



Checklist of Required Information For Lansing Township's Medical Marihuana License Application

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 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. Non-refundable Application fee.
7. Business and Operations Plan, showing in detail the Medical Marihuana Facility's proposed plan of operation, including without limitation, the following:
 - a. A description of the type of Facility proposed and the anticipated or actual number of employees.
 - b. A security plan meeting the requirements of State Law.

- c. A list of Material Safety Data Sheets for all nutrients, pesticides, and other chemicals proposed for use in the Medical Marihuana Facility.
 - d. 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.
 - e. A plan for the disposal of Marihuana and related byproducts that will be used at the Facility.
8. An identification of any business that is directly or indirectly involved in the growing, processing, testing, transporting or sale of Marihuana for the Facility.
 9. 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.
 10. Signed and sealed (by Michigan registered architect, surveyor or professional engineer) site plan and interior floor plan of the Permitted Premises and the Permitted Property.
 11. 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.