



## Medical Marihuana Facility License Application

Lenox Township Book of Ordinances Part 25: Ordinance 3 (Licensing)

Lenox Township Zoning Ordinance Section 337, et al.

For Office use Only

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

Time: \_\_\_\_\_

Received by: \_\_\_\_\_

### Identify Type of License being applied for:

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

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**Application Review Fee: \$4,000**

**One Year License Term**

Name of Proposed Facility:	Phone Number:		
Address/Location of Proposed Facility:	City	State	Zip

**\*Before completing and submitting this Application, all Applicants are strongly encouraged to read the Lenox Township Medical Marihuana Facilities Licensing Ordinance, all Township Zoning Ordinance provisions applicable to medical marihuana facilities and uses, and the Applicant License Instructions. Official copies of the above ordinances are available in the Lenox Township Clerk's Office, and unofficial copies are available on-line at [www.lenoxtwp.org](http://www.lenoxtwp.org). A copy of the Applicant License Instructions is provided at the end of this Application form.**

### **Section I. Applicant Information**

**IMPORTANT INSTRUCTION:** The Applicant must provide the information and responses requested in this Section about itself and must also provide, in an attachment, the information and responses requested in this Section relative to the manager of the proposed facility and all "true parties of interest" as defined in the Medical Marihuana Facilities Licensing Ordinance, being Part 25, Ordinance 3 of the Lenox Township Book of Ordinances (referred to in this Application as the "Ordinance". Said attachment should be identified as "Attachment A".

#### A. Basic Information.

Full Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Legal Status:

Individual  Corporation  LLC  LLP  Other \_\_\_\_\_

Federal Tax ID Number (unless individual): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

B. Provide the Following Information for Individuals Only:

How long have you been a resident of the State of Michigan? \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License or State Identification Card Number \_\_\_\_\_

C. Attach a list identifying the name and address of every person or business entity that has invested in, provided financing for, or has an ownership interest of any kind or measure in the applicant and/or facility with respect to which the license is sought. (*Identify this attachment as "Attachment B".*)

D. Answer each of the following questions by circling "yes" or "no", and if you circle "yes" to any question, a copy of all paperwork concerning that statement must be attached to this application as instructed below each statement:

1. Have you been arrested or indicted for, charged with, convicted of, or plead guilty or nolo contendere to, or forfeited bail concerning a felony or a controlled-substance related misdemeanor criminal offense in Michigan or elsewhere, not including traffic violations, regardless of whether the offense has been reversed on appeal or otherwise? **Yes** **No**

*(If you circle yes, attach the following information regarding the criminal offense: the date of the offense or alleged offense, the name and location of the court, arresting agency, and prosecuting agency, the case caption, the docket number, the type of offense, the disposition, and the location and length of incarceration, if any. This attachment should be identified as "Attachment C".)*

2. Have you applied for or been granted a commercial license or certificate issued by a licensing authority in Michigan or another jurisdiction that has been denied, restricted, suspended, revoked, or not renewed? **Yes** **No**

*(If you circle yes, attach 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. This attachment should be identified as "Attachment D".)*

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

*(If you circle yes, attach a description of the amount of tax, type of tax, taxing agency and time periods involved. This attachment should be identified as "Attachment E".)*

4. Do you hereby acknowledge, consent and agree that Lenox Township, through a Township employee, contractor, agent or representative, may conduct a personal background investigation of you, including without limitation its own independent criminal history check, and that the Township will be entitled to full and complete disclosure of your financial records, including records of deposit, withdrawals, balances and loans as part of the application review process and during the term of any Township license issued to the Applicant? **Yes** **No**

*(If you circle yes, attach a sworn statement consenting and agreeing to Lenox Township conducting the above personal background investigation of you, exactly as written above. This attachment should be identified as "Attachment F".)*

5. Do you hereby certify, per Section 3.A.(10) of the Ordinance, that you are currently not in default to Lenox Township, and that you have not failed to pay any property taxes, special assessments, fines, fees or other monies to Lenox Township? **Yes** **No**  
*(If you circle yes, attach a sworn statement certifying this representation, exactly as written above. This attachment should be identified as "Attachment G".)*

6. Do you hereby provide your free and voluntary consent and permission to the Macomb County Sheriff's Department and Lenox Township, including their respective officers and employees, to enter upon the land on which the medical marihuana facility is located and into all areas of the medical marihuana facility building(s) during all business hours and any other time the facility is occupied, without the necessity of obtaining a search warrant, for the purpose of investigating, inspecting, examining and determining compliance with the provisions of the Ordinance and any other applicable state and local laws or regulations, which permission and consent shall remain in effect throughout the application review process and for all periods during which a Township-issued license remains in effect for the facility? **Yes** **No**

E. Attach and submit a complete copy of each of the following documents:

- Birth Certificate (individuals only). *(This attachment should be identified as "Attachment H".)*
- Resume detailing all experience with medical marihuana, the medical marihuana industry and any related industry. *(This attachment should be identified as "Attachment I".)*
- Criminal background report of the individual's criminal history for the five (5) years prior to the date of this application (individuals only). This report shall be obtained through the Internet Criminal History Access Tool (ICHAT) for individuals residing in Michigan and/or through another state sponsored or authorized criminal history access source for individuals who reside in another state or have resided in other states. The report must be dated within thirty (30) days of the date of the Township's receipt of this application. *(Identify this attachment as "Attachment J".)*
- For non-individuals, all business formation documents, including without limitation, resolutions, articles of incorporation, bylaws, agreements (partnership or LLC), and any amendments to such documents, and any "doing business as" or "d/b/a" information, documents and filings. *(This attachment should be identified as "Attachment K".)*
- For non-individuals, proof of registration with the State of Michigan. *(This attachment should be identified as "Attachment L".)*
- For non-individuals, certificate or verification of good standing from the State of Michigan. *(This attachment should be identified as "Attachment M".)*
- An original signed and sworn assumption of risk, indemnification, release, waiver and hold harmless agreement pursuant to Article I, Section 3 and Article II, Section 3.A(22) of the Ordinance in the form provided with this Application form. *(Identify this attachment as "Attachment N".)*

## **Section II. Proof of Ownership.**

The Applicant for the license, identified in Section 1.A. of this Application, must provide as an attachment to this Application either of the following: (a) proof of Applicant's fee simple title ownership of the entire property at which the proposed medical marihuana facility is to be operated, including without limitation a copy of the deed to the property and a title information report signed by a title examiner and issued by a title insurance company doing business in Michigan; or (b) if the Applicant is not the owner of the proposed licensed premises, a notarized sworn statement from the owner(s) of such property authorizing the Applicant to occupy and use the property for the proposed marihuana facility for at least the duration of the requested license, together with a copy of any lease for the premises signed by such owner(s) and the Applicant, and proof of such owner's/owners' fee simple title ownership of the property by way of a copy of the deed to the property and a title information report signed by a title examiner and issued by a title insurance company doing business in Michigan. (*Identify this attachment as "Attachment O".*)

## **Section III. Checklist of Required Medical Marihuana Facility Information.**

The Applicant must provide and attach each of the following:

- A full description of all aspects of the proposed medical marihuana facility. (*This attachment should be identified as "Attachment P".*)
- The anticipated or actual number of employees that will be employed by the proposed facility. (*This attachment should be identified as "Attachment Q".*)
- A "to scale" plan of the proposed licensed property and building in accordance with, and including without limitation all details, information and requirements specified in Article II, Section 3.A(14) of the Ordinance. (*This attachment should be identified as "Attachment R".*)
- A comprehensive facility operation plan for the marihuana facility which shall contain, at a minimum, the following:
  - A security plan and narrative depicting and fully describing: (a) the manner, staffing and equipment by which the applicant will comply with the requirements of the Ordinance and all other applicable laws, rules and regulations; (b) the details of all security arrangements to protect the facility and the safety of its employees and members of the public who are lawfully on the premises of the facility; and (c) all other requirements specified in Article II, Section 3.A(15)(a) of the Ordinance. (*This attachment should be identified as "Attachment S".*)
  - **For grower and processor facilities**, a plan that specifies the methods to be used to ensure compliance with restrictions and limitations on discharges into the wastewater system of the Township. (*Identify this attachment as "Attachment T".*)
  - A lighting plan showing the lighting outside of the medical marihuana facility for security purposes and showing compliance with the Ordinance and other Township requirements applicable to lighting. (*This attachment should be identified as "Attachment U".*)

● A plan for disposal of any medical marihuana or medical marihuana-infused product that is not sold to a patient or primary caregiver in a manner that protects any portion thereof from being possessed, used or ingested by any person or animal. (*This attachment should be identified as "Attachment V".*)

● A plan for ventilation of the medical marihuana facility depicting and fully describing: (a) the details and information required in Article II, Section 3.A(15)(e) of the Ordinance for the particular type of facility proposed; and (b) the manner and equipment by which the applicant will comply with all other requirements of the Ordinance pertaining to the type of facility proposed and all other applicable laws, codes, rules and regulations. (*Identify this attachment as "Attachment W".*)

● A full and complete description of all herbicide, pesticide, fertilizer and chemical materials and all toxic, flammable and combustible materials that will be used or kept at the marihuana facility, the location of such materials within the facility, and how such materials will be stored and disposed. (*This attachment should be identified as "Attachment X".*)

● A statement and description by a Michigan licensed electrician and Michigan licensed plumber as specified in Article II, Section 3.A(15)(g) of the Ordinance. (*This attachment should be identified as "Attachment Y".*)

**With respect to medical marihuana provisioning centers:** (a) a patient education plan to detail to patients the benefits or drawbacks of certain marihuana strains or products in connection with

- the debilitating medical conditions set forth in the Michigan Medical Marihuana Act; and (b) a description of drug and alcohol awareness programs that shall be provided or arranged for by the applicant and made available for the public. (*Identify this attachment as "Attachment Z".*)
- An estimate of the number and type of jobs that the medical marihuana facility is expected to create, the amount and type of compensation expected to be paid for such jobs, and the projected annual budget and revenue of the medical marihuana facility. (*This attachment should be identified as "Attachment AA".*)
- A description of the training and education that the applicant will provide to all employees. (*This attachment should be identified as "Attachment BB".*)
- Whether the Applicant has any community outreach/education plans and strategies that it is or will be undertaking, and if so a description of such plans and strategies. (*This attachment should be identified as "Attachment CC".*)
- Whether the Applicant has any charitable plans and strategies, whether fiscally or through volunteer work, that it is or will be undertaking in the community or elsewhere, and if so a description of such charitable plans and strategies. (*Identify this attachment as "Attachment DD".*)
- Proof of insurance in accordance with and as specified in Article II, Section 3.A(21) of the Ordinance. (*This attachment should be identified as "Attachment EE".*)

Any additional relevant information or materials the Applicant wishes to provide the Township in support of its application. (*This attachment should be identified as "Attachment FF".*)

#### **Section IV. Application Review Fee and Acknowledgement.**

A. At the time of submission to the Township, this Application must be accompanied by an application review fee in the amount of \$4,000.00, which if submitted by check shall be made payable to "Lenox Township".

B. Do you (the Applicant) understand and agree that the application review fee is non-refundable, except as may be otherwise specified in the Ordinance? **Yes**      **No**      (circle one)

#### **Section V. Miscellaneous.**

A. Do you (the Applicant) acknowledge that you read and fully understand all provisions of the Township's Medical Marihuana Facility Licensing Ordinance that is identified in and referenced throughout this Application? **Yes**      **No**      (circle one)

B. Have you submitted an application to the State of Michigan for a State-issued facility license for the same medical marihuana facility that you are requesting a Township license under this Application?  
**Yes**      **No**      (circle one)  
If you answer yes, identify the submission date and describe the present status of your state application: \_\_\_\_\_  
\_\_\_\_\_.  
If you answer no, explain why you have not submitted an application to the state and when you will do so:  
\_\_\_\_\_.  
\_\_\_\_\_.

C. Do you (the Applicant) understand and acknowledge that you may be required to submit additional information and materials that the Township's Clerk, Treasurer, Building Official, Planning and Zoning Administrator, Fire Chief, Engineer, Chief Ordinance Enforcement Official or law enforcement agency determines to be necessary in connection with the investigation and review of this application, and that any failure by you to submit such information or materials will result in your Application being determined to be incomplete and deficient under Article II, Section 4.C of the Ordinance? **Yes**      **No**      (circle one)

D. If the Applicant is not an individual, has the person signing this Application been legally and officially authorized to sign and submit this Application on behalf of the Applicant? **Yes**      **No**      (circle one)  
(*If you circle yes, attach the resolution, agreement or other document verifying such legal and official authority. This attachment should be identified as "Attachment GG".*)

## **Section VI. Notarized Signature Under Oath.**

Being first duly sworn, I, the undersigned, depose and state, on behalf of myself and the Applicant identified in this Application, that the statements, responses and information in the above Application and in all of the attachments to this Application have been personally made and provided by me, and that all such statements, responses and information are true and correct to the best of my knowledge, information and belief, and that it is reasonable for Lenox Township and its officials and employees to fully rely upon such statements, information and responses as being true and accurate in all respects and for all purposes.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title (if Applicant is not an individual): \_\_\_\_\_

Print Name of the Applicant (if Applicant is not an individual): \_\_\_\_\_

Signed, subscribed and sworn to before me in  
\_\_\_\_\_ County, Michigan, on this \_\_\_, day of  
\_\_\_\_\_, 2018.

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Notary Public  
Acting in \_\_\_\_\_ County, Michigan  
My Commission expires:

## **Applicant Instructions**

1. The Township has experienced a considerable level of interest and inquiries about the application and issuance of licenses under its Medical Marihuana Facilities Licensing Ordinance. Based on the significant number of license applications that are anticipated to be submitted due to the aforementioned level of interest that has been expressed, the Township desires to provide for a more orderly, manageable, organized, effective and efficient method to administer the receipt, review and processing of the license applications. Accordingly, the Township will receive and process license applications in a series of successive licensing rounds. The Township Board has announced and established the first licensing round ("Round 1") in which it will begin receiving applications for all types of facility licenses on February 12, 2018, and the deadline for the submission of such applications in Round 1 is March 12, 2018. Any application for Round 1 that is received prior to February 12, 2018 or after March 12, 2018 will be rejected by the Clerk on the grounds that it is not timely and the application, with any review fee, will be returned to the applicant. The Township Board, by resolution, may establish and announce future additional licensing rounds, during which applications may be submitted and processed for one or more types of facility licenses, as designated by the Board in its discretion, based on the number of licenses remaining available after prior licensing rounds and whether and to what extent applications remain pending for the respective facility types in a prior licensing round. Any application that is received by the Township after a submission deadline for a licensing round or prior to the establishment of a future licensing round shall be rejected by the Clerk on the grounds that it is not timely and the application, with any review fee, shall be returned to the applicant.
2. A one-time application review fee of \$4,000 per requested license must be paid at the time of application submittal.
3. Each license request must have its own application and supporting documentation. Each license request will be reviewed individually.
4. All applications must be submitted either typewritten or in ink. Illegible submissions can result in the application being returned with questions and thus affect processing time.
5. Each attachment to the application should be clearly marked with a letter in the upper right-hand corner consistent with attachment letters specified in the Township's official application form. The Township Clerk's office will use those letters to confirm that all attachments are properly submitted with the application. This is not to be construed as acceptance or acknowledgment of the completeness of the information, it is simply to acknowledge that information was submitted.
6. The Lenox Township Clerk or a designated Clerk's office representative are the ONLY persons who can accept your application. Applications must be hand delivered or mailed to the Clerk or her designated representative at the Township Hall. An application will be considered as having been received on the date it is personally hand-delivered to the Clerk or her designee as provided above, or if mailed, on the first day the Township Hall is open for business on or after the day the mail is delivered to the Township Hall. Applications shall not be submitted by electronic transmission (email or otherwise), facsimile or any method other than mail or personal hand delivery as described above, and any applications submitted by such non-compliant methods will not be considered as having been received or processed under the Ordinance.
7. **In addition to the required hard copy of the complete application and all supporting documentation, it is requested that all applicants also provide at application submittal an exact copy of their original application and supporting documentation scanned and downloaded to a USB drive.**
8. A License Fee in the amount of \$5,000 per license must be paid prior to issuance of a Township license and upon the application for renewal of any such license under this Ordinance.

**AGREEMENT  
ASSUMPTION OF RISK, RELEASE OF LIABILITY, INDEMNIFICATION,  
HOLD HARMLESS AND WAIVER**

**IMPORTANT!! PLEASE READ CAREFULLY BEFORE SIGNING**

\_\_\_\_\_  
[*insert name of individual or business entity*], referred to hereinafter as "the undersigned party," fully understands and acknowledges without reservation to all of the following: (1) that all matters related to medical marihuana growing, cultivation, possession, dispensing, testing, safety compliance, transporting, distribution, and use are currently subject to state and federal laws, rules, and regulations; (2) that medical marihuana growing, cultivation, processing, possession, dispensing, testing, safety compliance, transporting, distribution, and use currently remain unlawful and subject to criminal prosecution and penalties under federal law; and (3) that any approval or granting of a medical marihuana facility license by the Township to the undersigned party does not exonerate or exculpate the undersigned party from abiding by the provisions and requirements and penalties associated with those laws, rules and regulations or exposure to any criminal and civil penalties associated therewith; and further the undersigned party hereby waives and forever releases any claim, demand, action, legal redress, or recourse it may now or in the future have against or relating to Lenox Township, its elected and appointed officials and its employees and agents for any claims, damages, liabilities, causes of action, damages, and attorney fees the undersigned party may incur as a result of the violation by the undersigned party, its officials, members, partners, shareholders, employees and agents of those laws, rules, and regulations and hereby waives, and assumes the risk of, any such claims and damages, and lack of recourse against Lenox Township, its elected and appointed officials, employees, attorneys, and agents.

The undersigned party also waives, and releases Lenox Township, its officers, elected officials and employees from, any liability for injuries, damages or liabilities of any kind that result from any arrest or prosecution of medical marihuana facility owners, operators, managers, employees, clients or customers for a violation of state or federal laws, rules or regulations.

The undersigned party further agrees to indemnify, defend and hold harmless Lenox Township, its officers, elected officials, employees, and insurers, against and from all liability, claims or demands arising on account of bodily injury, sickness, disease, death, property loss or damage or any other loss of any kind, including, but not limited to: (i) any claim of diminution of property value by a property owner whose property is located in proximity to a licensed marihuana facility, (ii) any claim arising out of the operation of, or use of a product cultivated, processed, distributed or sold by or from, a licensed marihuana facility; or (iii) any alleged injury to business or property by reason of a claimed violation of the federal Racketeer Influenced and Corrupt Organizations Act (RICO), 18 U.S.C. §1964(c).

The undersigned party further agrees to indemnify, defend and hold harmless Lenox Township, its officers, elected officials, employees, and insurers, against and from all liability, claims, penalties, or demands arising on account any alleged violation of the federal Controlled Substances Act, 21 U.S.C. §801 et seq. or Article 7 of the Michigan Public Health Code, MCL 333.7101 et seq.

It is acknowledged that the above agreements are provided contingent upon and in consideration and as an inducement for being issued a medical marihuana facility license by Lenox Township at the following location in Lenox Township:

\_\_\_\_\_  
[*insert location of medical marihuana facility, identified by parcel #*].

The undersigned party expressly agrees that the above covenants are intended to be as broad and inclusive as permitted by Michigan law and that if any portion thereof is held by a court to be invalid, the balance of said covenants shall continue in full legal force and effect.

The undersigned party acknowledges having carefully read each and every provision of this Agreement, having been given a reasonable opportunity to consult with an attorney regarding it, and being fully aware of the legal consequences of this Agreement. The undersigned party further acknowledges that no oral representations, statements or inducements have been made to the undersigned party regarding these matters or this Agreement.

The undersigned party is aware that this Agreement is a contract between the undersigned party and Lenox Township, and the undersigned party is signing this Agreement freely and of the undersigned party's own accord, and the undersigned party recognizes and agrees that this Agreement is binding upon the undersigned party, and the undersigned party's heirs, successors, assigns, trustees, trust beneficiaries, representatives, and agents.

THE UNDERSIGNED PARTY ACKNOWLEDGES HAVING CAREFULLY READ THIS AGREEMENT, WHICH INCLUDES AN ASSUMPTION OF RISK, RELEASE OF LIABILITY, INDEMNIFICATION, HOLD HARMLESS AND WAIVER, AMONG OTHER PROVISIONS OF LEGAL SIGNIFICANCE. THE UNDERSIGNED PARTY FULLY UNDERSTANDS AND AGREES TO ITS CONTENTS.

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[Type/print name of individual or business entity]

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title (if business entity): \_\_\_\_\_

STATE OF MICHIGAN      )  
                                    ) ss.  
COUNTY OF                    )

The foregoing instrument was acknowledged before me on \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, the  
\_\_\_\_\_  
of \_\_\_\_\_, a Michigan \_\_\_\_\_.

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Notary Public

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

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