Clerk within 10 business days of such change.

I (we) have reviewed and understand the applicable zoning regulations pertaining to the special uses, locations and restrictions for medical marihuana facilities in Watervliet Township, and that if the property identified with this application does not meet said regulations, the application will be denied.

I (we) understand that the property is subject to other regulations of the zoning ordinance, and any use, occupancy, and/or development of the property will need to be in compliance with all regulations of the zoning ordinance.

I (we) am (are) the individual(s) responsible for submitting this application and have full authority to execute this verification and affidavit of disclosure.

I (we) swear (or affirm) that the information contained in the application packet is true, complete, and accurate to the best of my knowledge and belief and holds no material falsehood.

I (we) swear (or affirm) that there are no agreements or understandings with any person or entity and no present intent to pay any sums of money or give anything of value as, including without limitation, a finder's fee or commission to any person or entity related to the interest in this application.

I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.

Affidavit & Attestation

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Applicant Signature

Date: _____

Print Name: _____

STATE OF MICHIGAN)
)ss
COUNTY OF BERRIEN)

The foregoing Affidavit was executed, sworn and acknowledged before me on the ____ day of _____, 20__, by _____.

Printed Name:
Notary Public, _____ County, Michigan
Acting in the County of:
My Commission Expires:

Co-Applicant Signature

Date: _____

Print Name: _____

STATE OF MICHIGAN)
)ss
COUNTY OF BERRIEN)

The foregoing Affidavit was executed, sworn and acknowledged before me on the ____ day of _____, 20__, by _____.

Printed Name: _____
Notary Public, _____ County, Michigan
Acting in the County of:
My Commission Expires:

Applicant's Acknowledgement, Agreement and Consent

Page 1

I (we) hereby acknowledge that any issuance of a license is a privilege. I have the responsibility to prove that I am eligible, suitable and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information, requested in this Application, and expressly waive any claim for damages as a result thereof. Information not called for in this Application or in addition to that provided in response to this application, may be requested.

I (we), as the applicant(s) submitting this application, hereby certify that I do not have an interest in any other operating license that is prohibited by the Medical Marihuana Facilities Licensing Act, 2016 PA 281 (MMFLA).

I (we) hereby acknowledge that I am under a continuing duty to promptly disclose to Watervliet Charter Township any changes in the information provided in the application and requested materials submitted to the Township. To comply with this requirement, I hereby acknowledge that I must submit a letter to the Township Clerk stating any changes with reference to the specific information within the application to which the changes pertain. The letter must be submitted within 10 business days of the changes.

I (we) hereby consent to inspections, searches, and seizures as provided in any Watervliet Charter Township Ordinances and/or applicable statutes. This consent is authorization to review and inspect tax records administered under the Michigan Revenue Act, 1941 PA 122.

I (we) hereby acknowledge that I will, if requested by Watervliet Charter Township at any point in time, provide background verification of all employees.

I (we) acknowledge that the granting of a Medical Marihuana conditional authorization or facility license does not convey a property right or other entitlement.

I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.

Applicant Signature

Date: _____

Print Name: _____

(notary signature on next page)

Applicant's Acknowledgement, Agreement and Consent

Page 2

STATE OF MICHIGAN)
)ss
COUNTY OF BERRIEN)

The foregoing Affidavit was executed, sworn and acknowledged before me on the ____ day of _____, 20__, by _____.

Printed Name: _____

Notary Public, _____ County, Michigan
Acting in the County of:
My Commission Expires:

Co-Applicant Signature

Date: _____

Print Name: _____

STATE OF MICHIGAN)
)ss
COUNTY OF BERRIEN)

The foregoing Affidavit was executed, sworn and acknowledged before me on the ____ day of _____, 20__, by _____.

Printed Name: _____

Notary Public, _____ County, Michigan
Acting in the County of:
My Commission Expires:

Acknowledgement of Federal Law & Release of Liability
(to be completed by each applicant)

I, _____, being first duly sworn upon oath, affirmation or depose hereby acknowledge the following:

The Federal Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Acts of 1970, 21 U.S.C. §801 *et seq.*, regulates marihuana as a Schedule I controlled substance, for which there is “no currently accepted medical use in treatment in the United States.” 21 U.S.C. §812(b)(1)(B). Although the State of Michigan has recognized and authorized the use of medical marihuana pursuant to the Medical Marihuana Act, 2008 Initiated Law 1, MCL 333.26421 to 333.26430, has authorized the licensing of medical marihuana facilities pursuant to the Medical Marihuana Facilities Licensing Act, 2016 PA 281, MCL 333.27101 to MCL 333.27801, and has provided for a statewide monitoring system in the Marihuana Tracking Act, 2016 PA 282, MCL 333.27901 to 333.27904, these state authorized activities remain prohibited by federal law.

I understand that a Michigan medical marihuana facility license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.

I understand that choosing to file an application for a medical marihuana facility license and, if issued a license, choosing to establish and operate a medical marihuana facility pursuant to that license, is done so at my own risk.

I understand that maintaining a valid medical marihuana facility license by the State of Michigan is a condition for the issuance and maintenance of a medical marihuana facility license by Watervliet Charter Township. By my signature and attestation to this form, I hereby completely release and forever discharge Watervliet Charter Township and its respective employees, agents, facilities, insurers, indemnnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of service, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which I may now have, or which may hereafter accrue or otherwise be acquired, on account or, or may in any way arise out of my application for a medical marihuana facility license and, if issued a license, my operation of a medical marihuana facility.

I swear that the statements made in this application, including all attachments thereto, are true and free of any material falsehood and misrepresentation.

Applicant Signature

Date: _____

Print Name: _____

Acknowledgement of Federal Law & Release of Liability

Page 2

STATE OF MICHIGAN)

)ss

COUNTY OF BERRIEN)

The foregoing Affidavit was executed, sworn and acknowledged before me on the ____ day of _____, 20____, by _____.

Printed Name: _____

Notary Public, _____ County, Michigan

Acting in the County of:

My Commission Expires:

Checklist of Attachments

- ___ Application Fee (certified funds)
- ___ Business Articles of Incorporation
- ___ Names, Addresses, Birth dates of all Members/Owners
- ___ Photo Identification of Applicant
- ___ Deed / Lease / Purchase Agreement for proposed property location
- ___ Facility Site Plan
- ___ Photo Identification of Operator (if different than Applicant)