

WHITEWATER TOWNSHIP MARIHUANA SUBCOMMITTEE
Agenda for Special Meeting on March 21, 2022, at 6:00 p.m.
Whitewater Township Hall
5777 Vinton Road, Williamsburg, MI 49690

Zoom access has been implemented by the Township Board for the public through 12/31/2022.

Join Zoom Meeting

<https://us06web.zoom.us/j/85207469571?pwd=enNFL0xxaEZpZG5sVGZDb2JQQTgxZz09>

Meeting ID: 852 0746 9571 Passcode: 691804

One tap mobile: +13126266799,,85207469571#,,,,*691804# US (Chicago)

Dial by your location: +1 312 626 6799 US (Chicago)

Meeting ID: 852 0746 9571 Passcode: 691804

Find your local number: <https://us06web.zoom.us/j/85207469571?pwd=enNFL0xxaEZpZG5sVGZDb2JQQTgxZz09>

Whitewater Township will provide necessary reasonable auxiliary aids and services to individuals with disabilities who are planning to attend. Anyone needing these services should contact the township clerk at 231-267-5141 x24 at least 5 days in advance of the meeting.

- A. Call to Order
- B. Roll Call of Subcommittee Members
- C. Set/Adjust Meeting Agenda
- D. Declaration of Conflict of Interest

E. Public Comment

Any person shall be permitted to address a meeting of the subcommittee. Public comment shall be carried out in accordance with the following rules and procedures:

1. Comments shall be directed to the subcommittee, with questions directed to the chair.
2. Any person wishing to address the subcommittee shall speak from the lectern.
3. Persons may address the subcommittee on matters that are relevant to township government issues.
4. No person shall be allowed to speak more than once on the same matter, excluding the time needed to answer subcommittee members' questions. The chair shall control the amount of time each person shall be allowed to speak, which shall not exceed five (5) minutes.
5. In order to avoid unscheduled debates, the subcommittee generally will not comment or respond to presenters. Silence or non-response from the subcommittee should not be interpreted as disinterest or disagreement by the subcommittee.

F. Agenda Items as Listed in Special Meeting Notice

1. Approve 02/21/2022 Special Meeting Minutes
2. Application Checklists
3. Interview Questions
4. Other Topics the Subcommittee Wishes to Address

G. Subcommittee Comments/Discussion

H. Public Comment

I. Adjournment

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Whitewater Township Marihuana Committee
In-Person and VIA ZOOM
Minutes for Meeting
February 21, 2022

Call to order 6:00 p.m.

Roll Call: Goss, Hall, Jacobson, Mellor, Vollmuth

Set / Approve Agenda:

Declaration of Conflict of Interest: None

Public Comment:

Approval of minutes: None – first meeting of the committee

Reports/Presentations/Announcements/Comments/Correspondence:

New Business:

1. Organization of Committee / Select Chairperson/Review purpose

Goss, Hall and Vollmuth nominated to be chair of the committee. Hall accepts the nomination.

Motion by Vollmuth, second by Mellor to nominate Hall as Chair.

Roll call: Mellor-yes; Jacobson-yes; Vollmuth-yes; Goss-yes; Hall-yes. Motion carried.

2. Ordinances 59 and 60. Goss handed out notes that she came up with regarding the ordinances. The Zoning Administrator (ZA) will be the one who receives applications. Goss notes that the application can be modified to be used as the check list. Hall notes that the ordinance has everything listed that is needed. Goss will bring back a separate check list based on the ordinance for input. Add a second column to the application for the ZA checklist. The application has been approved by the Township Board and can be modified to be re-approved. Helping to make the process smooth for the applicant and the ZA. Include the verbiage, "All documents should be submitted and clearly identified in the same order as they appear in the application."

Who will determine how many permits each applicant is going to be allowed? Will the first applicant get all of the permits?

If they meet the standards we are required to allow.

Does the township have any goals in mind, how this comes in to being? Does the township have any preference for individuals (local) or for corporations? Experienced or not experienced?

In the ordinance / application process there are questions regarding their history.

Based on a group visit to other communities, Jacobson notes that he is very impressed with the application, approach and process being used in Kalkaska. Can we get the Kalkaska application process that we can reference?

We want community minded people.

The Planning Commission (PC) is working on the zoning for ordinances 59 and 60.

Focus on the neighborhood rather than the building structure. That is part of the PC discussion and planning.

The application will go to the ZA who will present to the Board for approval. A special use permit application will be brought before the PC which will require a public hearing.

The ordinance, application and checklist should all fit clearly together.

Leelanau has a set of questions, a rubric, that we can look at also.

What does "certificate of good standing" mean? Clarification needed. LARA has that information.

Adult use has everything built right into the ordinance. Medical may need specific guidance.

Reach out to other communities for interview process.

The state allows a pre-qualification to let them come to the township to get their permit and zoning approved.

Can ask the question, "Where are you in the process of qualification with the state?"

We can come up with a "scoring rubric". Discussion of interview questions regarding history of legal issues, etc.

Interview questions in Kaskaska are a pre-screening before they are even given the application. Kaskaska has a DDA.

There is some question regarding the legalities of pre-application interviews. What grounds would you have to not allow someone to even get an application? We will need to check the legal status of that. Applications, business plans, etc., are non-disclosable to the public.

3. Other topics the committee wishes to address. Discussion of time frame to get this committee work completed.

Next meeting: March 21, 2022, 6 p.m. Agenda: Application check list.

Public Comment:

Don Bailey, retired from state police officer. Recommends an interview process. You need opportunity to question the applicant. The law is geared to not market to children. The state does not always enforce.

Letter of good standing through LARA can be for a marihuana business or another business they may have.

Linda Slopesma: Develop a process flow.

Adjournment: 7:12 p.m.

Respectfully submitted,
Lois MacLean
Recording Secretary

WHITEWATER TOWNSHIP
GRAND TRAVERSE COUNTY,
MICHIGAN

APPLICATION DATE _____

PERMIT NO. _____

APPLICATION FOR PERMIT COMMERCIAL MEDICAL MARIHUANA FACILITY

Submit three (3) physical copies and one (1) electronic copy of completed application and all required materials to the Township.

Application for (check one):

- New permit for Commercial Medical Marihuana Facility ("Facility")
- Renewal permit for Facility
- Transfer of permit for Facility

Applicant(s) Information

(In addition to the information below, the names, home addresses, and personal phone numbers for all owners, directors, officers, and managers of the proposed Facility are required and must be attached to this application.)

Name _____

Address _____

Phone _____ Email _____

Legal Interest in Subject Property _____

Subject Property Owner

Name _____

Address _____

Phone _____ Email _____

Address of Subject Property: _____

Parcel Identification Number: _____

Type of Facility (check one):

- | | |
|---|--------------------------|
| <input type="checkbox"/> MMFLA Grower Class A | Number of Permits: _____ |
| <input type="checkbox"/> MMFLA Grower Class B | Number of Permits: _____ |
| <input type="checkbox"/> MMFLA Grower Class C | Number of Permits: _____ |
| <input type="checkbox"/> MMFLA Processor | |

Proposed Facility will operate within (check one):

- A structure or structures pre-existing on the Subject Property.
- A structure or structures to be erected pending issuance of a Permit.
- A combination of structures pre-existing on the Subject Property and structures to be erected pending issuance of a Permit.

Before the Township will consider the Application for a Facility Permit, the Applicant(s) must complete this application form, pay all fees and attach ALL of the following documentation. **All documents should be clearly identified and submitted in the same order as they are listed in this application.**

Applicant Zon Admin

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 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 Facility. |
| <input type="checkbox"/> | <input type="checkbox"/> | If the proposed Permit Holder is a corporation, non-profit organization, limited liability company or any other entity other than a natural person, attach all of the following: <ol style="list-style-type: none">1. Documentation indicating its legal status.2. Copy of all company formation documents (including bylaws & amendments).3. Identify all owners and their percentage of ownership in the entity.4. Proof of registration with the State of Michigan.5. Certificate of good standing.6. (Transfers Only) Any purchase order or sale of stock in the existing Permit Holder.7. (Transfers Only) Certified copy of the minutes of a meeting of the board of directors or members authorizing the sale of stock or membership interest. |
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of a valid, unexpired driver's license or state issued ID for all owners, directors, officers and managers of the proposed Facility. |
| <input type="checkbox"/> | <input type="checkbox"/> | Evidence of a valid sales tax license for the business if such a license is required by state law or local regulations. |
| <input type="checkbox"/> | <input type="checkbox"/> | Application for a Sign Permit if any sign is proposed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Non-refundable Application fee. |
| <input type="checkbox"/> | <input type="checkbox"/> | Business and Operations Plan, showing in detail the Facility's proposed plan of operation, including without limitation, the following: <ol style="list-style-type: none">1. A description of the type of Facility or Facilities proposed and the anticipated or actual number of employees.2. A security plan meeting the requirements of the Township Ordinance.3. A description by category of all products to be grown, processed, or sold. |

Applicant Zon Admin

4. A list of Material Safety Data Sheets for all nutrients, pesticides, and other chemicals proposed for use in the Facility.
5. 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.
6. A plan for the disposal of Marihuana and related byproducts that will be used at the Facility.

 Site plan and interior floor plan of the Permitted Premises and Property lawfully signed and sealed by a Michigan registered architect, surveyor or professional engineer.

 An identification of any business that is directly or indirectly involved in the growing, processing, testing, transporting or sale of Marihuana for the Facility.

 A statement indicating whether the Applicant or any owner, partner, or officer or any entity owned or controlled by them has ever applied for or been granted, denied, restricted, suspended, revoked, or not renewed any commercial license, permit, or certificate issued by a licensing authority in Michigan or any other jurisdiction. If yes, include a statement describing the facts and circumstances, including the licensing authority, the date each action was taken, and the reason for each action.

 A complete list of all marihuana Permits and Licenses held by the Applicant (including permits or licenses from other states or countries), or any owner, partner, director, officer, or manager of the Applicant or any entity owned by them whether Commercial Medical Marihuana Facilities or Marihuana Establishments, including complete copies of the issued Permits and Licenses.

 A statement regarding any other Marihuana Establishment, Commercial Medical Marihuana Facility, similar Permit or License, or any other marihuana business or venture that the Applicant, or any owner, partner, director, officer, or manager of the Applicant or any entity owned or controlled in whole or part by them is authorized to operate in any other jurisdiction within the State, or another State, and their involvement in each.

All fees collected by the Township in connection with an Application are non-refundable, regardless of whether the Applicant receives a Permit, License, or other similar document required by another governmental or regulatory authority.

Background & Self Disclosure:

Applicant and all related persons acknowledge and consent to a background check and investigation by the Township as a condition of the Township processing and reviewing the application for approval or denial of a permit.

1. Has the Applicant or any owner, member, or partner of the Applicant ever been arrested, charged, indicted, or imprisoned for a felony involving controlled substances as defined under Michigan law, MCL 333.7104, federal law, or the law of any other state? Yes No
2. Has the Applicant or any owner, member, or partner of the Applicant ever been arrested charged, indicted, or imprisoned for any other felony under Michigan law, federal law, or the law of any other state? Yes No

If any applicant or related person answered Yes to either or both of the above questions, complete the following form for each offense. Attach additional pages if necessary.

Date	State	Offense Charge/Indictment	Arresting Agency	Disposition
Name & Location of Court		Case Caption		Case/Docket Number

Date	State	Offense Charge/Indictment	Arresting Agency	Disposition
Name & Location of Court		Case Caption		Case/Docket Number

Date	State	Offense Charge/Indictment	Arresting Agency	Disposition
Name & Location of Court		Case Caption		Case/Docket Number

Applicant(s) and Owner(s) Certification:

Applicant(s) and Owner(s) certify that the information submitted in and attached to this application is true and correct to the best of their knowledge. Applicant(s) and Owner(s) acknowledge and agree that: (1) they are required to supplement the information submitted in and attached to this application when required, and within (10) days, under the Whitewater Township Ordinance No 59; (2) it is their sole responsibility to comply with the requirements of any applicable Whitewater Township Ordinance, notwithstanding the signature or approval of any Township employee(s) or official(s); (3) Whitewater Township is not bound to recognize the approval or other action of any employees(s) or official(s) that is not in strict compliance with the applicable Whitewater Township Ordinance; and (4) the resulting permit does not give the Applicant(s) or Owner(s) any vested rights to any permit, transfer of a permit, or to any renewal.

Signature (Applicant) Print name: _____ Date _____

Signature (Applicant) Print name: _____ Date _____

Signature (Owner) Print name: _____ Date _____

Signature (Owner) Print name: _____ Date _____

COMMERCIAL MEDICAL MARIHUANA FACILITY
(THIS SECTION TO BE COMPLETED AFTER REVIEW BY WHITEWATER TOWNSHIP)

On _____, 20____, the Whitewater Township Board:

[] Approved the application for the following reason(s): _____

[] Approved the application subject to the following conditions: _____

[] Denied the application for the following reason(s): _____

Township Supervisor

Date

Township Clerk

Date

Township Clerk has retained the completed Permit Application. If issued, copy of the Permit was provided to:

- Applicant Property Owner Township Clerk

Permit contingent upon special use permit issued under the Township Zoning Ordinance.

WHITEWATER TOWNSHIP
GRAND TRAVERSE COUNTY,
MICHIGAN

APPLICATION DATE _____

PERMIT NO. _____

APPLICATION FOR PERMIT ADULT-USE MARIHUANA ESTABLISHMENT

Submit three (3) physical copies and one (1) electronic copy of completed application and all required materials to the Township

Application for (check one):

- New permit for Marihuana Establishment (“Establishment”)
- Renewal permit for Establishment
- Transfer of permit for Establishment

Applicant(s) Information

(In addition to the information below, the names, home addresses, and personal phone numbers for all owners, directors, officers, and managers of the proposed Establishment are required to be attached to this application)

Name _____

Address _____

Phone _____ Email _____

Legal Interest in Subject Property _____

Subject Property Owner

Name _____

Address _____

Phone _____ Email _____

Address of Subject Property: _____

Parcel Identification Number: _____

Type of Establishment (check one):

- | | |
|---|--------------------------|
| <input type="checkbox"/> Marihuana Grower Class A | Number of Permits: _____ |
| <input type="checkbox"/> Marihuana Grower Class B | Number of Permits: _____ |
| <input type="checkbox"/> Marihuana Grower Class C | Number of Permits: _____ |
| <input type="checkbox"/> Marihuana Processor | |

Proposed Establishment will operate within (check one):

- A structure or structures pre-existing on the Subject Property.
- A structure or structures to be erected pending issuance of a Permit.
- A combination of structures pre-existing on the Subject Property and structures to be erected pending issuance of a Permit.

Before the Township will consider the Application for an Establishment Permit, the Applicant(s) must complete this application form, pay all fees and attach ALL of the following documentation. **All documents should be clearly identified and submitted in the same order as listed in this application.**

Applicant Zon Admin

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 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 an Establishment. |
| <input type="checkbox"/> | <input type="checkbox"/> | If the proposed Permit Holder is a corporation, non-profit organization, limited liability company or any other entity other than a natural person, attach all of the following: <ol style="list-style-type: none">1. Documentation indicating its legal status.2. Copy of all company formation documents (including bylaws & amendments).3. Identify all owners and their percentage of ownership in the entity.4. Proof of registration with the State of Michigan.5. Certificate of good standing.6. (Transfers Only) Any purchase order or sale of stock in the existing Permit Holder.7. (Transfers Only) Certified copy of the minutes of a meeting of the board of directors or members authorizing the sale of stock or membership interest. |
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of a valid, unexpired driver's license or state issued ID for all owners, directors, officers and managers of the proposed Establishment. |
| <input type="checkbox"/> | <input type="checkbox"/> | Evidence of a valid sales tax license for the business if such a license is required by state law or local regulations. |
| <input type="checkbox"/> | <input type="checkbox"/> | Application for a Sign Permit if any sign is proposed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Non-refundable Application fee. |
| <input type="checkbox"/> | <input type="checkbox"/> | Business and Operations Plan, showing in detail the Establishment's proposed plan of operation, including without limitation, the following: <ol style="list-style-type: none">1. A description of the type of Establishment(s) proposed and the anticipated or actual number of employees.2. A security plan meeting the requirements of the Township Ordinance.3. A description by category of all products to be grown, processed, or sold. |

4. A list of Material Safety Data Sheets for all nutrients, pesticides, and other chemicals proposed for use in the Establishment.
5. 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.
6. A plan for the disposal of Marihuana and related byproducts that will be used at the Establishment.

 Site plan and interior floor plan of the Permitted Premises and the Permitted Property lawfully signed and sealed by a Michigan registered architect, surveyor or professional engineer.

 An identification of any business that is directly or indirectly involved in the growing, processing, testing, transporting or sale of Marihuana for the Establishment.

 A statement indicating whether the Applicant or any owner, partner, or officer or any entity owned or controlled by them has ever applied for or been granted, denied, restricted, suspended, revoked, or not renewed any commercial license, permit, or certificate issued by a licensing authority in Michigan or any other jurisdiction. If yes, include a statement describing the facts and circumstances, including the licensing authority, the date each action was taken, and the reason for each action.

 A complete list of all marihuana Permits and Licenses held by the Applicant (including permits or licenses from other states or countries), or any owner, partner, director, officer, or manager of the Applicant or any entity owned by them whether Commercial Medical Marihuana Facilities or Marihuana Establishments, including complete copies of the issued Permits and Licenses.

 A statement regarding any other Marihuana Establishment, Commercial Medical Marihuana Facility, similar Permit or License, or any other marihuana business or venture that the Applicant, or any owner, partner, director, officer, or manager of the Applicant or any entity owned or controlled in whole or part by them is authorized to operate in any other jurisdiction

Applicant **Zon Admin**

within the State, or another State, and their involvement in each.

- An explanation of any review factors the Township should consider when evaluating the Application against other Applications, including, but not limited to, those factors listed in the Whitewater Township Michigan Regulation and Taxation of Marihuana Ordinance.

All fees collected by the Township in connection with an Application are non-refundable, regardless of whether the Applicant receives a Permit, License, or other similar document required by another governmental or regulatory authority.

Background & Self Disclosure:

Applicant and all related persons acknowledge and consent to a background check and investigation by the Township as a condition of the Township processing and reviewing the application for approval or denial of a permit.

1. Has the Applicant or any owner, member, or partner of the Applicant ever been arrested, charged, indicted, or imprisoned for a felony involving controlled substances as defined under Michigan law, MCL 333.7104, federal law, or the law of any other state? Yes No

2. Has the Applicant or any owner, member, or partner of the Applicant ever been arrested, charged, indicted, or imprisoned for any other felony under Michigan law, federal law, or the law of any other state? Yes No

If any applicant or related person answered Yes to either or both of the above questions, complete the following form for each offense. Attach additional pages if necessary.

Date	State	Offense Charge/Indictment	Arresting Agency	Disposition
Name & Location of Court		Case Caption		Case/Docket Number

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Name & Location of Court		Case Caption		Case/Docket Number

Date	State	Offense Charge/Indictment	Arresting Agency	Disposition
Name & Location of Court		Case Caption		Case/Docket Number

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Applicant(s) and Owner(s) certify that the information submitted in and attached to this application is true and correct to the best of their knowledge. Applicant(s) and Owner(s) acknowledge and agree that: (1) they are required to supplement the information submitted in and attached to this application when required, and within (10) days, under the Whitewater Township Ordinance No 60; (2) it is their sole responsibility to comply with the requirements of any applicable Whitewater Township Ordinance, notwithstanding the signature or approval of any Township employee(s) or official(s); (3) Whitewater Township is not bound to recognize the approval or other action of any employees(s) or official(s) that is not in strict compliance with the applicable Whitewater Township Ordinance; and (4) the resulting permit does not give the Applicant(s) or Owner(s) any vested rights to any permit, transfer of a permit, or to any renewal.

Signature (Applicant) Print name: _____

Date

Signature (Applicant) Print name: _____

Date

Signature (Owner) Print name: _____

Date

Signature (Owner) Print name: _____

Date

MARIHUANA ESTABLISHMENT

(THIS SECTION TO BE COMPLETED AFTER REVIEW BY WHITEWATER TOWNSHIP)

On _____, 20____, the Whitewater Township Board:

[] Approved the application for the following reason(s): _____

[] Approved the application subject to the following conditions: _____

[] Denied the application for the following reason(s): _____

Township Supervisor

Date

Township Clerk

Date

Township Clerk has retained the completed Permit Application. If issued, copy of the Permit was provided to:

Applicant

Property Owner

Township Clerk

Permit contingent upon special use permit issued under the Township Zoning Ordinance.