



Application Date: \_\_\_\_\_  
 (good for 90 days)  
 Application #: \_\_\_\_\_  
 State approval Rec'd: \_\_\_\_\_  
 State Permit # \_\_\_\_\_

## Charter Township of Oscoda

110 S. State St. Oscoda, MI 48750  
 Phone: (989) 569-6580 Fax: (989) 739-3344

### Medical Marihuana Licensing Permit Application

**FOR ADMINISTRATIVE USE ONLY**

SPECIAL LAND USE CASE # \_\_\_\_\_  NEW  RENEWAL

Processing Fee \$1000.00 Receipt Number: \_\_\_\_\_

**(Processing and Application Fees are non-refundable)**

Permit Fee \$4000.00 due upon receipt of approval by the Planning Commission.

State License Applicant's name and contact info: \_\_\_\_\_

\_\_\_\_\_

The information provided by the applicant on this form will be distributed to the Charter Township of Oscoda Planning Commission for review. Please read Ordinance XX, (attached) in its entirety prior to completing this application. If you have any questions regarding the information requested on this application, please contact the Oscoda Township Zoning Administrator.

[Zoning@oscodatownshipmi.gov](mailto:Zoning@oscodatownshipmi.gov), phone: (989) 569-6580

**Processing and Application Fees are non-refundable**

Applicant must submit the original, completed application and all required materials to the Oscoda Township Zoning Administrator.

**Application for (check one):**

- New permit for Commercial Medical Marihuana Facility
- Renewal permit for Commercial Medical Marihuana Facility

**Applicant(s) Information**

- Individual
- Corporation

**State License Applicant**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

- Copy of Government issued photo ID attached.

Legal Interest in Subject Property: \_\_\_\_\_

- DBA (Business Name)** \_\_\_\_\_ **Copy of DBA Attached**
- Copy of Insurance policy attached.** (property, liability, and casualty)

**Subject Property Owner**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

- Address of Subject Property:  
\_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_

**Type of Commercial Medical Marihuana Facility Applied for:**

**(Note: a separate application is required for each facility type)**

- Grower Facility, Class A (500 Plants)     Safety Compliance Facility
- Grower Facility, Class B (1000 Plants)     Secure Transporter Facility
- Grower Facility, Class C (1500 Plants)     Processor Facility
- Provisioning Center

**Proposed Commercial Medical Marihuana Facility will operate within (check one)**

- A structure or structures pre-existing on the Subject Property
- A structure or structures to be erected pending site plan approval

- A combination of structures pre-existing on the Subject Property and structures to be erected pending site plan approval.

**Before the Township will consider the Application for a Commercial Medical Marihuana Facilities Permit, the Applicant(s) must complete this application form, pay all fees and attach ALL of the following documentation.**

- Copies of a valid, unexpired driver’s license or state issued ID for all owners, directors, officers and managers of the proposed Facility.
- Non-refundable Application Fee
- Business and Operations Plan showing in detail the Commercial Medical Marihuana Facility proposed plan of operation including without limitation the following:
  1. A security plan meeting the requirements of the State of Michigan.
  2. A description of the type of Facility proposed and the anticipated or actual number of employees.
  3. A description by category of all products to be sold.
  4. A list of Material Safety Data Sheets for all nutrients, pesticides, and other chemicals proposed for use in the Commercial Medical Marihuana Facility, including a plan for storage and disposal. (A copy will be forwarded to the Oscoda Township Fire Department)
  5. A description of the odor control plan as mandated by the State of Michigan.
- A site plan and interior floor plan of the permitted premises and the permitted property.

***All applications must include a Site Plan drawing, which includes the information required per Section 10.2 of the Charter Township of Oscoda Ordinance 165. (see attached)***

**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. (2) it is their sole responsibility to comply with the requirements of any applicable Oscoda Township Ordinance, and (3) the end resulting permit does not give the Applicant(s) and Owner(s) any vested rights to any permit or to any renewal.

Permission is granted to the Oscoda Township Staff and/or any appropriate Township Official to access this property to review the accuracy of the information submitted, and to better understand the site of the proposed Medical Marihuana Facility.

Signature (Applicant) \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Applicant) \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Owner) \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_



**THIS SECTION TO BE COMPLETED BY OSCODA TOWNSHIP**

On \_\_\_\_\_, 20\_\_\_\_\_ the Oscoda Township Planning Commission:

Approved the application: \_\_\_\_\_

Approved the application subject to the following conditions:

- State License applied for and received within 90 days.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Required inspection from the Water/Sewer Department for:**

\_\_\_\_\_ Date \_\_\_\_\_  
Authorized Signature Printed name

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Denied the application for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
Planning Commission Chairperson

\_\_\_\_\_ Date \_\_\_\_\_  
Zoning Administrator

State of Michigan license received within 90 days. (original verified, copy in file)

**Copy of Completed Permit Application and, if issued, copy of Permit retained by or provided to:**

Applicant     Property Owner

