



City of Walled Lake

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ZONING/SITE PLAN APPLICATION APPLICATION FORM Medical Marihuana /Recreational Use

Pursuant to the City’s Medical Marihuana Facility zoning regulations under Chapter 51 “Zoning” Sections 21-50 and 21-28, as amended, of the City of Walled Lake Code of Ordinances, the following application is intended to collect information and documentation establishing the applicant’s conformance with Marihuana Facility specific ordinance requirements. All applicants should note that site plan approval of a Medical Marihuana Facility will be based upon the accuracy and completeness of the information provided. In the event applications are received in excess of the permitted number of locations within the Ordinance or two or more applicants have similar qualifications, the City of Walled Lake reserves its right to grant zoning approval which in the opinion of the City best meets its goals and safeguards as set forth in the ordinance or any applicable administrative rules adopted by the City. No financial or other right is established by the payment of the non-refundable application fee. All applications for renewal of a permit shall be reviewed per the standards set forth in the Ordinance. The City of Walled Lake reserves the right to approve or deny the license based upon the failure of any applicant to establish to the satisfaction of the City any requirement, standard or goal of the ordinance. The applicant understands this determination may involve a subjective interpretation of the application. Any license granted by the City is conditional upon all conditions established by applicable code, ordinance or rule including, without limitation, the State of Michigan granting a state license for the specific license applied for under this ordinance. Other than a Caregiver Facility, this is step one (1) of two (2) to be eligible for the non-zoning City Operating License required by Chapter 18 of the Code of Ordinances. Any approval issued under this application constitutes zoning approval only and does not promise, represent or guarantee any other permit, license or approval required by applicable codes, ordinances and state law.

SECTION A- GENERAL – FACILITY TYPE(S) TO BE COMPLETED BY APPLICANT

1. Type of Facility Approval Requested (check all boxes that apply):
 - Grower Facility Type/Class_____
 - Provisioning Center and/or Retailer (Circle applicable facility)
 - Processor
 - Secure Transporter
 - Safety Compliance Facility
 - Caregiver Facility

Name of Applicant:_____

SECTION A- GENERAL – OFFICE USE ONLY

2. Date and Time of Application:

(a) Submitted : Date: _____ Time: _____

(b) Completed: Date: _____ Time: _____

3. Initial Application shall include nonrefundable \$500 preliminary review fee and \$250 site plan application fee for each facility applied for. The application shall also include a consultant review fee required by applicable or license or fee schedule.

\$500.00 Non-Refundable (collected in the form of a cash escrow) Fee paid on:

Site Plan Application Fee(s) paid on: _____

Consultant Review Fee of \$ _____ was paid on: _____

SECTION B- APPLICANT

4. Name of Applicant: _____

Authorized Signer (if not an individual): _____

Address of Applicant: _____

Phone Number: _____

E-mail Address: _____

Sole Proprietor Partnership

Corporation Limited Liability Company

Other: _____

5. If entity is Sole Proprietor, state Owner/Proprietor's date of birth: _____ and provide a copy of photo identification.

6. If other than Sole Proprietor, list name, address and date of birth of all owners and provide copies of photo identification and percentage of ownership.

	Name	Address	Date of Birth	% of Ownership
1.				

2.				
3.				
4.				

Name and address, phone number, date of birth and photo identification of all anticipated employees of facilities not listed as owners. (This information must be provided and supplemented before any future employee not listed begins working at facility)

	Name	Address	Date of Birth
1.			
2.			
3.			
4.			

7. Whether the Applicant and/or proposed City Permittee or any investor in the proposed Marijuana Facility has an interest in any other Marijuana Facility and, if so, the type and location of each facility. _____

8. If the Applicant or owner or any operator or employee is a licensed caregiver or patient under the Michigan Medical Marihuana Act (“MMMA”), please list their name and address, and caregiver or patient ID number issued by the State of Michigan. _____

9. For any corporation or other legal entity who has a financial interest or affiliation with the requested permit, please state the following;
 Name: _____
 Name of Authorized Signer: _____
 Address: _____
 Interest or Affiliation: _____

SECTION C- FACILITY LOCATION

10. Name of proposed facility: _____

11. Location of proposed facility: _____

12. A plan of the site including depiction of all buildings, structures, parking, outdoor _____

storage or processing facilities including the following:

- i. Diagram of the Marijuana Facility including, but not limited to, its size and dimensions, specifications, physical address, location of common entryways, doorways, passageways, means of public entry or exit, limited access areas within the facility, and indication of the distinct areas or structures at a same location as provided for in Rule 24 of the Rules;
- ii. A floor plan, drawn to scale, showing the layout of the Marijuana Facility and the principal uses of the floor area depicted therein, including dimensions, maximum storage capabilities, number of rooms, dividing structures, fire walls, entrances and exits, areas open or closed to the public, and a detailed depiction of where any uses other than marijuana related uses are proposed to occur on the premises;
- iii. A detailed description of all marijuana storage facilities and equipment including enclosed, locked facilities, if any, as may be required by the Act or MMMA. Storage of marijuana shall comply with applicable Rules adopted pursuant to Section 206 of the Act.
- iv. Means of egress, including, but not limited to, delivery and transfer points;
- v. If the proposed Marijuana Facility is in a location that contains multiple tenants and any applicable occupancy restrictions;
- vi. description of the products and services to be provided by the Marijuana Facility, including retail sales of food and/or beverages, if any, sales areas, and any related accommodations or facilities;
- vii. Building structure information including new, pre-existing, free-standing, or fixed. Building type information including commercial, warehouse, industrial, retail, converted property, house, building, mercantile building, pole barn, greenhouse, laboratory or center;
- viii. Any proposed outdoor uses or operations related to the facility;
- ix. If live Marijuana plants will be grown or stored, identify all areas where live plants will be grown or stored, the maximum number of plants, the growing equipment, materials and facilities;
- x. If Marijuana products will be processed, identify all processing areas, the type(s) of processing activities, the end products produced, the maximum quantity of marijuana product stored on site for processing, describe all marijuana processing equipment, materials and facilities

Attach as Exhibit "A"

- Document(s) attached

If not attached, why not and when is applicant expected to supplement: _____

13. With respect to the location of the facility, please state with specificity the exact location, address, suite number and, if necessary, the location of the facility within a building or the parcel of land. This location should include the distance in feet from each property line and any school or existing provisioning center located within a radius of 1,500 feet. An area map, drawn to scale, shall be provided indicating, within a radius of one thousand five hundred feet (1,500 ft.) from the boundaries of the proposed Marijuana Facility site, the proximity of the site to any school, existing Marijuana Facility, recreational facility, church, public or private park, or to any residential zone, structure or use.

Attach as Exhibit "B"

- Document(s) attached

If not attached, why not and when is applicant expected to supplement: _____

14. Please provide evidence of the Applicant's property interest in the proposed location and a copy of any lease or rental agreement pertaining to the proposed Marijuana Facility premises. Provide copies of documentation showing a legal and enforceable property interest. Attach as Exhibit "C".

- Document(s) attached

If not attached, why not and when is applicant expected to supplement: _____

15. Identification of each type of Marijuana Facility License applied for (e.g. grower, provisioning center, etc.) and a detailed description of all services, products, items, uses, operations or merchandise produced, sold, offered, conducted or provided by the proposed Facility:

16. Please identify the zoning district of the facility: _____

SECTION D- FACILITY REQUIREMENTS

17. When available, submit to the City a copy of documented proof that the Applicant has been pre-qualified or fully licensed by the State of Michigan, Department of Licensing and Regulatory Affairs, for each facility requested in Section A. For Caregiver Facility Applicants, attach a current copy of the Applicant's Caregiver card issued by the State of Michigan. Applications will not be approved or processed until this information is provided.

Attach as Exhibit "E".

Document(s) attached

If not attached, why not and when is applicant expected to supplement: _____

18. Is consumption and/or use of medical marihuana prohibited at the Facility?

Yes No

19. Will all activity related to the Facility be done indoors?

Yes No

20. Will all Medical Marihuana contained within the building be in a locked Facility in accordance with the Michigan Medical Marihuana Facilities Licensing Act or MMMA (Caregivers), as amended?

Yes No

21. A description of an operating plan for the proposed Marijuana Facility including the following:

- i. A description of the products and services to be provided by the Marijuana Facility, including retail sales of food and/or beverages, if any, and any related accommodations or facilities;
- ii. A floor plan, drawn to scale, showing the layout of the Marijuana Facility and the principal uses of the floor area depicted therein, including a detailed depiction of where any uses other than marijuana related uses are proposed to occur on the premises;
- iii. A detailed description of all marijuana storage facilities and equipment including enclosed, locked facilities, if any, as may be required by the Act or MMMA.

Attach as Exhibit "F"

Document(s) attached

If not attached, why not and when is applicant expected to supplement: _____

22. Do you understand, agree and accept that by signing and submitting this application that issuance or renewal of any required City approval constitutes unconditional and irrevocable acceptance and agreement by the City Licensee and all persons and entities operating under any City approval or otherwise utilizing the facility to hold harmless, defend and indemnify the City, including its agents, employees and officers and officials to the fullest extent permitted by law for any and claims, damages, injuries or liabilities at law or equity in any way arising out of related to any acts, omissions, activities or conditions in any way related to the Marijuana Facility operating with City approval.

Yes No

23. Will all necessary building, electrical, plumbing and mechanical permits be obtained for any portion of the structure where any building, electrical wiring, lighting, plumbing

and/or watering improvements are undertaken?

- Yes No

24. When available and prior to the issuance of any permit, the Applicant must submit all necessary building, electrical, plumbing and mechanical permits, as well as documented approval by the Walled Lake Fire department showing compliance with the Michigan Fire Protection Code and confirmation that the storage of any chemical, herbicide, pesticide and or fertilizer has also been approved by the Walled Lake Fire Department. Attach as Exhibit "G".

- Document(s) attached

If not attached, why not and when is applicant expected to supplement: _____

25. In any portion of the structure where the storage of any chemicals such as herbicides, pesticides, and/or fertilizers, do you agree to be subject to inspection and approval by the Walled Lake Fire Department to ensure compliance with the Michigan Fire Protection Code? Please identify what and where such substances will be stored.

- Yes No

26. Will you ensure that no other uses, other than accessory uses, will be permitted within the same Facility other than those associated with cultivating, processing, transporting or testing medical marihuana?

- Yes No

27. Please state and/or provide documentation showing the plan that all litter and waste will be properly and safely removed and will not constitute a source of contamination in areas where medical marihuana is exposed. Further, please include how the applicant will dispose of rubbish so as to minimize the development of odor and minimize the potential for development of waste odor and waste from becoming an attracted, harborage or breeding place for pests. Please include a detailed description of the ventilation system. Attach as Exhibit "H".

- Document(s) attached

If not attached, why not and when is applicant expected to supplement: _____

a) Will litter and waste be properly removed and the operating systems for waste disposal maintained in an adequate manner so that they do not constitute a source of contamination in areas where medical marihuana is exposed?

- Yes No

b) Will floors, walls and ceilings be constructed in such a manner that they may be adequately cleaned and kept clean and in good repair?

- Yes No

c) Will there be there adequate screening or other protection against entry of pests, and will rubbish be disposed of so as to minimize the development of odor, minimize the

potential for development of waste odor, and minimize the potential for waste becoming an attractant harborage or breeding places for pests?

Yes No

d) Will all buildings, fixtures and other facilities be maintained in a sanitary condition?

Yes No

e) Will each Facility center provide its occupants with adequate and readily accessible toilet facilities that will be/are maintained in a sanitary condition and in good repair?

Yes No

28. Please state how the Applicant intends to avoid excessive noise, dust, vibrations, glare, fumes or odors detectable to the normal senses beyond the boundaries of the property. Attach as Exhibit "I".

Document(s) attached

If not attached, why not and when is applicant expected to supplement: _____

a) Will each Facility be operated in a manner that does not create excessive noise, dust, vibrations, glare, fumes or odors detectable to the normal senses beyond the boundaries of the property on which that Medical Marijuana Facility will operate/operates or in violation of any other ordinance?

Yes No

29. Please provide the plan and supporting documentation showing that all disposal systems for spent water and spent soil have been adequately and safely disposed of and accounted for.

Attach as Exhibit "J".

Document(s) attached

If not attached, why not and when is applicant expected to supplement: _____

30. Please provide a security and safety plan, and at a minimum showing the facilities surveillance systems and continuous monitoring systems of the entire premise as required by the ordinance.

Attach as Exhibit "K".

Document(s) attached

If not attached, why not and when is applicant expected to supplement: _____

a) Will the Facility continuously monitor the entire premises with surveillance systems that include security cameras operating 24 hours a day, 7 days a week, every day of the year, and will these recordings be maintained for a period of at least 30 days?

Yes No

31. Please describe and/or show the exterior signage or advertising identifying the facility, including a rendering, state and show how the proposed sign complies with the city’s sign ordinance.

Attach as Exhibit “L”.

Document(s) attached

If not attached, why not and when is applicant expected to supplement: _____

a) Do you understand and agree that any exterior signage or advertising identifying the Facility as a medical marihuana facility is regulated by both state and local law and must comply with both state and local requirements? Yes No

SECTION E- BUSINESS OPERATIONS AND SECURITY

32.

Active Hours of Operations:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

33. Will security guards be provided? If yes, how many? _____

Yes No

34. Days and Hours security guards will be provided:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
24 Hrs?*	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Start							
Finish							

*If any day is not 24 hrs., please enter Start and Finish times.

SECTION F- BACKGROUND

35. Have you previously operated in this City or any other County, City, or State under a Medical Marijuana/Marihuana License or Permit?

Yes No

36. 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 below.

37. Is the Applicant or Authorized Signer currently licensed by any governmental agency to engage in any business?

Yes No

38. If yes to questions 35, 36 or 37, please list each such license or permit held, the city or state in which it is held, and expiration date thereof.

39. Has the Applicant or any stakeholder been convicted or incarcerated for a felony within the past ten (10) years or ever been convicted of an illegal substance related felony?

Yes No

If yes, list 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.

I HEREBY CERTIFY UNDER OATH AND PENALTY OF PERJURY THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS COMPLETE, TRUE AND ACCURATE. I UNDERSTAND THAT ANY OMISSIONS OR INACCURATE INFORMATION OF THE APPLICANT, MY AGENTS OR EMPLOYEES WILL DISQUALIFY MY APPLICATION FROM CONSIDERATION. I FURTHER CERTIFY I HAVE LEGAL AUTHORITY TO MAKE APPLICATION FOR THE PROPOSED MARIJUANA FACILITY LICENSE(S) AT THE PROPOSED LOCATION.

Applicant's Signature:

Witness Signature:

Print Name: _____
Title: _____

Print Name: _____
Title: _____

Dated: _____

An application shall also be signed and dated by the property owner, or his/her duly authorized agent, of the premises where the proposed Marijuana Facility will be located certifying that the property owner has reviewed and been provided with a complete copy of the application and consents to use and occupancy of the premises as a Marijuana Facility as described and referenced in the application. Execution of an application by a property owner merely confirms consent to the proposed use and neither creates nor conveys any property right, expectancy or interest to use or occupy the premises by the Applicant.

If needed additional signatures:

Print Name: _____
Title: _____

Print Name: _____
Title: _____

LIST OF DOCUMENTS TO PROVIDE WITH APPLICATION

(Where applicable, an attached document(s) may satisfy more than one requested document. If so, please identify the appropriate responsive Exhibit or document in the space provided.)

Application Documents

Exhibit A & B: Floor plan or drawings to scale and elevations as required by City of Walled Lake Code of Ordinances Chapter 51, Sections 21-28 and 21-50, as amended, with location plan showing surrounding area as required by Ordinance.

not: _____

Exhibit C: Copy of Proof of Ownership, Purchase Agreement, Lease, or options for the site where the Medical Marihuana Facility will be operated. (If leased, signed document by owner consenting of the lease to the site for a Medical Marihuana Facility).

not: _____

Exhibit D: Copy of map and/or other documents in response to question 14.

not: _____

Exhibit E: Copy of the Applicant’s state pre-qualification or Caregiver card issued by the State of Michigan, Department of Licensing and Regulatory Affairs.

not: _____

Exhibit F: Copy of operations statement, plan and or outline showing facility activities shall occur indoors and in locked building.

not: _____

Exhibit G: Copy of all necessary building, electrical, plumbing and mechanical permits, as well as documented approval by the Walled Lake Fire Department showing compliance.

not: _____

Exhibit H: Copy of plan for litter and waste removal and detailed description of ventilation system.

not: _____

Exhibit I: Copy of plan to avoid excessive noise, dust, vibrations, glare, fumes or odors.

not: _____

Exhibit J: Copy of plan and supporting documents showing disposal of spent water and soil safety plan.

not: _____

Exhibit K: Description of a security and safety plan as required by the City of Walled Lake Code of Ordinances for Medical Marihuana Facilities.

not: _____

Exhibit L: Any proposed text or graphical materials to be shown on the exterior of the proposed facility.

not: _____

Additional Documents

1. Copy of Articles of Incorporation or Limited Liability company or Partnership Agreement or assumed name certificate.

not: _____

2. Copy of Internal Revenue Service SS-4 EIN confirmation letter.

not: _____

3. Copy of Operating Agreement for LLC or Bylaws of Corporation or Partnership.

not: _____

4. Staffing plan.

not: _____

5. Proof of insurance showing compliance with City Ordinance.

not: _____

6. Executed Affirmation of Stakeholder

not: _____