



Charter Township of Garfield

Grand Traverse County

3848 VETERANS DRIVE
TRAVERSE CITY, MICHIGAN 49684
PH: (231) 941-1620 • FAX: (231) 941-1588

APPLICATION FOR CERTIFICATE OF REGISTRATION OF A MEDICAL MARIHUANA CULTIVATION FACILITY

This application must be typed or printed in ink and completed in full. An incomplete or improperly prepared application will not be accepted and will result in processing delays.

A. CULTIVATION FACILITY OWNER(S) INFORMATION

The names, addresses and contact information of all owners of the Medical Marihuana Cultivation Facility must be provided below. If the owner is a corporation, limited liability company, partnership or sole proprietorship with an assumed name, the names, addresses and contact information of all directors, officers, members, partners and individuals must be provided. Please attach additional sheets if necessary.

Name of Owner(s): _____
Street Address: _____
Phone: _____ E-mail: _____

B. PROPERTY OWNER(S) INFORMATION (If different than facility owner)

The names, addresses and contact information of all real owners of the property on which the Medical Marihuana Cultivation Facility is proposed must be provided below. Proof of ownership may be required if ownership cannot be verified through Township records.

Name of Owner(s): _____
Street Address: _____
Phone: _____ E-mail: _____

C. LOCATION/LEGAL DESCRIPTION OF SUBJECT LANDS

Parcel Address: _____
Tax Parcel ID Number: _____
Legal Description: _____

D. TERMS AND CONDITIONS

I/We, _____ hereby acknowledge that the proposed Medical Marihuana Cultivation Facility shall operate at all times in compliance with the following standards:

- All Medical Marihuana Cultivation shall comply at all times with the Michigan Medical Marihuana Act and the General Rules of the Michigan Department of Community Health, as amended from time to time
- Not more than one (1) primary caregiver or qualifying patient shall be permitted to cultivate Medical Marihuana on any one (1) lot
- Each *Medical Marihuana Cultivation Facility* shall obtain and continue to hold a Certificate of Registration issued by the Township
- No transfer of *Medical Marijuana* by the primary caregiver or qualifying patient cultivating the *Medical Marihuana* to any other person(s) shall take place on the premises.

Signature of Facility Owner

Date

Signature of Facility Owner

Date

E. DECLARATION AND ACKNOWLEDGEMENT

I/We _____ solemnly declare that all of the above statements and the statements contained in any exhibits transmitted herewith are true and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath. I acknowledge that any misrepresentation or omission of any material fact, or false or misleading information, or failure to operate in accordance with the provisions and standards of the Township’s Medical Marihuana Ordinance (Ordinance No. 65) may result in the Township suspending or revoking the Certificate of Registration or imposing any other penalties authorized by the Township’s Medical Marihuana Ordinance.

Signature of Facility Owner _____
Date

F. OWNER’S AUTHORIZATION

If the facility owner is not the registered owner of the lands that is the subject of this application, the registered owner of the lands must complete the authorization set out below.

I/We _____ am/are the registered owner(s) of the lands that is the subject of this application for a Certificate of Registration for a Medical Marihuana Cultivation Facility.

I/We authorize _____ to make this application on my/our land and to provide any of my/our personal information necessary for the processing of this application. Moreover, this shall be your good and sufficient authorization for so doing.

Signature of Land Owner _____
Date

Signature of Land Owner _____
Date

ZONING AND BUILDING COMPLIANCE

Zoning Compliance - Located in MUIBD Zoning District and comply with zoning standards of approval
Complies Does Not Comply

Zoning Administrator’s Signature Sara Kopriva _____
Date

Building Compliance - Michigan Building Code Use Group
Complies Does Not Comply

Building Official’s Signature Carl Studzinski _____
Date

CERTIFICATE OF REGISTRATION

Approved Not Approved

Clerk’s Signature Lanie McManus _____
Date