

LAWRENCE TOWNSHIP
Van Buren County, Michigan

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| INITIAL APPLICATION FOR MEDICAL MARIHUANA FACILITY IN THE TOWNSHIP OF LAWRENCE |
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Important Notice to Applicants: *This initial application is to request conditional approval to operate a medical marihuana facility or facilities in the TOWNSHIP of LAWRENCE. A conditionally-approved application and the TOWNSHIP's Medical Marihuana Facilities Ordinance may be used as part of a submittal to the State of Michigan for a medical marihuana facility (or facilities) license (or licenses) but does not confer authority to operate a particular facility or facilities at any particular location in the TOWNSHIP. All state-approved facilities are subject to the provisions of the LAWRENCE TOWNSHIP Medical Marihuana Facilities Ordinance and must obtain zoning approval prior to operation of a facility or facilities within the TOWNSHIP.*

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|-------------|-----------------------|----------------------------|--------------------|
| <u>Name</u> | <u>Street Address</u> | <u>City/State/Zip Code</u> | <u>Telephone #</u> |
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1) APPLICANT _____

Other numbers: Land Line: _____ Cell: _____ Fax: _____

Email address: _____

- 2) IS APPLICANT AN** (check one); Individual Corporation D/B/A
 Other/Specify: _____

IF A CORPORATION OR DBA, name and address of registered agent for service of process:

3) TYPE OF FACILITY BEING APPLIED FOR:

- () Grower Class () A () B () C * Must be in Agricultural or Industrial Zoning District
() Processor
() Safety Compliance Facility
() Secure Transporter

Check all that apply if more than one is desired.

4) PROPERTY INFO (If applicant has a particular location in mind, please indicate the following details):

Street Address: _____ Tax Parcel #: _____

Deed Restrictions on Property (Check one): Yes No Acreage: _____

Property on which medical marijuana facility is proposed to be located is in the following zoning district:

- () A-1 Agricultural; () C-1 Commercial () Industrial Manufacturing

Note, applicant is not required to identify a particular property or properties for purposes of making this application. All conditional licenses authorized by this application are only for the purpose of providing a submittal to the State of Michigan and does not confer any right to use of any particular property within the TOWNSHIP for any type of facility. All medical marihuana facilities are subject to all ordinances of the TOWNSHIP and in particular the TOWNSHIP Zoning Ordinance.

5) SUBMIT \$5,000 nonrefundable application fee with this application.

6) 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 marihuana facility or facilities within LAWRENCE TOWNSHIP and that a conditionally-approved TOWNSHIP application may be used as part of an application to the State of Michigan for a Medical Marihuana Facility or Facilities to be operated within the TOWNSHIP.

I, the undersigned understand that if I am conditionally-authorized by the TOWNSHIP of LAWRENCE 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 if I receive a state operating license for a medical marihuana facility or facilities to be operated within the TOWNSHIP of LAWRENCE, that I will be required to submit a copy of my state operating license together with a zoning application to the TOWNSHIP of LAWRENCE and that I will not be authorized to operate unless and until I receive zoning approval for the location and type of facility from the TOWNSHIP of LAWRENCE. I will pay all zoning application fees and 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 the TOWNSHIP in processing my zoning application, which is separate from the initial application fee which I have paid to the TOWNSHIP as part of this application.

I will not operate a medical marihuana facility or facilities within the TOWNSHIP unless and until I obtain a state license for the facility or facilities and until I have received approval for the location and site plan approval as required by the TOWNSHIP Zoning Ordinance.

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| Applicant Signature(s) Date | Co-Applicant's Signature(s) Date |

SUBMITTAL INSTRUCTIONS AND FEES

This application must be returned with a payment (check) for the \$5,000 nonrefundable application fee to the following address:

Kim Thompson, Clerk
LAWRENCE TOWNSHIP
411 N PAW PAW ST
PO Box 445
LAWRENCE, MI 49064
Telephone: 269 674-4255

Application fee check shall be made out to the TOWNSHIP of LAWRENCE

TOWNSHIP Use Only:

Application received by: _____ Date: _____ Time: _____ By: (initials) _____
() Application Fee Cash/Check No. _____
Application reviewed on: (date) _____ Application reviewed by: (initials) _____