

**Mancelona Township**  
9610 S. M-88 Highway  
P.O. Box 332  
Mancelona, MI 49659  
(231) 587-8651

**APPLICATION**  
**FOR ADULT USE MARIHUANA FACILITY PERMIT**

*Note: In addition to what is specified below, information requested in this application shall be provided for each applicant as defined by the Mancelona Township Regulation and Taxation of Marihuana Ordinance.*

- New       Renewal\*       Amendment       Transfer of Existing Establishment  
*\*Renewal applications must be submitted 30-90 days before expiration of existing license.*

**CONTACT INFORMATION**

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First, Middle, Last Name      Title

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Mailing Address      City      State/Zip

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Email Address      Phone Number

Description of individual's role in this application:

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**TYPE OF PERMIT REQUESTED**

- Marihuana Grower Class A       Marihuana Grower Class B       Marihuana Grower Class C  
 Marihuana Processor       Marihuana Outdoor Grow       Marihuana Provisioning Center

**LICENSE OWNER**

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Self    Corporation\*    LLC\*    Partnership\*      Federal EIN #

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Physical Address      City      State/Zip

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Email Address      Phone Number

\* Attach a list of all information for directors, officers, members, partners or individuals, including a copy of State or Federal ID.

**FACILITY/PROPERTY LOCATION**

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Business Name

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Physical Address

City

State/Zip

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Email Address

Phone Number

**FACILITY/PROPERTY OWNER, if different than LICENSE OWNER**

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Self  Corporation\*  LLC\*  Partnership\*

Federal EIN #

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Physical Address

City

State/Zip

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Email Address

Phone Number

**FACILITY OR BUSINESS MANAGER**

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First, Middle, Last Name

Title

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Mailing Address

City

State/Zip

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Email Address

Phone Number

Are there additional facility or business managers?  Yes  No

If yes, please attach contact information for all other managers.

Each person named on the application, including any applicant as defined by the Mancelona Township Michigan Regulation and Taxation of Marihuana Ordinance, must fill out the following questions. Please duplicate this section (pages 3-8) as needed.

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First, Middle, Last Name

Social Security Number

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Mailing Address

City

State/Zip

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Email Address

Phone Number

Description of individual's role in this application:

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Please list all residential addresses over the past three (3) years (indicate time frame resided at each address).

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Have you submitted an application for a similar license to Mancelona Township?  Yes  No

Do you owe Mancelona Township or Village of Mancelona any funds for delinquent tax or utility bills?  Yes  No

Have you been convicted of, pled guilty or nolo contendere to, or forfeited bail concerning any offense that would disqualify it from being licensed by the State of Michigan for the activity for which the permit is requested within the past ten (10) years?  Yes  No

If yes, provide detailed information here, including charges, dates, location, your plea, and the disposition of the matter:

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Have you ever been convicted of, pled guilty or nolo contendere to, or forfeited bail concerning, a misdemeanor involving a controlled substance, theft, dishonesty, or fraud in any state or been found responsible for violating a local ordinance in any state involving a controlled substance, dishonesty, theft, or fraud that substantially corresponds to a misdemeanor in that state within the past five (5) years?  Yes  No

If yes, what is the date of the conviction(s) and law(s) under which you were convicted?

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Please describe the offense of which you were convicted:

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Have you ever violated, been accused by a municipality of violating, or been convicted of violating an ordinance similar to the village's ordinances regulating adult-use marihuana facilities?  Yes  No

If yes, please provide detailed information here:

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Have you ever applied for or been granted any commercial license or certificate issued by any governmental agency concerning adult-use marihuana or marihuana that has been denied, restricted, suspended, revoked or not renewed?  Yes  No

If yes, please attach a statement describing the facts and circumstances describing the application, denial, restriction, revocation, or nonrenewal, including the licensing authority, the date each action was taken and the reason for each action.

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Have you ever held an elective office of a governmental unit of this or any state in the United States of America, or are you employed by a regulatory body of a governmental unit in this state, another state or the federal government?  Yes  No

If yes, please provide relevant information, including the name of the agency, the office/position held, and dates held.

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Do you have any interest in any other application for a permit or approved permit under the Mancelona Township ordinances?  Yes  No

If yes, please provide detailed information here:

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Do you have any interest in any other marihuana facility in Michigan?  Yes  No

If yes, please indicate the type of facility, name and location here.

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Have you ever filed, or been served with a complaint or other notice by any public body regarding the delinquency in the payment of or dispute over the filings concerning the payment of any tax required under federal, state or local law?  Yes  No

If yes, please indicate the amount of any tax, the name of the taxing agency and the time periods involved.

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Indicate any businesses you have owned, your occupation and employer for the 5 years including and immediately preceding this application: (attach additional pages if necessary)

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First, Middle, Last Name or Company Name

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Mailing Address

City

State/Zip

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Email Address

Phone Number

**OATH OF APPLICATION**

Under oath, I swear or affirm, that the information provided in this application is true and correct.

I agree to not violate any laws of the State of Michigan or ordinances of Mancelona Township in conducting the business in which the permit will be used; and I understand that a violation may be cause for non-renewal of the permit applied for, or for suspension or revocation of the permit.

Further, I understand that the issuance of a permit by Mancelona Township is not intended to grant, nor shall be construed as granting, immunity from criminal prosecution for growing, sale, consumption, use, distribution or possession of marihuana in any form or manner that is not in compliance with any law of the State of Michigan, other application rules promulgated by the State of Michigan, or from criminal prosecution or the seizure of property by federal authorities under Federal Law.

Further, I understand and agree to be bound by the indemnification provision of Mancelona Township legal ordinances.

I agree that acceptance of a permit from Mancelona Township constitutes consent by the permittee, owners, managers and employees to permit the Mancelona Township Constable or designee to conduct inspections of the facility to ensure compliance with the *Mancelona Township Regulation and Taxation of Marihuana Ordinance* and other relevant laws.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

Subscribed and sworn to be a Notary Public on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_, by the above named \_\_\_\_\_, who has appeared before me and presented photo identification and sworn that they have the foregoing and says it is true to the best of his/her knowledge.

\_\_\_\_\_  
\_\_\_\_\_, Notary Public  
\_\_\_\_\_  
County, \_\_\_\_\_  
Acting in \_\_\_\_\_ County, \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**Transfers may ONLY occur of an existing, fully licensed premises. License transferor:**

\_\_\_\_\_  
Corporation, Individual or Partnership Name

\_\_\_\_\_  
First, Middle, Last Name of Officers and/or Directors

\_\_\_\_\_  
D/O/B

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Zip

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
First, Middle, Last Name of Officers and/or Directors

\_\_\_\_\_  
D/O/B

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Zip

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

Current address of licensed premises. Registration will be mailed to this location if not changing.

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Zip

I hereby certify and swear that I am not currently delinquent in the payment of any taxes, fees or other charges owed to or collected by Mancelona Township. I further understand that in the event that I am delinquent in the payment of any taxes, fees or other charges owed to or collected by Mancelona Township, such delinquency shall be grounds for denial.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

Subscribed and sworn to be a Notary Public on this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_, by the above named \_\_\_\_\_, who has appeared before me and presented photo identification and sworn that they have the foregoing and says it is true to the best of his/her knowledge.

\_\_\_\_\_, Notary Public

\_\_\_\_\_, County, \_\_\_\_\_

Acting in \_\_\_\_\_ County, \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## CHEMICAL SURVEY

Information: This survey is requested to determine the quantity of specific chemical groups used, produced or stored in your facility. Fire Chiefs are required to collect chemical data under the Michigan Occupational Safety and Health Act (MIOSHA), PA 154 of 1974, as amended, and the Fire Prevention Code, PA 207 of 1941, as amended.

Instructions: Indicate below whether your site uses or produces any of the chemical types listed. Check all the categories that apply when a chemical has more than one characteristic, (example: both a Class 3 flammable and a Class 6 poison), see definitions. Each chemical group listed in this survey includes a specified quantity. Indicate the quantity category for each chemical group on your site. To complete this survey, you may need to reference Material Safety Data Sheets and SARA Title III reporting forms, along with the attached definitions.

When substantial changes occur in the quantity or type of chemical use, manufacture or related storage, a revised survey must be submitted to the Fire Chief. In addition, a revised survey will be requested periodically as the Fire Chief determines necessary, but a least once every five years.

This survey may be followed-up with a request for more detailed information. This may include a request for Material Safety Data Sheets, chemical lists maintained under the Employee Right to Know provisions of MIOSHA and other information.

Please return this questionnaire as indicated in the attached cover letter.

This site is:

- Chemical User (Chemicals used in activities on site)
- Chemical Producer (Chemicals manufactured at this site, includes packaging)
- Other (If chemicals are used for incidental purposes only. (Examples: toilet, cleaner, glass cleaner, etc.) Please specify type of business (Example: retail store)

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Emergency contacts (include private alarm/security companies)

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Name/Company	Phone Number
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Name/Company	Phone Number
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Name/Company	Phone Number
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Respond based on the maximum quantity you would have on-site, including storage, at any one time during the year. Check 1 box for each category.

<u>Chemical Type</u>	<u>Specified Quantity</u>	<u>Have at or Above Specified Quantity</u>	<u>Have but Below Specified Quantity</u>	<u>Do Not Have</u>
<b>CLASS 1</b>				
Explosives and blasting agents (not including Class C explosives)	Any quantity			
<b>CLASS 2</b>				
Poison Gas	Any quantity			
Flammable Gas	100 gallon water capacity			
Non-flammable Gas	100 gallon water capacity			
<b>CLASS 3</b>				
Flammable Liquid	1,000 gallons			
Combustible Liquid	10,000 gallons			
<b>CLASS 4</b>				
Flammable Solid (dangerous when wet)	100 pounds			
Flammable Solid	500 pounds			
Spontaneously Combustible Material	100 pounds			
<b>CLASS 5</b>				
Oxidizer	500 pounds			
Organic Peroxide	250 pounds			
<b>CLASS 6</b>				
Poison	500 pounds			
Irritating Material Liquid	1,000 gallons			
Irritating Material Solid	500 pounds			
<b>CLASS 7</b>				
Radioactive Material (Yellow III Label)	Any quantity			
<b>CLASS 8</b>				
Corrosives Liquid	1,000 gallons			
Corrosives Solid	500 pounds			
<b>No DOT Category</b>				
Known Human Carcinogen	Any quantity			

**AGREEMENT TO PROVIDE INFORMATION AND AUTHORIZATION OF  
RELEASE OF INFORMATION**

I, the undersigned, have the authority to sign this application on behalf of \_\_\_\_\_ (“the Facility or Company”). I have read all of the above answers, including all sheets and information provided in connection with this application and they are true and correct. The Facility agrees to comply with all terms and conditions of a permit as it may be issued. Finally, I understand that the Facility has a continuing duty to provide Mancelona Township with current information and will notify the Township Clerk in writing of any changes to the Facility’s mailing address, phone numbers, electronic mail address or other contact information as well as changes to any other information the applicant has provided to Mancelona Township as part of the permit application within ten (10) days of any such change occurring. I acknowledge that Mancelona Township may be required from time to time to release records in its possession. The applicant hereby gives permission to Mancelona Township to release any records or materials received by Mancelona Township from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

Subscribed and sworn to be a Notary Public on this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_, by the above named \_\_\_\_\_, who has appeared before me and presented photo identification and sworn that they have the foregoing and says it is true to the best of his/her knowledge.

\_\_\_\_\_, Notary Public  
\_\_\_\_\_  
County, \_\_\_\_\_  
Acting in \_\_\_\_\_ County, \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_



**RELEASE OF LIABILITY, INDEMNIFICATION & WAIVER**

This application or the granting of a license 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 not in strict compliance with State or Federal Law.

Also, since Federal Law is not affected by the State Act, nothing in this license application, the granting of this license hereunder, or any Village of Central Lake Ordinance, policy, or rule, is intended to grant, nor shall they be construed as granting, immunity from criminal prosecution under Federal Law. The State Act, this license application or the issuance of a Township license does not protect user's, caregivers or the owners of properties on which the Recreational and/or Medical use of marijuana is occurring from Federal Prosecution, or from having their property seized by Federal Authorities under the Federal Controlled Substance Act.

Additionally, the applicant hereby agrees, not to violate any laws of the State of Michigan or the Ordinances of Mancelona Township while conducting the business, in which the license will be used, and that a violation on the premises may be cause for objection to renewal of the license, or for requesting revocation of the license. The applicant agrees to make the premises open to inspection upon the request by Mancelona Township, the Mancelona Fire Department, and/or Antrim County Law Enforcement Officials and their Agents for compliance with all applicable laws and rules. The applicant agrees to any inspections by Mancelona Township or Mancelona Township's designee to confirm that the retail shop is operating in accordance with applicable laws including, but not limited to Federal, State, and Municipal laws and ordinances.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

Subscribed and sworn to be a Notary Public on this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_, by the above named \_\_\_\_\_, who has appeared before me and presented photo identification and sworn that they have the foregoing and says it is true to the best of his/her knowledge.

\_\_\_\_\_  
\_\_\_\_\_, Notary Public  
\_\_\_\_\_  
County, \_\_\_\_\_  
Acting in \_\_\_\_\_ County, \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**AT RISK NOTICE**

This application is based on the unknown future actions of the State of Michigan or the Federal Government of the United States of America. All funds associated with this application are non-refundable, and will not be returned if the application is not approved by Mancelona Township, the State of Michigan, or if a license is not subsequently renewed. Furthermore, you acknowledge all actions taken by you and/or your agents are fully at-risk and no guarantee whatsoever, of any kind, is made or implied by Mancelona Township.

Further, you and/or your agents agree to indemnify and hold harmless Mancelona Township, the Mancelona Fire Department, and/or the Antrim County Sheriff's Department, and their directors, officials, volunteers and employees, from any and all damages and claims that may arise as a result of this application.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

Subscribed and sworn to be a Notary Public on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_, by the above named \_\_\_\_\_, who has appeared before me and presented photo identification and sworn that they have the foregoing and says it is true to the best of his/her knowledge.

\_\_\_\_\_  
\_\_\_\_\_, Notary Public  
\_\_\_\_\_  
County, \_\_\_\_\_  
Acting in \_\_\_\_\_ County, \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

## ATTACHMENTS NEEDED & CHECKLIST

*Please attach the following – and clearly label each required attachment so it is easily identified.*

- Application fee.
  - \$2,500 for all new and renewal applications.
  - Amendments to applications will be charged for the Township's costs associated with review as determined by Mancelona Township, not to exceed \$5,000.
  - Please make check payable to: Mancelona Township
  - Application fees remitted to Mancelona Township are non-refundable. In order for Mancelona Township to accept this application, all fees must be paid at the time the application is presented.
- Application Fully Completed.
- Proof of prequalification by the State of Michigan for a marihuana facility state license. (Attachment A)
- Proof of lawful possession of the premises (lease, deed, purchase agreement) (Attachment B)
- A comprehensive operating plan as outlined in the Township's ordinance, which includes the following elements:
  - Type of marihuana facility for which you are applying;
  - Description of products and services to be provided (Attachment C)
  - Security Plan that is consistent with the requirements of the State of Michigan; (Attachment D)
  - Staffing Plan (Attachment E) including:
    - ✓ Employee Salary and Benefits offered
    - ✓ Building Layout emphasizing Employee break and restrooms
    - ✓ Employment of non shareholders
  - Marketing and Outreach Plan (Attachment F) including:
    - ✓ Evidence of Outreach in the vicinity of the proposed location
    - ✓ Evidence of utilization of locally-sourced services
    - ✓ Description of Drug and Alcohol Public outreach programs
  - A building plan indicating the layout and size of the building, detailing public, private and secured areas, and occupancy of the building per Michigan Building Code, path and location of egress, occupant loads, fire protection system control areas/rooms, areas with non-passive security systems. Plan shall indicate fire-resistance-rated construction. (Attachment G)
  - A declaration of any other past or present businesses or investments with Mancelona Township. (Attachment H)
  - A Comprehensive list of chemicals used on site (Page 8 and 9 of Application)
  - Plant Waste Disposal (Attachment I)
- Signed and notarized Oath of Application (Page 6 of Application)
- Sheet listing all information for directors, officers, members, partners and individuals, including a copy of State or Federal ID. (Attachment J)
- Depiction of any proposed text or graphic materials to be shown on the exterior of the proposed marihuana establishment. (Attachment K)
- Signed and notarized Agreement to Provide Information and Authorization of Release of Information (Page 10 of Application)
- Signed and notarized Authorization of Criminal Background Check (Page 11 of Application)
- Signed and notarized Release of Liability, Indemnification and Waiver (Page 12 of Application)
- Signed and notarized At Risk Notice (Page 13 of Application)