



Charter Township of Orion

2525 Joslyn Rd., Lake Orion MI 48360
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ORION ORDINANCE 154 INITIAL PERMIT APPLICATION

Ordinance 154, Licensed Marihuana Facilities Ordinance

Pursuant to the Charter Township of Orion Ordinance 154, Licensed Marihuana Facilities Ordinance, the following application is intended to collect information and documentation establishing the applicant's conformance with the ordinance. All applicants should note that the approval of a Marihuana Permit will be based upon the accuracy and completeness of the information provided. In the event applications are received in excess of the permitted number of locations within the Ordinance or two or more applicants have similar qualifications, the Charter Township of Orion reserves its right to approve a permit which in the opinion of the Township best meets its goals and safeguards as set forth in the Ordinance. No financial or other right is established by the payment of the non-refundable application fee. All applications for renewal of a permit shall be reviewed per the standards set forth in the Ordinance. The Charter Township of Orion reserves the right to approve or deny the permit based upon the failure of any applicant to establish to the satisfaction of the Township any requirement, standard or goal of the Ordinance. The applicant understands this determination may involve a subjective interpretation of the application. Any permit granted by the Township is contingent upon the State of Michigan granting a state license for the specific license applied for under this ordinance.

SECTION A- APPLICANT

1. Name of Applicant: _____

Authorized Signer (of not an individual): _____

Address of Applicant: _____

Phone Number: _____

Email Address: _____

Sole Proprietor Partnership

Corporation Limited Liability Company

Other: _____

2. If entity is Sole Proprietor, state Owner/Proprietor's date of birth: _____ and provide a copy of photo identification.

3. If other than Sole Proprietor, list name, address and date of birth of all owners and provide copies of photo identification and percentage of ownership.

	Name	Address	Date of Birth	% of Ownership
1.				
2.				
3.				
4.				

4. Name and address, phone number, date of birth and photo identification of all anticipated employees of facilities not listed as owners. (This information must be provided and supplemented before any future employee not listed begins working at facility)

	Name	Address	Date of Birth
1.			
2.			
3.			
4.			

5. If the Applicant or owner or any operator is a licensed caregiver under the Michigan Medical Marihuana Act, please list their name and address, and caregiver ID number issued by the State of Michigan. _____

6. For any corporation or other legal entity who has a financial interest or affiliation with the requested permit, please state the following:

Name: _____
 Name of Authorized Signer: _____
 Address: _____

 Interest or Affiliation: _____

SECTION B- FACILITY LOCATION

7. Name of proposed facility: _____
8. Location of proposed facility: _____

9. Please provide a preliminary floor plan sketch showing the location of all facility operations within an existing building, or for new construction a site plan for the parcel. Attach as Exhibit “A”

Document(s) attached. If not attached, why not and when is applicant expected to supplement: _____

10. With respect to the location of the facility, please state with specificity the exact location, address, suite number and, if necessary, the location of the facility within a building or the parcel of land. This location should include the distance in feet from each property line. Attach as Exhibit “B”

Document(s) attached.
If not attached, why not and when is applicant expected to supplement: _____

11. Please provide evidence of the Applicant’s property interest in the proposed location. Provide copies of documentation showing a legal and enforceable property interest. Attach as Exhibit “C”.

Document(s) attached.
If not attached, why not and when is applicant expected to supplement: _____

12. Please confirm and establish that the facility is located within the Township’s Industrial Park district (“IP”); is not within 1,500 feet of a church; is not within 2,000 feet of a residence located in the R-1, R-2, R-3, SF, SE, SR, RM or MHP Zoning Districts; is not within 2500 feet of a registered school and does not have ingress or egress on a street or road that has an average traffic volume in excess of 6,000 vehicles per day as calculated and reported by Southeast Michigan Counsel of Governments. Further, please show that the facility does not have an ingress or egress on a street or road that serves as an ingress or egress to a residential road or property located in a R-1, R-2, R-3, SF, SE, SR, RM or MHP Zoning District. For each of the above criteria, please attach any and all documents which will permit the Township to calculate compliance with the Licensed Marihuana Facilities Ordinance No. 154. At a minimum, provide a map showing the facility and measured distances (building edge to building edge).

Attach as Exhibit “D”.
 Documents attached.
If not attached, why not and when is applicant expected to supplement: _____

a) Is the Facility located in the Township’s IP (Industrial Park District) zoning district?

Yes No

b) Is the Facility more than one thousand five hundred (1,500) feet of any church in the Township?

Yes No

c) Is the Facility more than two thousand (2,000) feet of any residence located in an R-1, R-2, R-3, SF, SE, SR, RM, or MHP zoning district?

Yes No

d) Is the Facility more than two thousand five hundred (2,500) feet of any registered school within the Township.

Yes No

For 10-12 above, please provide a map showing the facility and measured distances (building Edge to building edge.)

e) Does the facility have an ingress or egress on a street or road that has an average traffic volume of six thousand (6,000) or less vehicles per day, as calculated by averaging the three (3) most recent Average Annual Daily Traffic (AADT) counts (as available), as reported nu the Southeast Michigan Council of Governments (SEMCOG) per the site semcog.org/Traffic-Counts?

Yes No

f) Does the Facility have an ingress or egress on a street or road that does not also serve as an ingress or egress to a residential road or property located in a TR-1, R-2, R-3, SF, SE, SR, RM, or MHP zoning district?

Yes No

Name of Facility ingress/egress Street or road: _____

13. Please state whether the Applicant will seek a variance from the Zoning Board of Appeals pursuant to Article 6(8) of the Orion Licensed Marihuana Facilities Ordinance No. 154.

Yes No

If variance will be sought, specify location category(s) pursuant to Art 6 (1)- (6): _____

For each category variance sought, state the percentage the applicant will seek: _____%
(Not to exceed 15%)

SECTION C- FACILITY REQUIREMENTS

14. When available, submit to the Township a copy of the Applicant’s application for a license submitted to the State of Michigan, Department of Licensing and Regulatory Affairs, for each facility permit requested.

Attach as Exhibit “E”.

Document(s) attached.

If not attached, why not and when is applicant expected to supplement: _____

15. Is consumption and/or use of marihuana prohibited at the Facility?

Yes

No

16. Will all activity related to the Facility be done indoors?

Yes

No

17. Will all Marihuana contained within the building be in a locked Facility in accordance with the Michigan Medical Marihuana Act, MCL 333.26421 et seq., as amended (“MMMA”), the Michigan Medical Marihuana Facilities Licensing Act, MCL 333.27101, et seq., and the Michigan Regulation and Taxation of Marihuana Act, MCL 333.27951, et seq., as amended (“MRTMA”) as amended?

Yes

No

18. Please set forth an operations statement, plan and or outline showing that all facility activities shall occur indoors and in a building which is locked.

Attach as Exhibit “F”

Document(s) attached.

If not attached, why not and when is applicant expected to supplement: _____

19. Will all necessary building, electrical, plumbing and mechanical permits obtained for any portion of the structure in which electrical wiring, lighting and/or watering devices are located?

Yes

No

20. When available and prior to the issuance of any permit, the Applicant must submit all necessary building, electrical, plumbing and mechanical permits, as well as documented approval by the Orion Fire department showing compliance with the Michigan Fire Protection Code and confirmation that the storage of any chemical, herbicide, pesticide and or fertilizer has also been approved by the Orion Fire Department.

Attach as Exhibit "G".

Document(s) attached.

If not attached, why not and when is applicant expected to supplement: _____

21. In any portion of the structure where the storage of any chemicals such as herbicides, pesticides, and/or fertilizers, do you agree to be subject to inspection and approval by the Orion Fire Department to ensure compliance with the Michigan Fire protection Code?

Yes

No

22. Will you ensure that no other uses, other than accessory uses, will be permitted within the same Facility other than those associated with cultivating, processing, transporting or testing marihuana?

Yes

No

23. Please state and/or provide documentation showing the plan that all litter and waste will be properly and safely removed and will not constitute a source of contamination in areas where marihuana is exposed. Further, please include how the applicant will dispose of rubbish so as to minimize the development of odor and minimize the potential for development of waste odor and waste from becoming an attracted, harborage or breeding place for pests. Please include a detailed description of the ventilation system. Attach as Exhibit "H."

Document(s) attached.

If not attached, why not and when is applicant expected to supplement: _____

a) Will litter and waste be properly removed and the operating systems for waste disposal maintained in an adequate manner so that they do not constitute a source of contamination in areas where marihuana is exposed?

Yes

No

b) Will floors, walls and ceilings be constructed in such a manner that they may be adequately cleaned and kept clean and in good repair?

Yes

No

c) Will there be there adequate screening or other protection against entry of pests, and will rubbish be disposed of so as to minimize the development of odor, minimize the potential for development of waste odor, and minimize the potential for waste becoming an attractant harborage or breeding places for pests?

Yes No

d) Will all buildings, fixtures and other facilities be maintained in a sanitary condition?

Yes No

e) Will each Facility center provide its occupants with adequate and readily accessible toilet facilities that will be/are maintained in a sanitary condition and in good repair?

Yes No

24. Please state how the Applicant intends to avoid excessive noise, dust, vibrations, glare, fumes or odors detectable to the normal senses beyond the boundaries of the property. Attach as Exhibit "I".

Document(s) attached.

If not attached, why not and when is applicant expected to supplement: _____

a) Will each Facility be operated in a manner that does not create excessive noise, dust, vibrations, glare, fumes or odors detectable to the normal senses beyond the boundaries of the property on which that Marihuana Facility will operate/operates or in violation of any other ordinance?

Yes No

25. Please provide the plan and supporting documentation showing that all disposal systems for spent water and spent soil have been adequately and safely disposed of and accounted for.

Attach as Exhibit "J".

Document(s) attached.

If not attached, why not and when is applicant expected to supplement: _____

26. Please provide a security and safety plan, and at a minimum showing the facilities surveillance systems and continuous monitoring systems of the entire premise as required by the ordinance.

Attach as Exhibit "K".

Document(s) attached.

If not attached, why not and when is applicant expected to supplement: _____

a) Will the Facility continuously monitor the entire premises with surveillance systems that include security cameras operating 24 hours a day, 7 days a week, every day of the year, and will these recordings be maintained for a period of at least 30 days?

Yes No

27. Please state and/or show the exterior signage or advertising identifying the facility. Attach as Exhibit "L".

Document(s) attached.

If not attached, why not and when is applicant expected to supplement: _____

a) Do you understand and agree that any exterior signage or advertising identifying the Facility as a marihuana facility is prohibited?

Yes No

SECTION D- BUSINESS OPERATIONS AND SECURITY

28. Active business operations shall not be open outside of the hours of 7am and 9pm.

Active Hours of Operations:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

29. Will security guards be provided? If yes, how many? _____

Yes No

30. Days and Hours security guards will be provided:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
24 Hrs?*	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Start							
Finish							

*If any day is not 24 hrs., please enter Start and Finish times.

SECTION F- BACKGROUND

31. Have you previously operated in this Township or any other County, City, or State under a Medical or adult use Marijuana/Marihuana License or Permit?

- Yes No

32. Have any of the previously issued licenses or permits mentioned above been revoked or suspended?

- Yes No

If yes, provide an explanation for the revocation/suspension below.

33. Is the Applicant or Authorized Signer currently licensed by any governmental agency to engage in any business?

- Yes No

34. If yes to questions 31, 32, or 33, please list each such license or permit held, the city or state in which it is held, and expiration date thereof.

35. Has the Applicant or any stakeholder been convicted or incarcerated for a felony within the past ten (10) years or ever been convicted of an illegal substance related felony?

- Yes No

If yes, list the associated criminal case number(s), the statute(s) violated, the date(s) of conviction, the date(s) of imposition of probation and/or parole, and the name and address of the sentencing court.

I HEREBY CERTIFY UNDER OATH AND PENALTY OF PERJURY THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS COMPLETE, TRUE AND ACCURATE. I UNDERSTAND THAT ANY OMISSIONS OR INACCURATE INFORMATION OF THE APPLICANT, MY AGENTS OR EMPLOYEES WILL DISQUALIFY MY APPLICATION FROM CONSIDERATION.

Applicant's Signature:

Witness Signature:

Print Name: _____
Title: _____

Dated: _____

If needed additional signatures:

Print Name: _____
Title: _____

Print Name: _____
Title: _____

LIST OF DOCUMENTS TO PROVIDE WITH APPLICATION

(Where applicable, an attached document(s) may satisfy more than one requested document. If so, please identify the appropriate responsive Exhibit or document in the space provided.)

Application Documents

Exhibit A & B: Floor plan or drawings to scale and elevations as required by Orion Township Ordinance No. 154 with location plan showing surrounding area as required by Ordinance.

Document Attached. If not, why not: _____

Exhibit C: Copy of Proof of Ownership, Purchase Agreement, Lease, or options for the site where the Marihuana Facility will be operated. (If leased, signed document by owner consenting of the lease to the site for a Marihuana Facility).

Document Attached. If not, why not: _____

Exhibit D: Copy of map and/or other documents in response to question 15.

Document Attached. If not, why not: _____

Exhibit E: Copy of the Applicant’s application for license submitted to the State of Michigan, Department of Licensing and Regulatory Affairs.

Document Attached. If not, why not: _____

Exhibit E: Copy of operations statement, plan and or outline showing facility activities shall occur indoors and in locked building (question 21).

Document Attached. If not, why not: _____

Exhibit G: Copy of all necessary building, electrical, plumbing and mechanical permits, as well as documented approval by the Orion Fire Department showing compliance. (question 23)

Document Attached. If not, why not: _____

Exhibit H: Copy of plan for litter and waste removal and detailed description of ventilation system. (question 26)

Document Attached. If not, why not: _____

Exhibit I: Copy of plan to avoid excessive noise, dust, vibrations, glare, fumes or odors. (question 27)

Document Attached. If not, why not: _____

Exhibit J: Copy of plan and supporting documents showing disposal of spent water and soil safety plan. (question 28)

Document Attached. If not, why not: _____

Exhibit K: Description of a security and safety plan as required in the Orion Township Ordinance No. 154 for Licensed Marihuana Facility. (question 29)

Document Attached. If not, why not: _____

Exhibit L: Any proposed text or graphical materials to be shown on the exterior of the proposed facility. (question 30)

Document Attached. If not, why not: _____

Additional Documents

1. Copy of Articles of Incorporation or Limited Liability company or Partnership Agreement or assumed name certificate.

Document Attached. If not, why not: _____

2. Copy of Internal Revenue Service SS-4 EIN confirmation letter.

Document Attached. If not, why not: _____

3. Copy of Operating Agreement for LLC or Bylaws of Corporation or Partnership.

Document Attached. If not, why not: _____

4. Staffing plan.

Document Attached. If not, why not: _____

5. Proof of insurance showing compliance with Township Ordinance.

Document Attached. If not, why not: _____

6. Executed Affirmation of Stakeholder

Document Attached. If not, why not: _____

AFFIRMATION OF STAKEHOLDERS, AGENTS OR EMPLOYEES
FOR A LICENSED MARIHUANA FACILITY

1. I _____ make this affirmation in support of the Application for a permit with the Charter Township of Orion for a Marihuana facility located at _____.
2. I affirm that I
 - a. That I am at least 21 years of age.
 - b. Have never been indicted or charged with or arrested for, convicted of, plead guilty, or nolo contendere to a felony or to a controlled substance related misdemeanor.
3. I have not previously had a business license permit or registration denied or revoked or suspended by Orion Township.
- 4.

Dated: _____

Print name: _____

GENERAL – OFFICE USE ONLY

1. Type of Permit Requested:

- Class “C” Grower Facility (medical)
- Processing Center Facility (medical)
- Safety Compliance Facility (medical)
- Secured Transporter Facility (medical)
- Class “A” Grower Facility (adult use)
- Marijuana Safety Compliance Facility (adult use)

Name of Applicant: _____

2. Date and Time Application accepted by Orion Township:

Date: _____ Time: _____

3. Initial Application shall include nonrefundable \$5,000 application fee and \$5,000 annual permit fee. (\$10,000.00 total) The annual permit fee is refundable if permit is denied. The annual renewal fee will be in the amount set by resolution of the Township Board of Trustees in its schedule of fees.

- \$5,000.00 Non-Refundable Initial Application Fee paid on: _____
- \$5,000.00 Annual Permit Fee paid on: _____

Optional Inspections –To be Completed by Orion Township Clerks Office

Building Department Inspection Date: _____ Signed by: _____
Police Department Inspection Date: _____ Signed by: _____
Fire Department Inspection Date: _____ Signed by: _____