

BALTIMORE TOWNSHIP
Barry County, Michigan

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

RENEWAL APPLICATION ACCEPTED 60 DAYS PRIOR TO LICENSE RENEWAL DATE

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 Baltimore 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 Baltimore Township Ordinance Number 2017-1, as amended by Ordinance Number 2017-2, Ordinance Number 2019-4, and Ordinance Number 2024-1 (Medical Marihuana Facilities Ordinance) and must obtain all required approval, including Barry County 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 Baltimore 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 establishments are subject to the provisions of Baltimore Township Ordinance Number 2020 – R-11-2020 Recreational (Adult Use) Marihuana Establishment Ordinance and must obtain all required approval, including Bany County zoning approval, prior to operation of an establishment 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

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

Other numbers: Primary Contact: _____ Secondary Contact: _____ Fax: _____

Email address: _____

Michigan ID/Driver's License #: _____

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

IF A CORPORATION OR OBA, 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 _____ number of licenses.
- () Grower Class B _____ number of licenses.
- () Grower Class C _____ number of licenses.
- () Processor
- () Safety Compliance Facility
- () Secure Transporter
- () Provisioning Center

* Must be in Agricultural or Industrial Zoning District.

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

- () Grower Class A _____ number of licenses. *
- () Grower Class B _____ number of licenses. *
- () Grower Class C _____ number of licenses. *
- () Processor
- () Safety Compliance Facility
- () Secure Transporter
- () Provisioning Center

* Must be in Agricultural or Industrial Zoning District.

NOTE: No adult use special licenses or safety compliance facilities are allowed by Ordinance 2019-1 R

5) 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:

Is the property owner or leased?

If owned, what is the date of purchase?

If leased, what are the starting date and ending date for the lease?

The property for the medical marijuana facility and/or recreational marijuana establishment is zoned:

Township Use Only:

Application received by: _____ Date: _____ By: (initials) _____

() Application Fee Cash/Check No. _____

Application reviewed on: (date) _____ Application reviewed by: (initials) _____