

ANN ARBOR CHARTER TOWNSHIP

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**MEDICAL MARIJUANA CAREGIVER LICENSE APPLICATION
FOR GROW OPERATIONS**

Ann Arbor Township Code of Ordinances Sections 18-61 through 18-72, and Section 74-613.

This application must be accompanied by the required fee before it is processed. Licenses shall only be issued once the information required by this application have been submitted and reviewed, and the applicant has received the required approvals per Section 74-131 of the Zoning Ordinance and Section 18-64 of the Code of Ordinances.

Medical Marijuana Caregiver Grow License Fee: **\$250.00**

License No _____ License Issued on: _____ Expiration Date _____

Applicant's Name* _____ Applicant's Phone (Cell): _____

Applicant's Phone (Business): _____ Applicant's E-mail: _____

Applicant's Home Address: _____

City _____ State _____ Zip _____

*Any applicant that is not a natural person must submit a signed and notarized resolution by the company or business authorizing submission of the application.

Description of applicant's business, occupation or employment for three years preceding the date of this application:

List other state-issued licenses that the applicant has held (including business and professional licenses and licenses issued under the Michigan Medical Marihuana Act) and a description of any disciplinary actions taken against the applicant by licensing authorities, and the reasons for any such actions:

License Type	License No.	Expiration Date	Disciplinary Action?	
			Yes**	No
1.				
2.				
3.				
4.				
5.				
6.				

**A description of any disciplinary actions taken against the applicant by a licensing authority, and the reasons for such action, must be provided on a separate sheet of paper. In addition, if more space is needed to list additional licenses, this also may be submitted on a separate sheet of paper.

Property Owner's Name _____ Property Owner's Phone (Cell): _____

Property Owner's Phone (Business): _____ Property Owner's E-mail: _____

Property Owner's Address: _____

City _____ State _____ Zip _____

Grow Operation Property Address: _____

City _____ State _____ Zip _____

Parcel ID No. _____

Description of any services to be provided at or by the proposed medical marijuana grow operation: _____

Identify the number of employees or people who will occupy the building: _____

CHECKLIST:

The following information must be provided as part of the application for a Medical Marijuana License Application for Grow Operations:

Required Information		Attached/ Provided?	Not Applicable?
1.	If applicant is other than a natural person, resolution from the company or business authorizing submission of the application.		
2.	Description of any disciplinary actions taken against the applicant by a licensing authority, and the reasons for such action.		
3.	Copy of valid registry card issued by the State of Michigan under the Medical Marihuana Act.		
4.	Area map, drawn to scale, depicting a radius of 500 feet from the boundaries of the proposed medical marijuana grow operation, and any churches, synagogues, places of worship, primary schools, secondary schools, child care centers, or day care centers within 1,000 feet of the proposed medical marijuana grow operation.		
5.	Certificate of zoning compliance from the Township Zoning Official verifying that the property at the identified location is in compliance with the Township Zoning Code.		

Required Information	Attached/ Provided?	Not Applicable?
6. If applicant does not own the property, signed and notarized letter from the property owner stating that the applicant has permission to use the property for the proposed medical marijuana grow operation and all uses listed in this application. (Note: An original copy of this letter must be submitted. Xerox copies or digital copies are not acceptable.)		
7. Conditional land use approval, granted by the Township Board under Section 74-131 of the Zoning Ordinance. See the Building & Zoning Department for an application.		

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct and complete to the best of my knowledge. I also acknowledge that it is my responsibility to comply with the provisions of the Ann Arbor Township Code and all Rules and Regulations and the Michigan Medical Marijuana Act of 2008, as amended, which govern my Medical Marijuana Grow Operation. Signing this form shall serve as acknowledgement that you have read, understand, and will conform to the above ordinance regulations and requirements. Failure to conform may result in revocation, as specified in the ordinance and this application, of your Ann Arbor Township Medical Marijuana Caregiver Grow License.

Applicant's Signature

Date

Department Use

Date Received: _____

Receipt No. _____

Completed Application Provided?

Yes

No

Certificate of Zoning Compliance Granted?

Yes

No

Conditional Use Approval Granted?

Yes

No

Date _____

APPROVED

DENIED

Department Signature: _____

REASONS FOR DENIAL: _____

EXISTING NON-CONFORMITIES/VARIANCES GRANTED: _____

Comments: _____
