

WHITEWATER TOWNSHIP MARIHUANA SUBCOMMITTEE
Agenda for Special Meeting on April 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/89639988333?pwd=Z2xya2xBRXRXWStmY1dxMml3bEhxQT09>

Meeting ID: 896 3998 8333 Passcode: 277769

One tap mobile: +13126266799,,89639988333#,,,,*277769# US (Chicago)

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

Meeting ID: 896 3998 8333 Passcode: 277769

Find your local number: <https://us06web.zoom.us/u/kdA1sHF9HS>

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 03/21/2022 Special Meeting Minutes
2. Applications
3. Interview Questions
4. Flow Chart
5. Other Topics the Subcommittee Wishes to Address

G. Subcommittee Comments/Discussion

H. Public Comment

I. Adjournment

Whitewater Township Marihuana Committee

In-Person and VIA ZOOM

Minutes for Meeting

March 21, 2022

Call to order 6:03 p.m.

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

Set / Approve Agenda:

Declaration of Conflict of Interest: None

Public Comment: Linda Slopsema, Comparative information form from Kalkaska interview process and Leelanau, rubric and process flow. Recommend a hold of the applications.

Approval of minutes: Motion by Goss, second by Jacobson to approve the February 21, 2022, Special Meeting Minutes. All in favor. Motion carried.

Reports/Presentations/Announcements/Comments/Correspondence:

New Business:

1. Application checklists: Discussion of verbiage change recommendations. State prequalification discussion for application and/or interview.

2. Interview questions: Hall spoke with Kalkaska and came up with some questions. Hall would like the questions vetted by the attorney to make sure all questions are legal. Is an interview even legal / acceptable?

Industrial zoned area vs. the Ag district.

Hall will be reviewing the application for completeness, then it will go to the Board, who will make the determination of approval. Will not be able to discuss / ask questions in a public meeting setting because of privacy. The Planning Commission will also be given the information for site plan review and/or special use.

Kalkaska does not have the application available on-line.

The Board is working on getting a scoring rubric from the attorney.

The Township is not currently taking applications.

Location is very important. The State will not make regulations on the location. Location is determined by the township.

The interview is a review of the application.

Discussion of the scoring rubric. There cannot be secrecy from the public or the applicant.

A denial would be presented with a letter explaining why they were denied.

Pre-interview questions by the ZA and interview questions by the Board. Can the board go into close session?

Primary concern is to find out if questions can even be asked.

3. Other topics the committee wishes to address. Vollmuth: What can you tell us about hemp and the new regulations on hemp and combining the cannabis and hemp regulation agencies? Hall: 2018 MI farm bill, hemp is hands off. What you can do is regulate the siting of buildings. Vollmuth read through the Executive Order signed by Whitmer. State level rules have changed – a processing thing on the state's end.

Flow chart: Is there a software for creating the flow chart? Mellor indicates, yes. Flow chart shows first steps, next steps and what steps happen concurrently, etc.

Does the applicant need approval from the Board before they can submit application for a special use permit. Approval contingent upon . . . when working on both processes concurrently. Once application has been determined to be complete and turned over to the Board, they should be able to apply for the special use permit. Question for the

attorney: can the applicant submit application to the Board and the PC at the same time? Application would need to be deemed by the ZA complete before a Special Use Permit would be accepted.

Flow Chart: Can we ask pre-interview questions?

Fill out the application for the board, once deemed complete they can make application for SPR from the PC.

Attorney question: they are processed in the order that they are deemed complete.

David will make the flow chart questions and get it to the Clerk and she will include with the packet.

Next meeting: Thursday April 21, 2022, 6 p.m. Agenda: Flow Chart.

Public Comment: Vicki Beam: Thank you.

Linda Slopsema: Very productive meeting. We don't have all the things in place. Communicate with the Board.

Denise Peltonen: Scoring rubric, additional points for addressing infrastructure. Would like hemp and cannabis to be indistinguishable visibly from the outside of the building. Co-location of grow and process.

Adjournment: 7:26 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):

- MMFLA Grower Class A
- MMFLA Grower Class B
- MMFLA Grower Class C
- MMFLA Processor

Number of Permits: _____

Number of Permits: _____

Number of Permits: _____

Have you received prequalification from the State of Michigan for the uses selected above?

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~~ shall 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"/> | A. 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"/> | B. 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"/> | C. 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"/> | D. 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"/> | E. Application for a Sign Permit if any sign is proposed. |
| <input type="checkbox"/> | <input type="checkbox"/> | F. Non-refundable Application fee. |
| <input type="checkbox"/> | <input type="checkbox"/> | G. Business and Operations Plan, showing in detail the Facility's proposed plan of operation, including without limitation, the following: |

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.
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.

 H. 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.

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

 J. 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.

 K. 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.

 L. A statement regarding **their involvement in** 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 |
| | | | | |

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| | | | | |
|--------------------------|-------|---------------------------|------------------|--------------------|
| 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 | |

Have you received prequalification from the State of Michigan for the uses selected above?

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~~ shall be clearly identified and submitted in the same order as listed in this application.**

Applicant **Zon Admin**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A. 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"/> | B. 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"/> | C. 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"/> | D. 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"/> | E. Application for a Sign Permit if any sign is proposed. |
| <input type="checkbox"/> | <input type="checkbox"/> | F. Non-refundable Application fee. |
| <input type="checkbox"/> | <input type="checkbox"/> | G. Business and Operations Plan, showing in detail the Establishment's proposed plan of operation, including without limitation, the following: |

Applicant Zon Admin

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.

 H. 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.

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

 J. 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.

 K. 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.

Applicant Zon Admin

- L. A statement regarding **their involvement in** 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.~~

- M. 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 |
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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 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.

Value-weighted Approval Process for Whitewater Township Marijuana Business Applications

In as much as the people of Whitewater Township desire development to be made consistent with long-range planning to preserve the rural nature and healthy environment we enjoy, the township will entertain applications for marijuana growing businesses following a value-weighted review procedure. The procedure will examine aspects of property, business plan, and production byproducts giving each aspect a numerical value. Applications earning higher points will be given priority for approval under state and local regulations. *

Property**

| | |
|---|---------|
| Current Ownership | +10 |
| Purchase agreement (contingent on license approval) | +7 |
| Lease agreement (signed or contingent) | +5 |
| Consistent with township zoning | +5 |
| Inconsistent with township zoning | -5 |
| Consistency of site with long-range planning | 1 to 10 |
| Locally owned | +5 |

Business Operations Plan***

| | |
|--|-----|
| Ownership of business (LLC, etc.) | |
| Local | +10 |
| In State | +7 |
| Operations Management | |
| Local | +10 |
| In State | +7 |
| Employee Procurement | |
| Traverse region | +5 |
| Transfer in from other location | |
| Market Connections (each subject 1 to 5) | |
| Association with potential buyers | |
| Local distribution | |
| Vertical integration | |
| Other licenses held | |

Byproducts and Waste Management****

- Water conservation plan 1 to 10
 - Current well +5
 - Discharge process 1 to 10
- Energy Demand 1 to 10
 - Adequate service to site
 - Conservation plan
 - Reuse/recirculation design
 - Heat conservation design
- Waste management plans
 - On-site processing
 - Bio-waste recycling
 - Pollution control
 - Odor abatement
- Transportation impact 1-10
 - Existing pavement
 - Traffic volume
 - Vehicle size/weight

Success and Growth Impact*****

- (each subject 1 to 5)
 - Location
 - Transportation
 - Resource access



NOTES:

**Two goals:*

- 1. Help insure success of business receiving permit*
- 2. Manage development of township properties in alignment with long-range planning goals*

*** Application is for a specific piece of property. What are its characteristics? How do they harmonize with planning goals?*

****How much confidence can township residents have in this applicant's ability to operate a successful business? How will it benefit our community?*

***** What are the environmental and ecological ramifications of this proposed business?*

Carbon footprint?

Product outlets?

Similar business experience

Track record?

Success potential?

******Looking Ahead?*