

3) TYPE OF MEDICAL MARIHUANA FACILITY APPLYING FOR – check all that apply

- Grower-Class A B C
- Processor
- Safety Compliance Facility
- Secure Transporter
- Provisioning Center

4) TYPE OF RECREATIONAL (ADULT USE) MARIHUANA ESTABLISHMENTS APPLYING FOR – check all that apply

- Grower-Class A B C
- Processor
- Retailer
- Secure Transporter
- Microbusiness

NOTE: No adult use special licenses are allowed by Ordinance 2019-004

5) PROPERTY INFO (If applicant has a particular location in mind, please indicate the following details):

Street Address: _____ Tax Parcel #: _____

Deed Restrictions on Property (Check one): Yes No Acreage: _____

The property for the medical marijuana facility and/or recreational marijuana establishment is zoned: _____

Note, applicant is not required to identify a particular property or properties for purposes of making this application. All conditional licenses authorized by this application are only for the purpose of providing a submittal to the State of Michigan and does not confer any right to use of any particular property within the Village for any type of facility. All medical marijuana facilities are subject to all ordinances of the Village and are also subject to Village of Decatur Zoning regulation.

5) SUBMIT \$5,000 non-refundable application fee with this application.

6) AFFIDAVIT: 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, the undersigned, understand that this application is for conditional approval to operate a medical marijuana facility and/or recreational (adult use) marijuana establishment within Village of Decatur and that a conditionally-approved Village application may be used as part of an application to the State of Michigan for a Medical Marijuana Facility and/or Recreational (Adult Use) Establishment to be operated within the Village.

I, the undersigned, understand that if I am conditionally-authorized by Village of Decatur but my application to the State of Michigan for a state operating license is denied, that the Village Clerk and/or Supervisor will cancel the conditional authorization and I will forfeit the initial application fee.

I understand that if I receive a state operating license for a medical marijuana facility and/or recreational (adult use) marijuana establishment to be operated within Village of Decatur, that I will be required to submit a copy of my state operating license together with proof of Village of Decatur Planning Commission zoning approval (including the approval of a Special Land Use Permit) to the Village of Decatur and that I will not be authorized to operate unless and until I receive zoning approval for the location and type of facility/establishment from the Village of Decatur Planning Commission and the Village Council (if applicable). I 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 Special Land Use Application to the Planning Commission, together with an application fee. I understand that any application and fee for zoning approval by the Village of Decatur Planning Commission is separate from the initial application fee which I have paid to the Village as part of this application.

I will not operate a medical marihuana facility and/or recreational (adult use) marihuana establishment within the Village unless and until I obtain a state license for the facility or facilities and until I have received approval for the location and site plan approval as required by the Village of Decatur Planning Commission (as applicable).

Applicant Signature(s)

Date

Co-Applicant's Signature(s)

Date

SUBMITTAL INSTRUCTIONS AND FEES

This application must be returned with a payment (check) for the \$5,000.00 non-refundable application fee to the following address:

Megan Duncan, Clerk & Treasurer
Village of Decatur
114 N Phelps ST
Decatur, MI 49045

Telephone: 269-423-6114

Application fee check shall be made out to Village of Decatur

Village Use Only:

Application received by: _____ Date: _____ By: (Initials) _____

Application Fee Cash/Check No. _____

Application reviewed on: (Date) _____ Application reviewed by: (Initials) _____

**CONDITIONAL APPROVAL FOR MEDICAL MARIHUANA FACILITY LICENSE
AND/OR RECREATIONAL (ADULT USE) MARIHUANA ESTABLISHMENT LICENSE OR
RENEWAL OF LICENSE
IN VILLAGE OF DECATUR, VAN BUREN COUNTY, MICHIGAN**

Village of Decatur, Van Buren County, Michigan, upon review of the within application and the Village of Decatur Medical Marihuana Facilities Ordinance and/or Recreational Marihuana Ordinance hereby deems the within application to be administratively complete and/or hereby agrees the request to renew such license is administratively complete.

The application is for the following medical marihuana facilities proposed to be located in Village of Decatur, Van Buren County, Michigan:

- Grower-Class A B C
- Processor
- Safety Compliance Facility
- Secure Transporter
- Provisioning Center

The application is for the following recreational (adult use) marihuana establishments proposed to be located in Village of Decatur, Van Buren County, Michigan:

- Grower-Class A B C
- Processor
- Retailer
- Secure Transporter
- Microbusiness

NOTE: No adult use special licenses are allowed by Ordinance 2019-004

By: _____
Name of Operator

Date: _____

A copy of the Village of Decatur Medical Marihuana Facilities Ordinance (Ordinance 2019-001) and Village of Decatur Regulation of Recreational Marihuana Ordinance (Ordinance 2019-004) is attached.

The Village has authorized the following numbers and types of medical marihuana facilities to be operated in the Village, subject to receipt of a state license and zoning approval for the same (if applicable): unlimited total growers (A, B or C); unlimited processors; unlimited safety compliance facility; unlimited secure transporters and unlimited provisioning centers.

The Village has authorized the following numbers and types of recreational marihuana establishments to be operated in the Village, subject to receipt of a state license and zoning approval for the same (if applicable): unlimited growers (A, B or C); unlimited processors; unlimited retailers; unlimited microbusinesses; unlimited secure transporters. The Village does not authorize any special licenses.

In accordance with the Village’s Medical Marihuana Facilities Ordinance and/or Recreational Marihuana Ordinance, the Village hereby grants conditional approval for operation of the identified facility and/or establishment within Village of Decatur or grants renewal for such license. A copy of this application and approval may be submitted to the State of

Michigan to establish the availability of a license or licenses within Village of Decatur and does not confer zoning authority or any other approval upon the applicant.

CONDITIONAL APPROVAL FOR MEDICAL MARIHUANA FACILITY LICENSE:

Type: _____ Date: _____

Location (if any): _____

CONDITIONAL APPROVAL FOR RECREATIONAL MARIHUANA ESTABLISHMENT LICENSE:

Type: _____ Date: _____

Location (if any): _____

RENEWAL OF LICENSE:

Type: _____ Date: _____

Location (if any): _____

Dated: _____

Megan Duncan, Village Clerk & Treasurer

Attest: _____

Christopher Tapper, Village Manager