

CHARTER TOWNSHIP OF WATERFORD

**RESOLUTION APPROVING MEDICAL MARIHUANA FACILITY
LICENSE PROCEDURES, FORMS, AND FEES
FOR SUPPLEMENTAL APPLICATION
AND APPLICATIONS FOR ADDITIONAL FACILITY LICENSES**

RECITALS:

A. The effective date of the amendment to the Township Medical Marihuana Facility Licensing Ordinance, Ordinance No. 2020-005, as amended, (“Ordinance”) to increase the number of provisioning center licenses, is October 12, 2021, and the Township Board anticipates that one or more persons who previously applied for a license but were denied because no other licenses were available or because their application was not administratively complete, will want to submit a Supplemental Application for a Facility License and one or more persons may wish to submit an Application for consideration.

IT IS THEREFORE RESOLVED:

1. The Medical Marihuana Facility License Supplemental Application is attached to this Resolution as **Exhibit A** is approved for use, shall be the only form provided by the Clerk’s office or used by Supplemental Applicants who previously applied for a License under the Ordinance and meet the criteria to be considered for a newly available license.
2. The Medical Marihuana Facility License Application, which updates and replaces the License Application form that was previously approved, is attached to this Resolution as **Exhibit B** and is approved for use. It shall be the only form provided by the Clerk’s office or used by Applicants in applying for a License under the Ordinance.
3. Applications and Supplemental Applications shall comply with the bond requirements and forms for cash bonds, surety bonds and irrevocable bank letters of credit for purposes of Section 10-301(b)(23) of the Ordinance that were previously approved in the Board Resolution adopted on November 23, 2020.

CERTIFICATION

I hereby certify that this Resolution was adopted by the Charter Township of Waterford Board of Trustees at a regular meeting on October 12, 2021.

Charter Township of Waterford

Date

Kimberly Markee, Township Clerk

EXHIBIT A



**CHARTER TOWNSHIP OF WATERFORD
CLERK'S OFFICE**

5200 Civic Center Dr. • Waterford, MI 48329
Phone 248-674-6266 • Fax 248-674-5455
Web Page www.waterfordmi.gov

MEDICAL MARIHUANA FACILITY LICENSE APPLICATION

Instructions

This Application form has been approved for use by the Township Board of Trustees and must be used to apply for a Facility License under the Township's Medical Marihuana Facility Licensing Ordinance, codified in Sections 10-291 through 10-309 as Division 12 in Article III of Chapter 10 of the Waterford Charter Township Code ("Ordinance").

One (1) paper hard copy original of this Application form and its required attachments with an electronic version of those documents in a media form acceptable to the Township Clerk's office must be personally filed with the Clerk's office with a nonrefundable application fee of \$5,000 for each license applied for. Applications will not be accepted for filing until October 18, 2021. All information on this Application must be completed and all information and documents in the attached Information/Documents Checklist must be marked and attached in that order.

An Application may be submitted for multiple types of Facility Licenses (Grower, Processor, Provisioning Center, Safety Compliance Facility, and Secure Transporter) at the same location by the Named Applicant. No more than one (1) of each type of Facility License may be applied for at a single location.

Any questions regarding this Application or the Ordinance must be submitted in writing to the Clerk's office and will be responded to in writing on the Township's website for Medical Marihuana Facility Licensing.

CLERK'S USE ONLY

Date Received: _____ Date Non-Refundable Application Fee(s) of \$ _____ paid: _____
(\$5,000 for each License applied for)
Time Received: _____

1. Type of Facility License(s) Applied For

Grower Processor Provisioning Center Safety Compliance Facility Secure Transporter

2. Named Applicant Information

NAMED APPLICANT (exact legal name of entity/person to hold license)		ADDRESS	
CITY		STATE	ZIP
EMAIL ADDRESS		PHONE	
NAMED APPLICANT'S CONTACT PERSON		ADDRESS	
CITY		STATE	ZIP
EMAIL ADDRESS		PHONE	
ASSUMED NAME(S), IF ANY, OF NAMED APPLICANT			

3. Proposed Facility Information

FACILITY ADDRESS			
PARCEL ID NUMBER		ZONING DISTRICT	
LEGAL DESCRIPTION (MAY BE ATTACHED AS APPLICATION DOCUMENT 1A)			
LEGAL NAME OF OWNER OF PROPOSED FACILITY LOCATION		ADDRESS	
CITY		STATE	ZIP
EMAIL ADDRESS		PHONE	
IF OWNER IS AN INDIVIDUAL, PROVIDE AGE OF OWNER			

AUTHORIZATIONS

By signing this Application, the Named Applicant authorizes the Township, through its agents or employees, to enter in and upon and inspect the proposed facility location, to seek information and conduct an investigation to verify the statements and information in and attached to this Application and agrees to provide additional information requested by the Township for the reasonable pursuit of such investigation. By signing this Application, the owner of the proposed facility (if not the Named Applicant) authorizes this Application and the Township, through its agents or employees, to enter in and upon and inspect the proposed facility location.

NAMED APPLICANT AGREEMENT, ACKNOWLEDGEMENT, VERIFICATION, AND CERTIFICATION

This Medical Marihuana Facility License Application is under the Township's Medical Marihuana Facility Licensing Ordinance, as adopted and amended. The submission of this Application constitutes acknowledgment and agreement that the Applicant has a copy of that Ordinance and that the limited right to appeal a Township decision on an Application provided for in Ordinance Section 10-307 is the sole judicial relief and remedy available for challenging a Township decision on this Application. Applicant is strongly encouraged to request a review and issuance of a Zoning Certification letter for determination by the Zoning Official that the proposed medical marihuana facilities and Protected Location requirements are met. Applicant is also encouraged to request verification from the Township that there are no outstanding financial obligations to the Township. By signing this Application, the signatory for the Named Applicant represents that he or she is authorized to do so by, for, and on behalf of the Named Applicant, who hereby verifies that all property taxes and assessments, including water and sewer accounts, for the proposed facility location are current and not delinquent, certifies that none of the conditions prohibiting this Application from being filed, as described in Section 10-299(a) of the Ordinance exist, and acknowledges that if this certification is false, that this Application will be denied and the Application Fee(s) shall be forfeited to the Township.

NAMED APPLICANT:

 Named Applicant Signature Date

 Printed Name Title

The Application was acknowledged before me under oath by _____, the authorized _____, of the Named Applicant, on the _____ day of _____, 20__.

 Notary Public
 _____ County, Michigan
 Acting in _____ County, Michigan
 My Commission Expires: _____

OWNER OF FACILITY LOCATION:

 Owner of Facility Signature Date

 Printed Name Title

MEDICAL MARIHUANA FACILITY APPLICATION INFORMATION/DOCUMENT CHECKLIST

This checklist of information/documents required for a complete Application is only a summary of information and documents described in subsections (1) - (25) of Ordinance Section 10-301(b) that appear on the following pages, and that are to be attached (or identified as attachments) to the Application marked with those numbers and in that order. THOSE ORDINANCE REQUIREMENTS MUST BE FOLLOWED.

- (1) Application and prequalification for corresponding State license under MMFLA and State Rules.
- (2) Named Applicant information specified in Ordinance Section 10-301(b)(2), subsections a through c, and marked to correspond to those subsection letters.
- (3) Detailed information specified in Ordinance Section 10-301(b)(3), subsections a through k, on separate pages for the Named Applicant and each of the **other Applicants (see attached Ordinance definition.)**
- (4) Written consents or approvals of proposed facility by all Applicants (as defined in Ordinance).
- (5) Documentation of Named Applicant ownership or interest in property.
- (6) Written consent or approval of application by owners of property.
- (7) Title insurance policy, commitment or search for property.
- (8) Written consents or approvals of proposed facility by adjacent owners and occupants.
- (9) Written support for proposed facility by Township residents and property and business owners.
- (10) Scaled site and building plans for proposed facility.
- (11) Property owner approval of site and building plans.
- (12) Licensed architect/builder estimated construction cost for property and building improvements.
- (13) Sources of funding for estimated construction costs.
- (14) Contracts, if any, for site and building improvements, and estimated time to start and complete construction.
- (15) Comprehensive facility operation plan including everything specified in Ordinance Section 10-301(b)(15), subsections a through i, and marked to correspond to those subsection letters.
- (16) For provisioning centers, patient education plan and drug/alcohol awareness programs.
- (17) Employee information, including number, type, compensation, benefits and Township resident commitments/preferences.
- (18) Itemized projected annual budget with sources of operating capital and guaranteed funding.
- (19) Description of employee training and education to be provided.
- (20) Description of proposed community outreach/education plans and strategies.
- (21) Description of proposed charitable plans, commitments and strategies.
- (22) Proof of insurance.
- (23) \$10,000 bond payable to Township to defend Named Applicant challenges to Township decisions.
- (24) Conditional waiver of FOIA disclosure exemption for State license application documents.
- (25) OPTIONAL: Any other information the Named Applicant wants to have considered by the Township in reviewing, considering and acting on the Application.

Medical Marihuana Facilities License Ordinance Excerpts

Sec. 10-294. Definitions.

(b) Applicants means (i) the person in whose name a license is applied for as the Named Applicant, (ii) managerial employees of the Named Applicant, (iii) all persons who hold any direct or indirect ownership interest of more than 10% in the Named Applicant, (iv) the persons identified in Section 102(c) of the Act (MCL 333.27102(c)) based on the type of Named Applicant, and (v) any spouses of the persons identified in (i) – (iv).

Sec. 10-301. License application requirements.

- (a) Applications for a facility license shall be filed with the Township Clerk's office by personal delivery and be accompanied by a nonrefundable application fee for each license applied for in an amount established by resolution of the Township Board as provided in Section 10-055. The filing of an application constitutes consent to inspection of the proposed facility location by employees or agents of the Township and agreement to the limited right to appeal a Township decision on the application provided for in Section 10-307 as the sole judicial relief and remedy available for challenging such decision.
- (b) The Application shall consist of one (1) paper original and an electronic version in a media form acceptable to the Clerk's office of a completed Application form (form provided by the Clerk's office) that identifies the Named Applicant and type of facility license applied for, certifies under oath that none of the conditions prohibiting the application from being filed as described in Section 10-299(a) exist, and contains the information required in subsections (a) – (c), (g), (j), and (k) of Section 10-071. The following information shall be attached to the application form on separate documents prepared by the Named Applicant and numbered (1) to (25) to correspond to those numbers in this subsection. All application information, specifically including all disclosures, plans, programs, and commitments, must be prepared and submitted with the understanding and expectation that compliance with those disclosures, plans, programs, and commitments shall be conditions of the facility license applied for.
 - (1) Copy of the application filed and prequalified under the Rules as satisfying the requirements of MCL 333.27401(1) in the Act and the Rules for the corresponding state license.
 - (2) For the Named Applicant, all of the following information:
 - a. If other than an individual, documentation of when, where, and for what purposes the entity was formed and the articles of incorporation, bylaws, and any agreements under which the entity was formed and operates.
 - b. Documentation of good standing and authority to do business in Michigan.
 - c. All assumed or other names under which the Named Applicant does business.
 - (3) For each of the Applicants, including the Named Applicant, all of the following information:
 - a. Name, position with, and interest held in Named Applicant, and residence addresses, property owned, and businesses operated in Township for the last 10 years, including tax parcel identification numbers for all properties.
 - b. Information and criminal records required by Sections 10-071(d) and (e).
 - c. Types, locations, and histories of past and current businesses conducted, including compliance with and violations of ordinances, codes and other laws.
 - d. Types, locations, and histories of other medical or recreational marihuana licensed or permitted businesses in Michigan and other states, including compliance with and violations of licenses and permits.
 - e. Types and histories of prior and current permits, licenses, franchises, contracts, or other approvals from state or local governments.

- f. Prior dealings and contracts with the Township.
 - g. Presence in, proximity to, and economic, community, or other ties to the Township through offices, facilities, property ownership, Township residents employed, civic, community and charitable groups or causes supported, or otherwise.
 - h. References.
 - i. Prior bankruptcies and details.
 - j. Prior civil litigation and details.
 - k. Prior unfair labor practice complaints and details.
- (4) Written consents or approvals of facility by all Applicants.
 - (5) Documentation of Named Applicant ownership or interest in property (deed, land contract, purchase agreement, lease, option to purchase or lease, or other.)
 - (6) If Named Applicant does not own property, written consent or approval of application by all owners must be provided.
 - (7) Title insurance policy, commitment, or search for property confirming ownership and identifying building, use, or other restrictions, and mortgages, liens, easements, and other encumbrances on property, with copies of all identified documents.
 - (8) Written consents or approvals of proposed facility by owners and occupants of adjoining properties or areas of building proposed for use, if any.
 - (9) Written support for proposed facility from Township property owners, business owners, and residents, if any.
 - (10) Scaled site and building plans of the proposed facility that comply with all license standards, terms, and conditions in Section 10-306, and containing plan sheets showing property lines, building setbacks, elevations and floor plans, the purpose and use of all rooms, parking, walks, driveways, loading and unloading zones, fences, walls, landscaping, and all areas in which marijuana will be received, stored, grown, cultivated, manufactured, processed, packaged, loaded, unloaded, handled, tested, displayed or dispensed. The plans shall also describe and depict the size, location, text, symbols, and graphics, and actual appearance of all proposed signs at or for the facility.
 - (11) If Named Applicant does not own property, a signed document by all owners of the property approving the site and building plans must be provided.
 - (12) A signed construction cost estimate for the property and building improvements shown on the site and building plans by a licensed architect or builder competent to provide such an estimate and dated no earlier than three (3) months before the application is submitted.
 - (13) Documentation of the sources of funding for the estimated construction cost.
 - (14) Contracts, if any, to construct or install any of the improvements on the site and building plans, and estimated time required to start and complete construction.
 - (15) A comprehensive facility operation plan that complies with all license standards, terms, and conditions in Section 10-306 and that includes at least all of the following:
 - a. A security plan and narrative depicting and fully describing the manner and equipment by which the applicant will comply with the requirements of this Ordinance and any other applicable law, rule, or regulation, and 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. Each

facility must be protected by one (1) or more private security guard or private security police personnel covered by a license issued under Public Act 330 of 1968, as amended, that are lawfully armed with a firearm and present 24 hours a day, 7 days a week, with two (2) such guards required at provisioning centers during business hours, with one stationed indoors and the other stationed outdoors.

- b. 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 and the quantity of water to be used and proposed water supply and service pipes, meters, and plumbing for the facility that has been reviewed and approved by the Public Works Official.
 - c. A lighting plan showing the lighting inside and outside of the facility building.
 - d. A plan for disposal of any marihuana or marihuana-infused product not sold to a patient or primary caregiver that protects any portion thereof from being possessed, used or ingested by any person or animal.
 - e. A plan for ventilation of the facility that describes the ventilation and filtration systems that will be used to prevent any odor of medical marihuana off the premises of the business and how the system will be monitored and tested at the licensee's expense to meet all requirements of this Ordinance and the Act, Rules, State license, and other laws and rules regarding odor control and ventilation. For grower facilities, such plan shall also include all ventilation and filtration systems used to control the environment for the plants and describe how such systems operate with the systems preventing any odor leaving the facility. For processor facilities, such plan shall also include all ventilation and filtration systems used to mitigate and control noxious gases or other fumes used or created as part of the production and processing process.
 - f. A description of all herbicide, pesticide, fertilizer, chemicals, and all toxic, flammable and combustible materials that will be used or kept at the facility, the location of such materials, and how such materials will be stored, used, and disposed of.
 - g. A statement and description by a Michigan licensed electrician of the amount of the projected daily average and peak electric load that will be used by the facility, the electrical wiring and equipment existing or to be installed on the premises to service and meet the demands of the facility, and certification that the premises is or will be equipped in accordance with all applicable codes, to safely receive, use, and dispose of the anticipated and required electric load for the facility.
 - h. A statement and description by a Michigan licensed plumber of the amount of the projected daily average and peak quantity of water that will be used by the facility, the plumbing and equipment existing or to be installed on the premises to service and meet the water demands of and wastewater discharges from the facility, and certification that the premises is or will be equipped in accordance with all applicable codes, to safely receive, use, and dispose of the anticipated water for and wastewater from the facility.
 - i. Proposed hours of operation, which for provisioning centers shall not exceed the hours specified in Section 10-306(l).
- (16) For provisioning centers: (a) a patient education plan that details benefits or drawbacks of marihuana strains or products that will be available at the facility in connection with the debilitating medical conditions set forth in the MMMA; 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.
- (17) The number and type of full and part time jobs that the facility is expected to create, the amount and type of compensation to be paid and benefits to be provided for such jobs, and the commitment or preference to be given to employing Township residents.
- (18) The projected annual budget of the facility that itemizes all expenses, revenue, and sources of operating capital, and any personal guarantees by individual Applicants to provide funding for operations.

- (19) A description of the training and education that the Named Applicant will provide to all employees.
- (20) A description of any community outreach/education plans and strategies proposed to be undertaken and committed to by the Named Applicant.
- (21) A description of any charitable plans, commitments, and strategies, whether fiscally or through volunteer work, proposed to be undertaken in the community or elsewhere and committed to by the Named Applicant.
- (22) Proof of insurance in the form of a certificate of insurance evidencing the existence of commercial general liability insurance on an occurrence basis with limits of liability of not less than \$2,000,000.00 per occurrence and aggregate for personal and bodily injury and property damage that names the Township and its officials and employees as additional insureds, and worker's compensation insurance as required by state law, issued by companies licensed and authorized to do business in the State of Michigan with a rating acceptable to the Township.
- (23) A \$10,000.00 bond in the form of cash, or a surety bond or irrevocable bank letter of credit the language of which has been approved in advance by the Township, that shall be immediately available, forfeited, and payable to the Township if the Named Applicant, any other Applicant, or person on behalf of the Named Applicant files a complaint, petition, claim of appeal, or other proceeding with any court or governmental administrative agency, challenging, contesting, or otherwise seeking to invalidate a Township decision on the Named Applicant's license application or money damages based on the decision. The bond proceeds shall only be used by the Township for the costs and attorney fees incurred in defending such an action, with any unused amounts after a final, unappealable decision to be returned to the person that paid the bond. The bond shall remain on file until expiration of the time for claiming an appeal under Section 10-307, after which it shall be returned or released if no Claim of Appeal was filed and the Named Applicant and all other Applicants provide the Township with a signed written agreement that waives any and all rights to apply for leave to appeal from the decision or file any other court or governmental agency complaint, petition, or other proceeding against the Township or its official, employees, or agents based on the decision. Until that written agreement is provided, the bond will continue to be held until all applicable statutes of limitations for the filing of claims based on the decision have expired, after which the bond will be returned or released as applicable.
- (24) A waiver of the exemption from Freedom of Information Act disclosure of the application documents under the Act (MCL 333.27205(4)), if a Township decision on a license applied for by the Named Applicant is challenged.
- (25) Any other information the Named Applicant wants the Township Board or Township personnel involved in reviewing and providing reports on the application to consider. Except for communications with the Township Clerk's office regarding administratively incomplete applications and at a public meeting of the Township Board, **APPLICANTS ARE PROHIBITED FROM COMMUNICATING WITH TOWNSHIP BOARD MEMBERS OR TOWNSHIP PERSONNEL PERFORMING REVIEWS OF THE APPLICATION. VIOLATION OF THIS PROHIBITION WILL RESULT IN DENIAL OF THE APPLICATION.**

EXHIBIT B



**CHARTER TOWNSHIP OF WATERFORD
CLERK'S OFFICE**

5200 Civic Center Dr. • Waterford, MI 48329
Phone 248-674-6266 • Fax 248-674-5455
Web Page www.waterfordmi.gov

**MEDICAL MARIHUANA FACILITY LICENSE SUPPLEMENTAL
APPLICATION**

Instructions

This Supplemental Application form has been approved for use by the Township Board of Trustees and must be used to apply for a Facility License under the Township's Medical Marihuana Facility Licensing Ordinance, codified in Sections 10-291 through 10-309 as Division 12 in Article III of Chapter 10 of the Waterford Charter Township Code ("Ordinance".) Supplemental Applications may be made within one (1) year of the denial of a previously submitted Application when there are newly available licenses.

One (1) paper hard copy original of this Supplemental Application form and its required attachments with an electronic version of those documents in a media form acceptable to the Township Clerk's office must be personally filed with the Clerk's office. Supplemental Applications will not be accepted for filing until October 18, 2021. The Supplemental Application must provide a complete explanation and all necessary documents for the items required in the Ordinance where information has changed and differs from the original Application.

If a Facility License is available, a Supplemental Application may be submitted for multiple types of Facility Licenses (Grower, Processor, Provisioning Center, Safety Compliance Facility, and Secure Transporter) at the same location by the Named Applicant. No more than one (1) of each type of Facility License may be applied for at a single location.

Any questions regarding this Supplemental Application or the Ordinance must be submitted in writing to the Clerk's office and will be responded to in writing on the Township's website for Medical Marihuana Facility Licensing.

CLERK'S USE ONLY	
Date Received: _____	_____
Time Received: _____	

1. Type of Facility License(s) Applied For

- Grower
 Processor
 Provisioning Center
 Safety Compliance Facility
 Secure Transporter

2. Named Applicant Information

NAMED APPLICANT (exact legal name of entity/person to hold license)		ADDRESS	
CITY		STATE	ZIP
EMAIL ADDRESS		PHONE	
NAMED APPLICANT'S CONTACT PERSON		ADDRESS	
CITY		STATE	ZIP
EMAIL ADDRESS		PHONE	
ASSUMED NAME(S), IF ANY, OF NAMED APPLICANT			

3. Proposed Facility Information

FACILITY ADDRESS			
PARCEL ID NUMBER		ZONING DISTRICT	
LEGAL DESCRIPTION (MAY BE ATTACHED AS SUPPLEMENTAL APPLICATION DOCUMENT 1A)			
LEGAL NAME OF OWNER OF PROPOSED FACILITY LOCATION		ADDRESS	
CITY		STATE	ZIP
EMAIL ADDRESS		PHONE	
IF OWNER IS AN INDIVIDUAL, PROVIDE AGE OF OWNER			

AUTHORIZATIONS

By signing this Supplemental Application, the Named Applicant authorizes the Township, through its agents or employees, to enter in and upon and inspect the proposed facility location, to seek information and conduct an investigation to verify the statements and information in and attached to this Supplemental Application and agrees to provide additional information requested by the Township for the reasonable pursuit of such investigation. By signing this Supplemental Application, the owner of the proposed facility (if not the Named Applicant) authorizes this Supplemental Application and the Township, through its agents or employees, to enter in and upon and inspect the proposed facility location.

NAMED APPLICANT AGREEMENT, ACKNOWLEDGEMENT, VERIFICATION, AND CERTIFICATION

This Medical Marihuana Facility License Supplemental Application is under the Township’s Medical Marihuana Facility Licensing Ordinance, as adopted and amended. The submission of this Supplemental Application constitutes acknowledgment and agreement that the Applicant has a copy of that Ordinance and that the limited right to appeal a Township decision on a Supplemental Application provided for in Ordinance Section 10-307 is the sole judicial relief and remedy available for challenging a Township decision on this Supplemental Application. Applicant is strongly encouraged to request a review and issuance of a Zoning Certification letter for determination by the Zoning Official that the proposed medical marihuana facilities and Protected Location requirements are met. Applicant is also encouraged to request verification from the Township that there are no outstanding financial obligations to the Township. By signing this Supplemental Application, the signatory for the Named Applicant represents that he or she is authorized to do so by, for, and on behalf of the Named Applicant, who hereby verifies that all property taxes and assessments, including water and sewer accounts, for the proposed facility location are current and not delinquent, certifies that none of the conditions prohibiting this Supplemental Application from being filed, as described in Section 10-299(a) of the Ordinance exist, and acknowledges that if this certification is false, that this Supplemental Application will be denied and the Supplemental Application Fee(s) shall be forfeited to the Township.

NAMED APPLICANT:

 Named Applicant Signature Date

 Printed Name Title

The Supplemental Application was acknowledged before me under oath by _____, the authorized _____, of the Named Applicant, on the _____ day of _____, 20____.

 Notary Public
 _____ County, Michigan
 Acting in _____ County, Michigan
 My Commission Expires: _____

OWNER OF FACILITY LOCATION:

 Owner of Facility Signature Date

 Printed Name / Title

MEDICAL MARIHUANA FACILITY SUPPLEMENTAL INFORMATION/DOCUMENT

This checklist of information/documents required for a complete Supplemental Application is only a summary of information and documents described in subsections (1) - (25) of Ordinance Section 10-301(b). **THOSE ORDINANCE REQUIREMENTS MUST BE FOLLOWED.**

Indicate below each number if there has been a change in the following items that were provided in the Application and provide an explanation and all necessary documentation for review that explain where a change is noted:

- (1) Supplemental Application and prequalification for corresponding State license under MMFLA and State Rules
Yes / No
- (2) Named Application information specified in Ordinance Section 10-301(b)(2), subsections a through c and marked to correspond to those subsection letters.
Yes / No
- (3) Detailed information specified in Ordinance Section 10-301(b)(3), subsections a through k, on separate pages for the Named Applicant and each of the **other Applicants (see attached Ordinance definition.)**
Yes / No
- (4) Written consents or approvals of proposed facility by all Applicants (as defined in Ordinance).
Yes / No
- (5) Documentation of Named Applicant ownership or interest in property.
Yes / No
- (6) Written consent or approval of Supplemental Application by owners of a property.
Yes / No
- (7) Title insurance policy, commitment or search for property.
Yes / No
- (8) Written consents or approvals of proposed facility by adjacent owners and occupants.
Yes / No
- (9) Written support for proposed facility by Township residents and property and business owners.
Yes / No
- (10) Scaled site and building plans for proposed facility,
Yes / No
- (11) Property owner approval of site and building plans.
Yes / No
- (12) Licensed architect/builder estimated construction cost for property and building improvements.
Yes / No

- (13) Sources for funding for estimated construction costs.
Yes / No
- (14) Contracts, if any, for site and building improvements, and estimated time to start and complete construction.
Yes / No
- (15) Comprehensive facility operation plan including everything specified in Ordinance Section 10-301(b)(15), subsections a through i, and marked to correspond to those subsection letters.
Yes / No
- (16) For provisioning centers, patient education plan and drug/alcohol awareness programs.
Yes / No
- (17) Employee information, including number, type, compensation, benefits and Township resident commitments/preferences.
Yes / No
- (18) Itemized projected annual budget with sources of operating capital and guaranteed funding.
Yes / No
- (19) Description of employee training and education to be provided.
Yes / No
- (20) Description of proposed community outreach/education plans and strategies.
Yes / No
- (21) Description of proposed charitable plans, commitments and strategies.
Yes / No
- (22) Proof of insurance.
Yes / No
- (23) \$10,000 bond payable to Township to defend Named Applicant challenges to Township decisions. Bond is required for all supplemental applications.
If you have a bond remaining with the Township from the Application, a Bond Release Agreement will be required. You may either provide a new bond or request to transfer the bond to the second application process. If you do not have a bond remaining with the Township, a new bond must be provided.
- (24) Conditional waiver of FOIA disclosure exemption for State License Supplemental Application.
Yes / No
- (25) OPTIONAL: Any other information the Named Applicant wants to have considered by the Township in reviewing, considering and acting on the Supplemental Application.
Yes / No

Ordinance Excerpts relating to Supplemental Applications

Subsection 10-294 (b) Definitions

Supplemental Application means a form, documents, and fee submitted to the Township Clerk to update and rely on a previously denied Application as an Application for a newly available facility license if all of the following requirements are satisfied:

- (a) The previous denial was final no more than one (1) year before the submittal.
- (b) The submittal was within any time required in this Ordinance and any Township Board Resolution allowing applications for the newly available license.
- (c) The submittal includes all forms, documents, and fees required by this Ordinance and any Township Board Resolution allowing applications for the newly available license.

Sec. 10-300. Overview of license application, approval and issuance procedure

- a) The license procedure involved four (4) stages which are: (i) Application to Township Clerk, (ii) Application review and processing by Township personnel (iii) Decision on license application by Township Board, and (iv) License issuance by Township Clerk. Supplemental Applications shall involve the same four (4) stages, however the review and processing by Township personnel may be limited to information indicated in the Supplemental Application as having changed since the submission of the Application, as last amended prior to its denial.

Sec. 10-302. License application review and processing.

- (a) The Township Clerk's office shall review Application and Supplemental Application forms and attachments, with assistance from the Public Works Official, Treasurer and Assessor as to compliance with the minimum requirements in Sec. 10-299, and within 30 business days after accepting the Application or Supplemental Application for filing, will notify the Named Applicant in writing if the Application form is not administratively complete or any of the Application attachments specified in Section 10-301(b) (1) through (24) are missing, have not been submitted in the required order, or are incomplete due to the absence of some responsive language or document for each. That review shall not be for the sufficiency or substance of the responsive language or document. Corrective or supplemental application documents submitted in response to such a notice shall be reviewed by the Clerk's office within 10 business days of receipt. If still administratively incomplete, the Clerk's office shall issue a final notice of such incompleteness and opportunity for correction to the Named Applicant. If the Application is not administratively complete within 10 business days of that notice, it shall be treated and considered as abandoned and the application fee shall be forfeited to the Township. Only administratively complete Applications and Supplemental Applications shall be distributed by the Clerk's office for review as provided in this section. Supplemental Applications shall follow the same review process in subsection (b) for all information that has been identified by the applicant as having changed.
- (b) Upon determining an Application or Supplemental Application to be administratively complete, the Clerk's office shall distribute copies to the following Township personnel for review investigation, and submission of reports to the Clerk's office within 60 days, or longer time approved by the Township Board based on the number of Applications to be reviewed, Supplemental Applications need only be reviewed by Township personnel regarding the updated information and changes disclosed by the Applicant:

Sec. 10-303. Township Board procedure and decision on applications.

- (c) If the Board is considering multiple applications for the same type of facility license, it shall consider those in the order in which the applications were administratively completed as determined under Section 10-302(a). However, if Supplemental Applications are permitted and received, the Supplemental Applications shall be considered before the new applications and shall be considered in the order they were considered in the prior review process. If as a result of the Board approving an application, there are no remaining authorized licenses for that type of facility under Section 10-298, the remaining applications for that type of license shall be denied for that reason. If the Board's approval of another application was with conditions under subsection (e), the denial of the other applications shall be subject to the approved Named Applicant accepting those conditions in the time and manner required by subsection (h). If the Approved Named Applicant does not do that, the remaining applications shall be placed for Consideration on the Agenda for the next regular Township Board meeting that is at least 10 days after the approved Named Applicant's deadline for acceptance of the conditions.