



Medical Marihuana Facilities & Marihuana Establishments Application

Submit Applications to City Hall

Street Address: 114 North Kidd Street Ionia, MI 48846

Mailing Address: P.O. Box 496 Ionia, MI 48846

Ph: (616) 527-4170 Website: www.ci.ionia.mi.us

Date of Application: _____

Permit Fee: \$5,000

Qualifications for Application

An applicant for approval of a Medical Marihuana Facility shall be a person who is also an applicant for a state operating license issued under the Medical Marihuana Facilities Licensing Act, MCL 333.27101 et seq. An applicant for approval of a Marihuana Establishment shall be a person who is also an applicant for a state operating license issued under the Michigan Regulation and Taxation of Marihuana Act, MCL 333.27951 et seq.

An Excess Marihuana Grower license shall only be issued to a person who holds five stacked Class C Grower licenses issued by the Michigan Marihuana Regulatory Agency under the Michigan Regulation and Taxation of Marihuana Act, and at least two Class C Grower licenses issued by the Agency under the Michigan Medical Marihuana Facilities Licensing Act.

Each application for approval of a Medical Marihuana Facility or a Marihuana Establishment or an Excess Grower license shall include an application for a Special Land Use as required by Chapter 1274 of the City of Ionia Zoning Ordinance; and an application for Site Plan Approval as required by Chapter 1276 of the City of Ionia Zoning Ordinance.

Contact Information

Applicant's Information

Name: _____ Business/Company: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Applicant's Representative (Engineer, Attorney, Land Use Planner, etc.)

Name: _____ Business/Company: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Property Owner (If different than applicant)

Name: _____ Business/Company: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Project Information

Type of Medical Marihuana Facility Requested (No more than one type of facility may be requested on each application.)

___ Provisioning Center Facility ___ Grower Facility
___ Safety Compliance Facility ___ Processor Facility ___ Secure Transporter Facility

Type of Marihuana Establishment Requested (No more than one type of establishment may be requested on each application.)

___ Retailer Establishment ___ Safety Compliance Facility Establishment
___ Grower Establishment ___ Excess Grower License
___ Processor Establishment ___ Secure Transporter Establishment

Property Information

Address: _____

Size of Parcel: _____

Permanent Parcel Number: 34- _____

Zoning: _____

A legal description must be provided with the application for a special land use for the Medical Marihuana Facility or Establishment.

Signatures

Applicant's Signature: _____ Date: _____

Property Owner's Signature: _____ Date: _____

OFFICE USE ONLY	Application #: _____
___ Fees Paid: _____	
Date Advertised: _____	Date of Meeting: _____
Action Taken: _____	
Comments: _____	
Signature: _____	Date: _____

Required Information

1. As required by the Medical Marihuana Facilities Licensing Act, PA 281 of 2016, any applicant for a medical marihuana facility license shall provide the City of Ionia notification by registered mail informing the City that the applicant has applied for a license under the Act. When the City receives the notice, within 90 days the City shall provide to the Medical Marihuana Licensing Board a copy of the City of Ionia ordinance permitting and regulating medical marihuana facilities, and a description of any previous medical marihuana related ordinance violation of the applicant.
2. As required by the Michigan Regulation and Taxation of Marihuana Act, MCL 333.27951 et seq., as amended (MRTMA) and Rules, the Department shall forward a copy of any complete application for a marihuana establishment license to the City of Ionia. The Department shall determine whether the applicant and the premises qualify for a state license, and shall notify the applicant of approval of a license or send the applicant notice of rejection within 90 days.
3. The City of Ionia may request from the applicant a copy of the Entity/Individual Prequalification Application Packet for a state medical marihuana facility operating license or a marihuana establishment license, or excess Grower license, as required to be submitted to the State of Michigan.
4. A copy of the proposed Business Plan if requested by the Planning Commission.
5. Proof of ownership of the entire premises wherein the medical marihuana facility or marihuana establishment is to be operated; or written consent from the property owner of use of the premises for a medical marihuana facility or marihuana establishment, and a copy of any lease agreement.
6. A description of the security plan for the medical marihuana facility or marihuana establishment, prepared as required by the Medical Marihuana Facilities Licensing Act, PA 281 of 2016, MCL 333.27101 et seq. as amended, or the Michigan Regulation and Taxation of Marihuana Act, MCL 333.27951 et seq., as amended, including but not limited to any lighting, alarms, barriers, recording or monitoring devices, and security guard arrangements proposed for the facility or establishment and its premises. Each medical marihuana facility or establishment shall have a security guard present during business hours, or alternative security measures by the Planning Commission as a condition of special land use approval.
7. A professionally prepared scaled drawing of the floor plan of the medical marihuana facility or marihuana establishment including uses of all floor areas.
8. A diagram of any proposed text or graphic materials to be shown on the exterior of the proposed medical marihuana facility or marihuana establishment showing compliance with Chapter 1234 of the City of Ionia Zoning Code.
9. A location area map showing the distance to all buffered uses prepared as required in Section 1289.05 (c) or Section 1290.06 (g) of the City of Ionia Zoning Ordinance as applicable. Each buffered use shall be labeled on the location area map.
10. A waste disposal plan, indicating how all waste products, including marihuana that is to be destroyed or is considered waste, will be disposed of and prevented from being ingested by humans or animals. In no case shall waste be burned on site, or introduced into the sanitary sewer system or stormwater management system.

11. A signed affidavit that neither the applicant nor any investor with an interest in the medical marihuana facility or the marihuana establishment is in default to the City of Ionia for failure to pay any property taxes, income taxes, special assessments, fines, fees, or other financial obligation to the City of Ionia.
12. In the case of an application for a Grower facility or establishment license or Excess Grower license, a chemical and pesticide storage plan that states the names of the pesticides, herbicides, and any other chemicals that will be used in cultivation, and a plan for disposal of unused pesticides, herbicides, and chemicals.
13. Each application for special land use approval for a medical marihuana facility or marihuana establishment or Excess Grower license shall be accompanied by an application fee of \$5,000, or a fee as set by resolution of City Council.
14. All applications for a special land use for a medical marihuana facility or establishment shall obtain a building permit for any building utilized as a proposed medical marihuana facility or establishment, or for a change of occupancy for an existing building to be utilized as a proposed marihuana facility or establishment, from the governmental entity having jurisdiction to approve building permits in the City of Ionia under the Stille-DeRossett-Hale single state construction code act, PA 230 of 1972.
15. Any other information requested by the Planning Commission, the City Council, public safety official, or other municipal official in order to complete the review of the application.

Waiver of Claims and Damages

The signature of the Applicant and Property Owner on this application acknowledges that the Applicant and Property Owner are aware and understand that all matters related to marihuana growing, cultivation, possession, processing, dispensing, testing, safety compliance, transporting, distribution, and use are currently subject to State and Federal laws, rules, and regulations, and that the granting of the approval of a medical marihuana facility or a marihuana establishment or Excess Grower license in the City of Ionia does not exonerate or exculpate the Applicant or Property owner from abiding by the provisions, requirements, and penalties associated with those laws, rules and regulations; and further, the Applicant and Property Owner waive and forever release any claim, demand, action, legal redress, or recourse against the City of Ionia, its elected and appointed officials and its employees and agents for any claims, damages, liabilities, causes of action, damages, and attorney fees that the Applicant or Property Owner incur as a result of the violation by the Applicant or Property Owner, their officials, members, partners, shareholders, employees and agents of those laws, rules, and regulations and hereby waives and assumes the risk of any such claims and damages, and lack of recourse against the City of Ionia, its elected and appointed officials, employees, attorneys, consultants, and agents.

Standards for Approval

An approval of a medical marihuana facility or a marihuana establishment or Excess Grower license in the City of Ionia shall only be made when in compliance with the following standards:

1. The standards for approval for all special land uses in Section 1274.04.
2. The standards for approval of all site plans in Section 1276.07.

3. Compliance with any requirements for public safety as stated in writing by the public safety officials of the City of Ionia, Ionia County, and the State of Michigan.
4. Compliance with all requirements and conditions of Chapter 1289.00 and Chapter 1290.00 of the City of Ionia Zoning Code as applicable.
5. Compliance with all applicable requirements of the City of Ionia Codified Ordinances.
6. Compliance with all requirements of the Medical Marihuana Facilities Licensing Act, PA 281 of 2016, MCL 333.27101 et seq., as amended or the Michigan Regulation and Taxation of Marihuana Act, MCL 333.27951 et seq., as amended as applicable, including any and all rules promulgated by the department of Licensing and Regulatory Affairs.
7. Compliance with all requirements of the Marihuana Tracking Act, PA 282 of 2016, MCL 333.27901 et seq., as amended.