



**INITIAL APPLICATION FOR A  
MARIJUANA FACILITY/ESTABLISHMENT  
IN THE  
CHARTER TOWNSHIP OF KALAMAZOO  
Updated February 1, 2020**

**Important Notice to Applicants:** *This initial application is to request conditional approval to operate a marijuana facility(s)/establishment(s) in the Charter Township of Kalamazoo. A conditionally-approved application and the Township’s Marijuana Facilities/Establishments Ordinances may be used as part of a submittal to the State of Michigan for a marijuana facility(s)/establishment(s) license (or licenses) but does not confer authority to operate a particular facility(s)/establishment(s) at any particular location in the Township. All state-approved facilities/establishments are subject to the provisions of the Charter Township of Kalamazoo Ordinances and must obtain zoning approval prior to operation of a facility(s) or establishment(s) within the Township.*

**TYPE OF APPLICATION:** ( ) New Application ( ) Renewal Application ( ) License Modification

Marijuana Facility/Establishment Business Information		
Name of Company:		
Federal Employer ID Number:	Personal Property ID:	
Business Address:	Parcel Property ID:	
City:	State:	Zip Code:
Phone:	Fax:	Business Website:
Business Email contact:		

Applicant Information	
Name of Applicant:	
Title:	
Address:	
City:	State:
Zip Code:	
Michigan ID/Driver’s License Number:	
Land Line:	Cell:

- APPLICANT** (check one):
- Individual / Sole Proprietor
  - Partnership
  - LLC
  - Corporation      Type: \_\_\_\_\_
  - D/B/A
  - Other/Specify: \_\_\_\_\_

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

**TYPE OF FACILITY(S)/ESTABLISHMENT(S) BEING APPLIED FOR: (Check all that Apply)**

Medical	Adult
( ) Grower Class ( ) A ( ) B ( ) C ( ) Excess*	( ) Grower Class ( ) A ( ) B ( ) C ( ) Excess*
( ) Provisioning Center	( ) Retailer
( ) Processor	( ) Processor
( ) Secure Transporter	( ) Secure Transporter
( ) Safety Compliance Facility	( ) Safety Compliance Facility
*Must be in Agricultural or Industrial Zoning District	( ) Event Organizer



**INITIAL APPLICATION FOR A  
 MARIJUANA FACILITY/ESTABLISHMENT  
 IN THE  
 CHARTER TOWNSHIP OF KALAMAZOO  
 Updated February 1, 2020**

--	--

**SUBMIT \$5,000 NON-REFUNDABLE APPLICATION FEE PER LICENSE TYPE WITH THIS APPLICATION.**

**ATTACH COPY OF PRE-QUALIFICATION APPROVAL LETTER, IF AVAILABLE, FROM THE STATE OF MICHIGAN, DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS OF THE BUREAU OF MARIHAUANA REGULATION EMERGENCY RULES**

**ATTACH LIST (PAGE 6 OF THIS APPLICATION) DISCLOSING THE IDENTITY OF EVERY PERSON HAVING ANY OWNERSHIP INTEREST IN THE APPLICANT WITH RESPECT TO WHICH THE LICENSE IS SOUGHT. THIS SHOULD CONTAIN THE INFORMATION REQUIRED TO BE SUBMITTED TO THE STATE OF MICHIGAN UNDER ADMINISTRATIVE RULES.**

**ATTACH COPY OF ALL INFORMATION REQUIRED TO BE SUBMITTED TO THE STATE OF MICHIGAN UNDER ADMINISTRATIVE RULES.**

<b>Property Information:</b>	
Business Site Address:	Tax Parcel #:
Acreage in Parcel:	
<input type="checkbox"/> Owned      Date of Purchase: _____ <input type="checkbox"/> Leased      Start Date: _____      End Date: _____	
If Leased: Property Owner Name: _____ Phone: _____      Email: _____	
Will facility be in an existing structure? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many square feet?
Will a new structure or addition be built? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many square feet?



**INITIAL APPLICATION FOR A  
MARIJUANA FACILITY/ESTABLISHMENT  
IN THE  
CHARTER TOWNSHIP OF KALAMAZOO  
Updated February 1, 2020**

**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 marijuana facility(s)/establishment(s) within the Charter Township of Kalamazoo and that a conditionally-approved Township application may be used as part of an application to the State of Michigan for a Marijuana Facility(s)/Establishment(s) to be operated within the Township.

I, the undersigned, understand that if I am conditionally-authorized by the Charter Township of Kalamazoo 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 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 that I have paid to the Township as part of this application.

I will not operate a marijuana facility(s)/establishment(s) within the Township unless and until I have received approval for the location and site plan approval as required by the Township Zoning Ordinance, and a state license for the facility or facilities.

I agree to report any changes to the information in this application to the Township Clerk **within ten (10) business days.**

**SUBMITTAL INSTRUCTIONS AND FEES**

This application must be returned with a payment for the \$5,000 non-refundable application fee to the following address:

Mark Miller, Clerk  
Charter Township of Kalamazoo  
1720 Riverview Drive  
Kalamazoo, MI 49004  
Telephone: 269-381-8080 Fax: 269-381-3550

*Application fee check shall be made out to the Charter Township of Kalamazoo*

**The Applicant is responsible for being sufficiently familiar with and having working knowledge of the ordinance requirements. Copies of the Marijuana Ordinances are available on the Charter Township of Kalamazoo's website [www.ktwp.org](http://www.ktwp.org).**

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

**Township Office Use Only:**

Application received by: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
 ( ) Application Fee    Cash \_\_\_\_\_    Check No. \_\_\_\_\_    Credit Card \_\_\_\_\_

Application reviewed on: Date \_\_\_\_\_    Application reviewed by: \_\_\_\_\_  
 ( ) complete    ( ) incomplete. Requires \_\_\_\_\_

Applicant notified on (date) \_\_\_\_\_ by (initials) \_\_\_\_\_

Comments \_\_\_\_\_



INITIAL APPLICATION FOR A MARIJUANA FACILITY/ESTABLISHMENT IN THE CHARTER TOWNSHIP OF KALAMAZOO Updated February 1, 2020

**Marijuana Facility/Establishment - Zoning Assurance Letter**

By initialing each section and signing below, I acknowledge the following to be true:

\_\_\_\_\_ I have reviewed and understand applicable zoning regulations pertaining to the special uses, locations, and restrictions for marijuana facilities/establishments in the Charter Township of Kalamazoo, and that if the property identified with this application does not meet said regulations, the application will be denied.

\_\_\_\_\_ I understand that the property is subject to other regulations of the zoning ordinance, and any use, occupancy, and/or development of a property will need to be in compliance with all regulations of the zoning ordinance, including but not limited to:

- Article 4: Off-street Parking and Loading Requirements
- Article 5: Landscaping and Screening
- Article 6: Walls and Fences
- Article 7: Signs
- Article 8: Site Development Standards Section 802.
- Section 26.02 Site Plan Review
- Section 26.03 Special Land Use

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



INITIAL APPLICATION FOR A  
 MARIJUANA FACILITY/ESTABLISHMENT  
 IN THE  
 CHARTER TOWNSHIP OF KALAMAZOO  
 Updated February 1, 2020

## Marijuana Facilities/Establishments Criminal History Disclosure and Background Record Authorization

As part of the Licensing Process, each person listed on the information submitted to the State of Michigan under the Rules, paragraphs (a) and (b), must also complete this form and submit with a copy of Michigan ID or Driver's License. All questions on this form must be answered completely and truthfully. A separate form for each individual listed is required.

A separate form for each individual listed on the Permit application is required, including applicant, stakeholders & facility(s)/establishment(s) managers			
Full Name:			
Maiden Name or Aliases:			
Michigan ID or Driver's License Number:			
Home Address:	City:	State:	Zip:
Phone:	Date of Birth:	Gender:	

I, \_\_\_\_\_, authorize the release of any and all information from any appropriate agency regarding my criminal conviction history to the Charter Township of Kalamazoo Clerk's Office or Township of Kalamazoo Police Department. I understand that my race, color, sex, age, religion, national origin, height, weight, marital status, familial status, veteran status, citizenship, handicap/disability, gender identity, sexual orientation, genetic information, or as otherwise in accordance with all Federal or State law, or local regulations will not be made part of my application and that none of these items will be considered in the review of my permit application. I acknowledge that a complete background investigation, including, but not limited to, a State Police Criminal Conviction Record Check will be done. In addition, I agree to cooperate with the investigator / inspector assigned to screening this application.

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

1. Has the applicant ever been arrested, charged, indicted or imprisoned for a felony involving controlled substances as defined under the Michigan Public Health Code, MCL 333.11041 et seq., the federal law, or the  of any other  state?  
 Yes  No
2. Has the applicant ever been arrested, charged, indicted or imprisoned for any other type of felony under the law of Michigan, the United States, or any other state?

If you answered Yes to either or both of the above questions, the applicant must complete the following section.

Offense: Arrest/Charge Indictment/Conviction	Date	Arresting Agency	Name & Location of Court	Case Caption	Case/Docket Number	Disposition
Date of Conviction	Law under which the person was convicted					SID Number

I hereby certify that the information provided above is accurate to the best of my knowledge

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



**INITIAL APPLICATION FOR A  
 MARIJUANA FACILITY/ESTABLISHMENT  
 IN THE  
 CHARTER TOWNSHIP OF KALAMAZOO  
 Updated February 1, 2020**

List all Owners, Partners or Corporate Officers (Stakeholders)			
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	

***Attach an additional sheet if there are more persons to list***