



1160 South Outer Drive
 Saginaw, MI 48601
 989-754-6536
www.bvct.org

Date Received:
Time:
Initials:

All required information must be submitted at the time of application. Attach additional pages when necessary.

Non-Refundable Fee For All License Types

\$5,000 Initial License **\$5,000 Renewal Fee**

Applicant Information		
Applicant Name:		Date of Birth:
Business Name:		Phone:
Business Address:		Secondary Phone:
City/State		Zip:
Business Mailing Address (if different)		Zip:
Email Address	Secondary Email Address	

- APPLICANT (check one):
- Individual /Sole Proprietor
 - Partnership
 - LLC
 - Corporation Type: _____
 - D/B/A
 - Other/Specify: _____

- TYPE OF FACILITY BEING APPLIED FOR:
- () Grower Class () A () B () C
 - () Processor
 - () Provisioning Center
 - () Secure Transporter
 - () Safety Compliance Facility
- Check all that apply

Has the applicant been denied an application for a marihuana facility from any jurisdiction? Yes No

If yes state when, where and why:

Has the applicant had a marihuana facility license suspended or revoked by any jurisdiction? Yes No

If yes state when, where and why:



SUBMIT \$5,000 NON-REFUNDABLE APPLICATION FEE PER LICENSE TYPE WITH THIS APPLICATION FOR A NEW LICENSE OR A RENEWAL LICENSE.

ATTACH COPY OF PRE-QUALIFICATION APPROVAL LETTER, IF AVAILABLE, FROM THE STATE OF MICHIGAN, DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS UNDER RULE 5 OF THE BUREAU OF MEDICAL MARIHUANA REGULATION EMERGENCY RULES ("BMMR").

ATTACH LIST (PAGE 6 OF THIS APPLICATION) DISCLOSING THE IDENTITY OF EVERY PERSON HAVING ANY OWNERSHIP INTEREST IN THE APPLICANT WITH RESPECT TO WHICH THE LICENSE IS SOUGHT. THIS SHOULD CONTAIN THE INFORMATION REQUIRED TO BE SUBMITTED TO THE STATE OF MICHIGAN UNDER BMMR RULE 5, PARAGRAPH 2.

ATTACH COPY OF ALL INFORMATION REQUIRED TO BE SUBMITTED TO THE STATE OF MICHIGAN UNDER BMMR RULE 5, PARAGRAPH 4, SUBPARAGRAPHS (a), (b), (c), (d), (e), (f) and (g).

Property Information:	
Business Site Address:	Tax Parcel #:
Acreage in Parcel:	
<input type="checkbox"/> Owned	Date of Purchase:
<input type="checkbox"/> Leased	Start Date: End Date:
If Leased:	
Property Owner Name:	
Phone:	Address:
Will facility be in an existing structure?	How many square feet?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will a new structure or addition be built?	How many square feet?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a security alarm in place?	If there is a security alarm in place please describe what type:
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide the name, address and telephone number of the security alarm company:	



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 or facilities within Buena Vista Charter Township and that a conditionally-approved Township application may be used as part of an application to the State of Michigan for a Medical Marijuana Facility or Facilities to be operated within the Township.

I, the undersigned, understand that if I am conditionally-authorized by Buena Vista 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 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, together with an application fee and escrow amount, to be utilized by Buena Vista Charter Township in processing my zoning application; which is separate from the initial application fee that I have paid to the Township as part of this application.

I will not operate a medical marijuana facility or facilities within Buena Vista Charter Township unless and until I have obtained approval for the location and site plan approval as required by the Buena Vista Charter Township Zoning Ordinance, and a state license for the facility or facilities.

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

SUBMITTAL INSTRUCTIONS AND FEES

This application must be returned with a payment for the \$5,000 non-refundable application fee to the following address:

Barbara Campbell
Buena Vista Charter Township
1160 South Outer Drive
Saginaw, MI 48601
Telephone: 989-754-6536 Fax: 989-754-5930

Application fee check shall be made out to Buena Vista Charter Township

By signing below the Applicant is affirming that he/she/it is familiar with and has a working knowledge of the requirements of all Buena Vista Charter Township ordinances and relevant state law. A copy of Medical Marijuana Ordinance 270 & 271 are available on the Township's website www.bvct.org.

Applicant's Signature	Date	Co-Applicant's Signature	Date
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Township Office Use Only:

() Application Fee Cash _____ Certified Check _____ Money Order _____

Application reviewed on: Date: _____ Application reviewed by: _____

() complete () incomplete. Requires: _____

Applicant notified on (date) _____ by (initials) _____

Comments _____



Medical Marijuana Facility - Zoning Assurance Letter

By initialing each section and signing below, I acknowledge the following to be

true:

_____ I have reviewed and understand applicable zoning regulations pertaining to the special uses, locations, and restrictions for medical marijuana facilities in Buena Vista Charter Township, and that if the property identified with this application does not meet said regulations, the application will be denied.

_____ I 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, including but not limited to:

Article 4: Off-street Parking and Loading Requirements

Article 5: Landscaping and Screening

Article 6: Walls and Fences

Article 7: Signs

Article 8: Site Development Standards VV. Marijuana grower, marijuana processor, marijuana provisioning center, marijuana secure transporter, and marijuana safety compliance facility.

Section 26.02 Site Plan Review

Section 26.03 Special Land Use

Signature of Applicant

Signature of Co-Applicant

Date

Date



Medical Marijuana Facilities Criminal History Disclosure and Background Record Authorization

As part of the Licensing Process, each person listed on the information submitted to the State of Michigan under the Bureau of Medical Marijuana Regulation Emergency Rules, Rule 5, paragraph 4, subparagraphs (a) and (b), must also complete this form and submit this form with a copy of his/her Michigan ID or Driver's License. All questions on this form must be answered completely and truthfully. A separate form for each individual listed is required.

A separate form for each individual listed on the Medical Marijuana Facility Permit application is required, including applicant, stakeholders, operators and employees.			
Full Name:			
Maiden Name or Aliases:			
Michigan ID or Driver's License Number:			
Home Address:	City:	State:	Zip:
Phone:	Date of Birth:	Gender:	

I, authorize the release of any and all information from any appropriate agency regarding my criminal conviction history to the BVCT Clerk's Office or BVCT Police Department. **I understand that my race, color, sex, age, religion, national origin, height, weight, marital status, familial status, veteran status, handicap/disability, gender identity, sexual orientation, genetic information, or as otherwise in accordance with all Federal or State law, or local regulations will not be made part of my application and that none of these items will be considered in the review of my permit application.** I acknowledge that a complete background investigation, including, but not limited to, a State Police Criminal Conviction Record Check will be done. In addition, I agree to cooperate with the investigator / inspector assigned to screening this application.

Signature: _____ Date: _____

1. Has the applicant ever been arrested, charged, indicted or imprisoned for a felony involving controlled substances as defined under the Michigan Public Health Code, MCL 333.11041 et seq., the federal law, or the law of any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Has the applicant ever been arrested, charged, indicted or imprisoned for any other type of felony under the law of Michigan, the United States, or any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered Yes to either or both of the above questions, the applicant must complete the following section.						
Offense: Arrest/Charge Indictment/Conviction	Date	Arresting Agency	Name & Location of Court	Case Caption	Case/Docket Number	Disposition
Date of Conviction	Law under which the person was convicted					SID Number

I hereby certify that the information provided above is accurate to the best of my knowledge

Signature: _____ Date: _____



Stakeholder Information: All Corporations, LLCs, LLPs and Other non-individual entities must complete this sheet for every additional Applicant or Stakeholder. You must designate one Stakeholder as an Emergency Contact.

Name:	Title:		
Maiden Name or Aliases:	Home Address:		
City:	State:	Zip Code:	Phone:
Business Email:	Personal Email:		
Emergency Contact: YES NO (circle one)			
Name:	Title:		
Maiden Name or Aliases:	Home Address:		
City:	State:	Zip Code:	Phone:
Business Email:	Personal Email:		
Emergency Contact: YES NO (circle one)			
Name:	Title:		
Maiden Name or Aliases:	Home Address:		
City:	State:	Zip Code:	Phone:
Business Email:	Personal Email:		
Emergency Contact: YES NO (circle one)			
Name:	Title:		
Maiden name or Aliases:	Home Address:		
City:	State:	Zip Code:	Phone:
Business Email:	Personal Email:		
Emergency Contact: YES NO (circle one)			
Name:	Title:		
Maiden Name or Aliases:	Home Address:		
City:	State:	Zip Code:	Phone:
Business Email:	Personal Email:		
Emergency Contact: YES NO (circle one)			

Attach an additional sheet if there are more persons to list



Operator and Employee Information: This must be completed for every operator and employee of the facility. You must also submit a photo identification for each.

Name:	Title:
Maiden Name or	Home Address:
City: State:	Zip Code: Phone:
Business Email:	Personal Email:
Name:	Title:
Maiden Name or	Home Address:
City: State:	Zip Code: Phone:
Business Email:	Personal Email:
Name:	Title:
Maiden Name or	Home Address:
City: State:	Zip Code: Phone:
Business Email:	Personal Email:
Name:	Title:
Maiden name or	Home Address:
City: State:	Zip Code: Phone:
Business Email:	Personal Email:
Name:	Title:
Maiden Name or	Home Address:
City: State:	Zip Code Phone:
Business Email:	Personal Email:

Attach an additional sheet if there are more persons to list

ATTESTATION A

APPLICANT'S ACKNOWLEDGEMENT, AGREEMENT AND CONSENT
(To be completed and signed by business/entity/individual seeking licensure)

Do not sign until notary is present

I, _____, (applicant) hereby acknowledges 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 form, 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, as the applicant 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 hereby acknowledge that I am under a continuing duty to promptly disclose to the Buena Vista 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 ten (10) business days of changes.

I hereby consent to inspections, searches, and seizures as provided in any Buena Vista 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 hereby acknowledge that if requested by the Buena Vista Charter Township at any point in time to provide background verification of all employees.

I hereby agree to applicable permits and inspections required by the Buena Vista Charter Township Ordinances and agree to pay applicable fees as outlined in the Buena Vista Charter Township Fee Schedule and/or relevant ordinances pertaining to permits and inspections and acknowledge that said fees are not considered part of the application fee.

I acknowledge that the granting of a Marihuana Provisional License 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:

Applicant Printed Name

STATE OF MICHIGAN)
) ss.
COUNTY OF SAGINAW)

The foregoing Attestation was executed and acknowledged before me on the ____ day of _____, 2019, by _____
Applicant

NAME OF NOTARY
Notary Public for _____ County, Michigan
Acting in the County of _____
My Commission Expires: _____

ATTESTATION B

APPLICANT'S VERIFICATION & AFFIDAVIT OF DISCLOSURE
(To be completed and signed by business/entity/individual seeking licensure)

Do not sign until notary is present

_____, (applicant) hereby acknowledge:

1 I am the individual responsible for submitting this application and have full authority to execute this verification and affidavit of disclosure.

2. I 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.

3. I 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.

Applicant Signature

Date:

Printed Name

STATE OF MICHIGAN)
) ss.
COUNTY OF SAGINAW)

The foregoing Attestation was executed and acknowledged before me on the ____ day of _____, 2019, by _____.

NAME OF NOTARY

Notary Public for _____ County, Michigan

Acting in the County of _____

My Commission Expires: _____

ATTESTATION C

ACKNOWLEDGEMENT OF FEDERAL LAW & RELEASE OF LIABILITY

(To be completed and signed by applicant and/or any professional representative.)

Do not sign until notary is present

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 the medical marihuana pursuant to the Medical Marihuana Act, 2008 IL 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 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 understanding that choosing to file an application for a marihuana facility license and, if issued a license, choosing to establish and operate a marihuana facility pursuant to that license, is done so at my own risk.

I understand that maintaining a valid marihuana facility license by the State of Michigan is a condition for the issuance and maintenance of a marihuana facility license by the Buena Vista Charter Township. By my signature and attestation to this form, I hereby completely release and forever discharge the Buena Vista Charter Township and its respective employees, agents, facilities, insurers, indemnsors, 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 services, 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 of, or may in any way arise out of my application for a marihuana facility license and, if issued a license, my operation of a 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

Applicant Printed Name

STATE OF MICHIGAN)
) ss.
COUNTY OF SAGINAW)

The foregoing Attestation was executed and acknowledged before me on the ____ day of _____,
2019, by _____.

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