MARIHUANA LICENSE APPLICATION

SUBMISSION INSTRUCTIONS

Complete this form and submit it with all required materials to the Township Clerk.

For questions, contact Planning and Zoning Administrator, Lynee Wells

Email: lwells@saugatucktownshipmi.gov **Phone:** 269-857-7721 ext. 106

This application is for:

☐ **New License** ☐ **Amendment to an existing license**

APPLICANT INFORMATION

Business Name: _____

Contact Name: _____

Mailing Address: _____

_____

City *State* *Zip Code*

Physical Address: _____

_____

City *State* *Zip Code*

Email: _____ **Phone:** _____

FACILITY INFORMATION

Facility Type: A separate application and fees must be submitted for each facility type and location.

☐ **Provisioning Center/Retailer**
☐ **Safety Compliance**
☐ **Grower-Class A**
☐ **Grower-Class B**
☐ **Grower-Class C**

Proposed hours of operation:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Close							

3461 BLUE STAR HIGHWAY P.O. BOX 100 SAUGATUCK, MI 49453
INFO@SAUGATUCKTOWNSHIPMI.GOV | (269) 857-7721 | WWW.SAUGATUCKTOWNSHIPMI.GOV

APPLICATION UPDATED MAY 2025

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APPLICATION MATERIALS

- [ ] Fee: $5,000 Annual Administrative Fee, $2,500 for second license.
- [ ] If the property owner differs from the applicant, both signatures are required. Only one application per property is allowed unless proposing co-located facilities.
- [ ] Written consent authorizing the Township, Fire District, or law enforcement to inspect the facility during normal business hours to ensure compliance with applicable laws and regulations.
- [ ] A copy of official paperwork from LARA confirming successful completion of the prequalification step for a state operating license.
- [ ] For facilities seeking stacked growing licenses, indicate the number of licenses requested.
- [ ] Proposed signage details.
- [ ] Approval from the Saugatuck Township Fire District in accordance with the International Fire Code, as referenced in the Township ordinance.
- [ ] A detailed list of all proposed hazardous materials (e.g., carbon dioxide, pesticides) with specified quantities to be stored or used on-site.

_____

Property Owner Signature *Date*

_____

Applicant Signature *Date*

FOR OFFICE USE ONLY

Application # MM-_____

APPLICATION RECEIVED BY THE TOWNSHIP CLERK

Date _____ Authorized Signature: _____

Complete / Incomplete

CONDITIONAL AUTHORIZATION ISSUED:

Date _____ Authorized Signature: _____

FINAL AUTHORIZATION CHECKLIST:

Within 12 months of Conditional Authorization date above:

- [ ] Applicant has received zoning approvals: site plan approval and applicable special use approval

Within 18 months of Conditional Authorization date above:

- [ ] Applicant has obtained a state operating license and has presented copy to Township.

FINAL AUTHORIZATION ISSUED:

Date _____ Authorized Signature: _____

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