



**Charter Township of Hampton**  
 801 W Center Ave • Essexville, MI 48732  
 (989) 893-7541 • (989) 893-6152 fax

## Medical Marihuana Application Checklist Charter Township of Hampton

✓	Required Documents (14 copies)
	1. All documentation showing the proposed Permit Holder's valid tenancy, ownership or other legal interest in the proposed Permitted Property and Permitted Premises. If the Applicant is not the owner of the proposed Permitted Property and Permitted Premises, a notarized statement from the owner of such property authorizing the use of the property for a Commercial Medical Marihuana Facility.
	2. If the proposed Permit Holder is a corporation, non-profit organization, Limited Liability Company or any other entity other than a natural person, indicate its legal status, attach a copy of all company formation documents (including amendments), proof of registration with the State of Michigan and a certificate of good standing.
	3. A valid, unexpired driver's license or state issued ID for all owners, directors, officers and managers of the proposed Facility.
	4. Evidence of a valid Sales Tax License for the business if such a license is required by state law or local regulations.
	5. Application for Sign Permit, if any sign is proposed.
	6. Business and Operations Plan <b><i>which the applicant, if authorized to operate within the Township, shall be required to follow</i></b> , showing in detail the Medical Marihuana Facility's proposed plan of operation, including without limitation, the following: <ol style="list-style-type: none"> <li>i. A description of the type of Facility proposed and the anticipated or actual number of employees including a staffing plan; and projected or actual gross receipts.</li> <li>ii. A security plan which shall include a general description of the security system(s), lighting, alarms, barriers, recording and monitoring devices, current centrally alarmed and monitored security system service agreements, and security guard arrangements for the proposed Permitted Premises, and confirmation that those systems will meet State requirements and be approved by the State prior to commencing operations.</li> <li>iii. A description by category of all products and/or service to be included in the proposed facility.</li> <li>iv. A list of Material Safety Data Sheets for all nutrients, pesticides, and other chemicals proposed for use in the Medical Marihuana Facility.</li> <li>v. A description and plan of all equipment and methods that will be employed to stop any impact to adjacent uses, including enforceable assurances that no odor will be detectable from outside of the Permitted Premises.</li> <li>vi. A plan for the disposal of Marihuana and related byproducts that will be used at the Facility.</li> </ol>

- vii. An identification of any business that is directly or indirectly involved in the growing, testing, transporting or sale of Marihuana for the facility.
- viii. Whether any applicant has ever applied for or has been granted any commercial license or certificate issued by a licensing authority in Michigan or any other jurisdiction that has been denied, restricted, suspended, revoked, or not renewed and a statement describing the facts and circumstances concerning the application, denial restriction, suspension, revocation, or nonrenewal, including the licensing authority, the date each action was taken, and the reason for each action.
- ix. A site plan and interior floor plan of the Permitted Premises which shall also be subject to site plan review by the planning commission.
- x. Information regarding any other Medical Marihuana Facility that the Licensee is authorized to operate in any other jurisdiction within the State, or another State, and the Applicant's involvement in each Facility.
- xi. Written consent by the applicant, the permit holder, and its owner, officers, managers, and agents for any state or local law enforcement or Authorized Township Officials to conduct random, unannounced inspections, examinations, and searches of the facility, its contents, records, documents and all articles of property to ensure compliance with the ordinances of this Township.
- xii. Proof of financial responsibility for bodily injury including proof of adequate liability and casualty insurance.
- xiii. Financial statements including actual bank statements and any required state auditor's report.
- xiv. Total amount of capitulation and sources of that capital.
- xv. A signed release authorizing the Township to conduct a criminal background check on the applicant, the permit holder, and its owner, officers, managers, and agents.
- xvi. A patient education plan if applicable.
- xvii. A health plan for employees and patients including a sanitation plan demonstrating how the waste from marihuana will be disposed of.
- xviii. All information provided to the appropriate regulatory agency or agencies to apply for licensing in the State of Michigan.
- xix. The prior general business management experience of the applicant especially in the proposed field of operation.
- xx. The sources and total amount of capitalization to operate and maintain the proposed facility.
- xxi. Whether the applicant has filed bankruptcy in the last seven years.
- xxii. Whether the applicant has been served with a complaint or other notice of any tax required under any jurisdiction that has been delinquent for one or more years.
- xxiii. Whether the applicant has been noncompliant with any regulatory requirements in any jurisdiction.
- xxiv. Whether the applicant has been noncompliant with the MMMA (Michigan Medical Marihuana Act).