

WHITEWATER TOWNSHIP MARIHUANA SUBCOMMITTEE
Agenda for Special Meeting on May 19, 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/85781851979?pwd=YlIzSlNvYjRpSWVGeGJYTGI2MEpzd09>

Meeting ID: 857 8185 1979 Passcode: 996502

One tap mobile: +13126266799,,85781851979#,,,,*996502# US (Chicago)

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

Meeting ID: 857 8185 1979 Passcode: 996502

Find your local number: <https://us06web.zoom.us/u/kdXWcBRA8M>

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 04/21/2022 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
April 21, 2022

Call to order 6:00 p.m.

Roll Call: Goss, Hall, Jacobson, Mellor,

Absent: Vollmuth

Attendance: In person – none

Via Zoom - two

Set / Approve Agenda: Motion by Goss, second Jacobson, to set the agenda all in favor.

Declaration of Conflict of Interest: None

Public Comment: None.

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

Reports/Presentations/Announcements/Comments/Correspondence:

New Business:

1. Applications: have been made much more clear, easy to follow and track information as it comes in from the applicants. Prequalify information from the state to be incorporated.
2. Interview questions: Submitted questions to the attorney and awaiting a response that will be shared. Who is going to do a pre-application interview? Is it even legal?
3. Flow Chart: Application received, verified complete by the ZA, presented to the board of trustees. Since there may be more applicants that permits available. With that in mind, Mellor has come up with a Value Weighted Approval Process, draft presented and explained. The Board suggested using a scoring rubric and this could be a part of the Board's rubric. The idea is to plan to have the most successful business. Who has connections already? The township does not need to duplicate things that the state is already handling (inspections, waste material handling, etc.) The state does annual inspections. The township can do quarterly inspections so they business has no surprises at the annual inspection. The businesses have to renew every year. The zoning will be enforced by the township. Nuisance ordinances (odor, noise, light, etc.) needed to be addressed. How will they be enforced? Who enforces? Has to be in writing so it is very clear. Operations will be allowed in Industrial and Agricultural. Same set of standards no matter how large or small your process will be.

If you (a business owner) want to establish an operation you will have make sure the utilities are appropriate – that is not really the PC's decision. The PC can require a, for instance, a visual block to a line of propane tanks.

Flow:

- a. Application received
- b. Reviewed, using the "if then" process. Verified complete by the ZA. Will be received in chronological order. The first one that is received that is complete goes first. ZA has 90 days to process a complete application.
- c. Present to Board of Trustees. The value weighted approval process can be used by the Board of Trustees. Will there be a mid-process interview by the Board? The Board has 120 days.
- d. Present to the Planning Commission for their special use permit process / approval. Can they move forward on the special use permit before they get the confirmed approval from the Board? (question for the attorney)

They would probably not want to expense that until they know they are approved for the permit.
The PC will have specific things that need to be complied with and there will be a public hearing for each.

4. Other Topics the Subcommittee Wishes to Address: Present to the board a recommendation on Flow chart, application, etc.

Next meeting: May 19, 2022, 6 p.m. Agenda: Flow chart, attorney input on interview and rubric.

Public Comment: Via Zoom: Don Glenn: You guys are doing a great job.

Motion to adjourn by Mellor second by Jacobson. All in favor. Motion carried.

Adjournment: 7:09 p.m.

Respectfully submitted,
Lois MacLean
Recording Secretary

DRAFT

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 | |

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

No _____ Yes _____ (If yes, please provide a copy of your prequalification document(s).)

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

WHITEWATER TOWNSHIP
GRAND TRAVERSE COUNTY,
MICHIGAN

APPLICATION DATE. _____

PERMIT NO. _____

documents 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:
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: |

Applicant Zon Admin

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 **property lines 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.

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.

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 | |

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

No _____ Yes _____ (If yes, please provide a copy of your prequalification document(s).)

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 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:
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. |

Applicant Zon Admin

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <p>G. Business and Operations Plan, showing in detail the Establishment's proposed plan of operation, including without limitation, the following:</p> <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 property lines of the Permitted Premises.6. A plan for the disposal of Marihuana and related byproducts that will be used at the Establishment. |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>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.</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>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.</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>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.</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>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</p> |

Applicant Zon Admin

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.

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

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 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.