



Township of Leoni Adult Use Marihuana Facility License Application

Township of Leoni
913 Fifth St
Michigan Center, MI 49254
517-764-4694
WWW.LEONITOWNSHIP.COM

Date Received:

TYPE OF APPLICATION:

- ☐ New Application
☐ Renewal Application
☐ License Modification

Date Fees Paid: _____

TYPE OF LICENSES:

Different facility types require separate applications.

- | | |
|---|--|
| <input type="checkbox"/> Grower* | <input type="checkbox"/> Secure Transporter* |
| <input type="checkbox"/> Processor* | <input type="checkbox"/> Safety Compliance Facility* |
| <input type="checkbox"/> Retailer/Provisioning Center** | <input checked="" type="checkbox"/> |

Applicant Name:	
Business Name:	
Phone Number:	Email Address:
Physical Address:	
Mailing Address:	

OWNER AND MANAGER INFORMATION:

List all officers, directors, general partners, managing members, stockholders, partners, and members. If a holding company has an ownership interest in the licensed business, list that company and its ownership percentage as well. Attach additional pages as necessary.

Primary Contact	Name:	Address:			
	Email Address:	Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:	Address:			
	Email Address:	Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:	Address:			
	Email Address:	Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:	Address:			
	Email Address:	Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:	Address:			
	Email Address:	Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:	Address:			
	Email Address:	Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:	Address:			
	Email Address:	Phone Number:	Position:	DOB:	% Ownership

Separation Distance Measurement as required in Sections 11 and 12

1.) Measurements will be conducted from the designated main/public entrance door

perpendicular to the road that the facility is addressed on. From this perpendicular point along the centerline of the road(s) a distance will be measured to the perpendicular point of the facility. The centerline measurement will be conducted utilizing the shortest centerline route to the facility. From the facility perpendicular point, a measurement will be obtained from the road that the facility is addressed on to the designated main/public entrance. All distances will be added together to determine the required door to door separation distance.

2.) In the event the designated main/public entrance of the facility does not front the facilities addressed road, that entrance will be subjected to the perpendicular point requirement/parallel distance alongside of a facility to obtain the shortest perpendicular measurement to the facilities addressed road.

3.) Emergency egress doors are not subject to the measurement requirements and must meet all local and State requirements for emergency egress.

If this is a grow facility will you be growing in soil or hydroponics? _____

WATER AND WASTE WATER INFORMATION:

This information must include the business as well as the entire parcel.

Expected Level of Water Use (gal/day)	Expected Waste Water Discharge (gal/day)

BUSINESS OPERATIONS:

Hours of Operation:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

Security:

Will security guards be provided?

☐ Yes ☐ No

If YES, how many? _____

Days and Hours security guards will be provided:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

Provide the name, address, telephone number, and business license number of the security company that will be used. NOTE: The company must have a valid business license in the State of Michigan.

Provide the name, address, and telephone number of the alarm monitoring company that will be used. NOTE: The company must have a valid business license in the State of Michigan.

Provide a list of all members with access to the surveillance camera system to be used. (Attach additional sheets as necessary.)

Provide a detailed description of the security plan for the proposed business. (Attach additional sheets as necessary.)

OTHER BUSINESS INFORMATION:

Provide a detailed description of the business plan to dispose of any adult use marijuana or product not sold in a manner that protects it from being ingested by an animal or person. (Attach additional sheets as necessary.)

Provide a detailed description of the ventilation system used to prevent odor from leaving the building and how to mitigate noxious fumes or gases during the production process. (Attach additional sheets as necessary.)

Provide a detailed description of all toxic, flammable, or other materials regulated by government agencies including the type of materials, location of materials, and how the materials will be stored. Please also describe how any chemicals or hazardous materials will be used and/or disposed of in your business process. (Attach additional sheets as necessary.)

BACKGROUND INFORMATION:

If you are currently licensed by any governmental agency to engage in any business, list each such license held, the city in which it is held and expiration date thereof.

Have you previously operated in this Township or any other County, City, or State under an Adult Use Marijuana/Marihuana License?

☐ Yes

☐ No

Have any of the previously issued licenses or permits mentioned above been revoked or suspended?

☐

Yes

☐

No

If YES, provide an explanation for the revocation/suspension.

Has any owner or business manager ever been convicted of a felony?

☐

Yes

☐

No

If YES, list the first and last name of the management employee, the associated criminal case number(s), the statute(s) violated, the date(s) of conviction, the date(s) of imposition of probation and/or parole, and the name and address of the sentencing court.

Do you authorize the Township of Leoni to perform background checks?

☐

Yes

☐

No

OATH OF APPLICATION:

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of Initiated Law 1 of 2018, Michigan Regulation and Taxation of Marihuana Act (333.27951 - 333.27967) compiled at MCL 333.27001, and the Leoni Township Ordinances which govern my License.

Signature

Date

Printed Name

Title

AFFIDAVIT

_____, being first duly sworn, deposes and says as follows:

1. I am an applicant and/or a stakeholder of the applicant for an Adult Use marijuana license in Leoni Township under Initiated Law 1 of 2018, Michigan Regulation and Taxation of Marihuana Act (333.27951 - 333.27967) compiled at MCL 333.27001.
2. I am at least eighteen (18) years of age as of the date of the application.
3. I have never been arrested, charged, indicted, convicted, pled guilty or nolo contendere (“no contest”), had bail forfeited or revoked, or expunged/set aside conviction for any criminal offense under the laws of any jurisdiction of a felony or controlled substance misdemeanor, not including traffic violations. This includes any and all offenses whether expunged, pardoned, set aside, or reversed on appeal or otherwise disposed of.
4. Below or attached to this affidavit, is a list of any arrests, charges, indictments, convictions, guilty or nolo contendere (“no contest”) pleas, bail forfeiture of revocation, or expungement/order setting aside conviction as outlined above, I will provide with the application, the date(s), name(s) and location(s) of the court, arresting agency, prosecuting agency, case caption, docket or case number, the specific offense, disposition, and the length and location of any incarceration.

STATE OF MICHIGAN)
COUNTY OF JACKSON))SS.

Subscribed and sworn to before me, a Notary Public, on this the _____ day of _____, 20____, by _____.

_____, Notary Public
Jackson County, Michigan
My Commission Expires: _____