



# ANTWERP TOWNSHIP MEDICAL MARIHUANA FACILITY PERMIT APPLICATION

Application is for (check one): <input type="checkbox"/> Initial Permit <input type="checkbox"/> Renewal	Type (check one): <input type="checkbox"/> Provisioning Center <input type="checkbox"/> Processor <input type="checkbox"/> Secure Transporter	<input type="checkbox"/> Grower <input type="checkbox"/> Safety Compliance Facility
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**Applicant Name:** \_\_\_\_\_

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

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

Phone Number(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

I hereby attest that all information on this application is, to the best of my knowledge, true and accurate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Property is:  Owned by applicant  Leased by applicant  Under contract by applicant

**Property Owner Name** (if different than applicant): \_\_\_\_\_

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

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

Phone Number(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PERMISSION TO ENTER (OWNER ONLY): I hereby grant permission for members of the Antwerp Township Planning Commission, Township Board and/or staff/consultants to enter the property described below (or as described in the attached) for the purpose of gathering information related to this application, provided I am notified of any pending visits.

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Project Location or Address:** \_\_\_\_\_

**Parcel Number:** \_\_\_\_\_

**Explanation of Request (attach additional sheets as necessary):** \_\_\_\_\_

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TO BE COMPLETED BY TOWNSHIP		
Date application and fee received and accepted: _____	Staff Initials: _____	
Fee Amount \$ 5,000	Meeting Date: _____	

**Application checklist items must be submitted along with this application and the required fee.  
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. SEE PAGE 2 FOR MORE INFO.**

## **APPLICATION CHECKLIST**

1. The applicant's name, home and business address, e-mail address, and telephone number(s).
2. The address, legal description and permanent parcel number of the property on which the medical marihuana facility is proposed to be located.
3. The name and address of the owner of record of the property on which the medical marihuana facility is to be located. If not owned by the applicant, a signed copy of the lease or other legal instrument whereby the owner has permitted the applicant to establish and operate the proposed medical marihuana facility on the parcel shall be provided.
4. The type of medical marihuana facility which the applicant proposes.
5. A copy of any approval from the state or prequalification.

## **GENERAL PROCEDURES**

1. The application shall be submitted to the Township Clerk.
2. The special land use approval must be valid for the subject site, or an application for special land use approval must be submitted prior to submittal of an application for a Township Medical Marihuana Facility Permit. However, applications for a special land use and a Township Medical Marihuana Facility Permit may be submitted concurrently for the same site.
3. Upon receiving an application, the Clerk shall review it to determine whether it is complete under the terms of this ordinance, and state laws and rules. The Clerk may review this material in conjunction with Township officials, legal counsel, and consultants. If the application is not complete, the Clerk shall inform the applicant in writing. The notice shall state that an incomplete application is not deemed to be an officially submitted application and shall not have precedence of consideration over any other application.
4. The Township Board shall review an application and approve it only if it satisfies all of the following standards:
  - a. The applicant has received prequalification by the state for the type of facility proposed.
  - b. The medical marihuana facility complies with this ordinance and has received special land use approval.
  - c. The applicant has demonstrated that the medical marihuana facility will not impact public health, safety, and welfare.
  - d. In case of renewal, there have been no material violations of the Township Medical Marihuana Facility Permit or this ordinance.
5. If the application is approved, the Township Board shall authorize and direct the Clerk to issue a Township Medical Marihuana Facility Permit to the applicant. The permit shall include terms and conditions consistent with this ordinance, any conditions imposed by the Township Board, and such other provisions as are relevant to the type of medical marihuana facility. The permit information shall be provided to the applicable state licensing boards in accordance with state laws and rules. The Township Medical Marihuana Facility Permit shall not be effective until state license approval.
6. The Township Medical Marihuana Facility Permit shall be valid for a period not longer than one (1) year and shall be renewed annually prior to the anniversary date of the original permit approval. A permit holder desiring renewal shall apply for the same by completing a Township form for such purpose.

## **FOR MORE INFORMATION**

See the Township web site, [www.antwerptownship.com](http://www.antwerptownship.com), contact the Township Hall at (269) 668-2615 or call the Zoning Administrator, David Jirousek at (616) 540-1794 or email [hcplanning@outlook.com](mailto:hcplanning@outlook.com). The Antwerp Township Medical Marihuana Facility Permitting Ordinance includes all applicable information concerning this process.