

PAW PAW TOWNSHIP
Van Buren County, Michigan

**APPLICATION FOR MEDICAL MARIHUANA FACILITY and/or
ADULT USE (REC) MARIHUANA ESTABLISHMENT IN PAW PAW TOWNSHIP**

APPLICATIONS FOR RECREATIONAL MARIHUANA ESTABLISHMENTS MAY BE SUBMITTED ON OR AFTER DECEMBER 1, 2020.

Important Notice to Applicants for Medical Marihuana Facility or Facilities: *This initial application is to request conditional approval to operate a medical marihuana facility in Paw Paw Township. 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 Paw Paw Township Ordinances and must obtain all required approval, including Paw Paw Township zoning approval, prior to operation of a facility or facilities within the Township.*

Important Notice to Applicants for Adult Use (Recreational) Marihuana Establishment or Establishments: *This initial application is to request conditional approval to operate an adult use (recreational) marihuana establishment in Paw Paw Township. A conditionally-approved application and the Township's Recreational (Adult Use) Marihuana Establishment Ordinance may be used as part of a submittal to the State of Michigan for a adult use (recreational) marihuana establishment license (or licenses) but does not confer authority to operate a particular establishment at any particular location in the Township. All state-approved facilities are subject to the provisions of Paw Paw Township Ordinances and must obtain all required approval, including Paw Paw Township zoning approval, prior to operation of a facility or facilities within the Township.*

TYPE OF APPLICATION – check all that apply

- _____ **INITIAL APPLICATION MEDICAL MARIHUANA FACILITY/FACILITIES**
- _____ **INITIAL APPLICATION RECREATIONAL (ADULT USE) MARIHUANA ESTABLISHMENT**
- _____ **RENEWAL APPLICATION MEDICAL MARIHUANA FACILITY**
- _____ **RENEWAL APPLICATION RECREATIONAL (ADULT USE) MARIHUANA ESTABLISHMENT**

Name Street Address City/State/Zip Code Telephone #

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 MEDICAL MARIHUANA FACILITY APPLYING FOR – check all that apply

() Grower Class () A () B () C * Must be in Agricultural or Industrial Zoning District

- Processor
- Safety Compliance Facility
- Secure Transporter
- Provisioning Center
- Other: _____

4) TYPE OF RECREATIONAL (ADULT USE) MARIHUANA ESTABLISHMENTS APPLYING FOR – check all that apply

- Grower Class A B C * Must be in Agricultural or Industrial Zoning District
- Processor
- Retailer
- Secure Transporter
- Microbusiness
- Other: _____

5) RENEWAL. Is this a renewal?

_____ Y / N

When was the last renewal granted: _____

When was the original license granted: _____

6) 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: _____

The property is located in the following Zoning District: _____

Note, the listing above of a type of license or facility does not guarantee the availability of such a license or facility under the Township's Ordinances. Refer to the Ordinances and contact the Clerk for details as to license availability.

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 marihuana facilities are subject to all ordinances of the Township.

7) SUBMIT a \$5,000 nonrefundable fee PER LICENSE with this application.

8) 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 and/or recreational (adult use) marihuana establishment within Paw Paw 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 and/or Recreational (Adult Use) Establishment to be operated within the Township.

I, the undersigned, understand that if I am conditionally-authorized by Paw Paw Township but my application to the State of Michigan for a state operating license is denied, that the Township Clerk and/or Supervisor 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 and/or recreational (adult use) marihuana establishment to be operated within Paw Paw Township, that I will be required to submit a copy of my state operating license to Paw Paw Township and that I will not be authorized to operate unless and until I receive zoning approval for the location and type of facility/establishment. 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 to the Township Planning Commission,

together with an application fee and escrow amount. I understand that any application and fee for zoning approval by the Township 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 and/or recreational (adult use) marihuana establishment 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 Ordinances.

Applicant Signature(s) Date	Co-Applicant's Signature(s) Date
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SUBMITTAL INSTRUCTIONS AND FEES

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

Paw Paw Township Clerk
114 Gremps St.
Paw Paw, MI 49079

Telephone: 269-657-4340

Application fee check shall be made out to Paw Paw Township

Township Use Only:

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

**CONDITIONAL APPROVAL FOR MEDICAL MARIHUANA FACILITY LICENSE
AND/OR RECREATIONAL (ADULT USE) MARIHUANA ESTABLISHMENT LICENSE
IN PAW PAW TOWNSHIP, VAN BUREN COUNTY, MICHIGAN**

Paw Paw Township, Van Buren County, Michigan, upon review of the within application and the Paw Paw Township Medical Marihuana Facilities Ordinance and/or Recreational (Adult Use) Marihuana Ordinance hereby deems the within application to be administratively complete and/or hereby agrees the request to renew such license is administratively complete.

Name of Licensee/Operator: _____

The application is for the following medical marihuana facilities proposed to be located in Paw Paw Township, Van Buren County, Michigan:

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

The application is for the following recreational (adult use) marihuana establishments proposed to be located in Paw Paw Township, Van Buren County, Michigan:

- Grower Class A B C * Must be in Agricultural or Industrial Zoning District
- Processor
- Retailer
- Secure Transporter
- Microbusiness
- Other: _____

The number of licenses of the above type hereby conditionally approved: _____

Is this a renewal? _____
Y / N

A copy of the Township Ordinance is attached.

I DEEM THE APPLICATION ADMINISTRATIVELY COMPLETE AND CONDITIONALLY APPROVED.

Date: _____

by: _____
Clerk / Deputy Clerk

**CONDITIONAL APPROVAL FOR MEDICAL MARIHUANA FACILITY LICENSE
AND/OR RECREATIONAL (ADULT USE) MARIHUANA ESTABLISHMENT LICENSE
IN PAW PAW TOWNSHIP, VAN BUREN COUNTY, MICHIGAN**

Paw Paw Township, Van Buren County, Michigan, upon review of the within application and the Paw Paw Township Medical Marihuana Facilities Ordinance and/or Recreational (Adult Use) Marihuana Ordinance hereby deems the within application to be administratively complete and/or hereby agrees the request to renew such license is administratively complete.

Name of Licensee/Operator: ___ GREAT LAKES AQUA CULTURE PROCESSING LLC

The application is for the following medical marihuana facilities proposed to be located in Paw Paw Township, Van Buren County, Michigan:

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

The application is for the following recreational (adult use) marihuana establishments proposed to be located in Paw Paw Township, Van Buren County, Michigan:

- Grower Class A B C * Must be in Agricultural or Industrial Zoning District
- Processor
- Retailer
- Secure Transporter
- Microbusiness
- Other: _____

The number of licenses of the above type hereby conditionally approved: 1 Medical Processor, 1 Adult Use Processor, & 1 Adult Use Retailer

Is this a renewal? N
 Y / N

A copy of the Township Ordinance is attached.

I DEEM THE APPLICATION ADMINISTRATIVELY COMPLETE AND CONDITIONALLY APPROVED.

Date: _____

by: _____
Clerk / Deputy Clerk

**CONDITIONAL APPROVAL FOR MEDICAL MARIHUANA FACILITY LICENSE
AND/OR RECREATIONAL (ADULT USE) MARIHUANA ESTABLISHMENT LICENSE
IN PAW PAW TOWNSHIP, VAN BUREN COUNTY, MICHIGAN**

Paw Paw Township, Van Buren County, Michigan, upon review of the within application and the Paw Paw Township Medical Marihuana Facilities Ordinance and/or Recreational (Adult Use) Marihuana Ordinance hereby deems the within application to be administratively complete and/or hereby agrees the request to renew such license is administratively complete.

Name of Licensee/Operator: Black River Heritage LLC

The application is for the following medical marihuana facilities proposed to be located in Paw Paw Township, Van Buren County, Michigan:

- Grower Class A B C * Must be in Agricultural or Industrial Zoning District
- Processor
- Safety Compliance Facility
- Secure Transporter
- Other: Provisioning Center

The application is for the following recreational (adult use) marihuana establishments proposed to be located in Paw Paw Township, Van Buren County, Michigan:

- Grower Class A B C * Must be in Agricultural or Industrial Zoning District
- Processor
- Retailer
- Secure Transporter
- Microbusiness
- Other: _____

The number of licenses of the above type hereby conditionally approved: 1 Medical Provisioning Center, & 1 Adult use Retailer

Is this a renewal? N
 Y / N

A copy of the Township Ordinance is attached.

I DEEM THE APPLICATION ADMINISTRATIVELY COMPLETE AND CONDITIONALLY APPROVED.

Date: _____

by: _____
Clerk / Deputy Clerk