

Sumpter Township Police Department



MEDICAL MARIJUANA "CAREGIVER" LICENSE APPLICATION

**\$2,000 – Initial License / \$1,000 – Yearly Renewal Fee
(non-refundable)**

All required information must be submitted at the time of application.

Attach additional pages when necessary.

APPLICANT INFORMATION				
Name:		Phone:		
Address:				
City:		State:		Zip:
Date of Birth:		Place of Birth:		Social Security #:
Have you ever been convicted of a felony or controlled substances violation(s) in a federal, state, or other court? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide the following:				
Name / Location of Court	Conviction Charge	Sentence	Date of Sentencing	Last Date of Incarceration / Parole / Probation
Have you ever applied as a medical marijuana "caregiver" or growing facility in another jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, state when and where:				

Have you ever been denied an application as a medical marijuana "caregiver" facility from any jurisdiction? Yes No

If yes state when, where and why:

Have you ever had a medical marijuana "caregiver" facility license suspended or revoked by any jurisdiction?

If yes state when, where and why:

PROPERTY OWNER INFORMATION

Owner Name:

Home Address:

Home Phone:

City:

State:

Zip:

Do you have legal possession of the premises by virtue of ownership, lease or other arrangement?

Ownership

Lease

Other (explain in detail)

Attach proof of ownership or copy of lease.

If premises are leased, attach a notarized letter giving permission from the owner of the premises for it's use as a medical marijuana "caregiver" facility.

PROPERTY INFORMATION

Does the property / facility have an alarm system in place? Yes No

If yes, give name of alarm company, contact name and telephone number:

Applicant certifies the following:

- The property has a valid certificate of occupancy from the Township of Sumpter.
- The property is believed to be more than 1,000 feet from a site where children are regularly present pursuant to wording contained in Township of Sumpter Ordinance no. 107.
- The property is believed to be more than 1,000 feet from a site specified as an adult regulated use, as defined in Township of Sumpter Zoning Ordinance.
- The property is believed to be more than 500 feet from a site at which another caregiver cultivates marijuana, or assists in the use of marijuana, not including a patients principal residence.
- That the patients for whom marijuana is proposed to be cultivated are not obtaining marijuana from another source.

Describe and provide detailed specifications of the enclosed locked facility in which any and all cultivation of marijuana is proposed to occur or where marijuana is stored. The description shall include: location in building and precise measurements, in feet, of the floor dimensions and height, and the security device for the facility.

Describe all locations in the premises where the caregiver shall render assistance to a qualifying patient.

Specify the number of patients to be assisted, including the number of patients for whom marijuana is proposed to be cultivated, and the number of patients to be otherwise assisted on the premises, and the maximum number of marijuana plants to be grown or cultivated at any one time. At no time shall the number of marijuana plants exceed twelve per patient.

For safety and other code inspection purposes, describe and provide detailed specification of all lights, equipment, and all other electrical, plumbing, and other means proposed to be used to facilitate the cultivation of marijuana plants.

Applicant certifies that they understand and will abide by the following:

Initial each

- The location of the property/facility at which a caregiver permitted under this ordinance cultivates marijuana, or assists a patient in the use of marijuana, shall not be the same property/facility at which any other caregiver or person cultivates marijuana, or assists a patient in the use of marijuana.
- At the property/facility at which a caregiver cultivates marijuana for use by patients, there shall not be more than twelve marijuana plants being cultivated at any one time per patient, and no more than sixty marijuana plants being cultivated at any one time (which assumes cultivation for five patients), plus an additional twelve plants if the caregiver is also a patient that has not designated a caregiver to assist in providing medical marijuana, for a maximum total of seventy-two plants.
- In order to insulate children and other vulnerable individuals from such actions, all medical marijuana cultivation, and all assistance of a patient in the use of medical marijuana by a caregiver, shall occur within the confines of a building licensed under this section, and such activities shall occur only in the specified interior location of said building not visible to the public and adjoining uses.
- Medical marijuana cultivation that occurs outside the primary structure may only occur in a structure composed of an opaque material and one that conforms to all requirements of the Ordinance.
- It shall be the obligation of the applicant to report, in writing, any changes to the information contained in the application to the Chief of Police, or his designee.
- A qualifying caregiver whose circumstances change shall immediately contact the Sumpter Township Police Department for assistance with disposing of the unused marijuana and/or marijuana plants.
- At no time shall distribution include marijuana that has been altered or combined with another controlled substance.

Applicant certifies that they understand and will abide by the following: (cont.)

Initial each

- The distribution of medical marijuana shall only occur in the license premises or in the home of a qualifying patient.
- The distribution of medical marijuana shall only occur between the hours of 7:00a.m. and 9:00p.m. There shall be no distribution of medical marijuana between the hours of 9:00p.m. and 7:00a.m.
- The amount of marijuana distributed to a qualifying patient shall not exceed 2.5 ounces as permitted by the Act. The weight shall be determined at the time of distribution without regard for the inclusion of stems, seeds, etc.
- All licenses must be renewed on an annual basis.
- A copy of Sumpter Township Ordinance No. 107 has been obtained from the Sumpter Township Clerk's Office and all actions by the applicant shall conform to said ordinance.
- If approved, all use of property shall be in accordance with an approved application, including all information and specifications submitted by the applicant in reliance on which the application shall be deemed to have been approved.

Applicant must provide proof of the following as attachments to this application:

- Attachment A - Provide a state of federal or state issued photo identification.
- Attachment B - Provide proof of property ownership or copy of the lease.
- Attachment C - If premises is leased, attach notarized written permission from the property owner for the use specified in this application.
- Attachment D - Provide proof that the applicant caregiver has been legally registered by the Michigan Department of Community Health (MDCH) in accordance with the Michigan Medical Marijuana Act, as amended.

Oath of Application

I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility to comply with the provisions of Township of Sumpter Ordinance No. 107 and all rules and regulations which govern my medical marijuana caregiver license application as well as those of the State of Michigan.

Applicant Signature	Date
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Authorization of Criminal Background Check

I hereby allow the Sumpter Township Police Department to perform a criminal background check based on information gathered from this application form.

Applicant Signature	Date
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STATE OF MICHIGAN)
)ss.
COUNTY OF WAYNE)

Subscribed and sworn to before a Notary Public on this ____ day of _____, 20____, by the above named _____, who has appeared before me and presented photo identification and sworn that they have read the foregoing and says it is true to the best of his/her knowledge.

_____, Notary Public
Wayne County, Michigan
My commission expires: _____

Release of Liability, Indemnification and Waiver

This Application or the granting of a license hereunder is not intended to grant, nor shall it be construed as granting, immunity from a criminal prosecution for growing, sale, consumption, use, distribution or possession of marijuana not in strict compliance with State or Federal law. Also, since Federal law is not affected by the State Act (Michigan Medical Marijuana Act, Initiated Law 1 of 2008), nothing in this license application, the granting of a license hereunder, or any Township of Sumpter ordinance, policy or rule, is intended to grant, nor shall they be construed as granting, immunity from criminal prosecution under Federal law. The State Act, this license application or the issuance of a Township license does not protect users, caregivers or the owners of properties on which the medical use of marijuana is occurring from Federal Prosecution, or from having their property seized by Federal authorities under the Federal Controlled Substances Act.

Upon issuance and acceptance of a Medical Marijuana License and/or renewal, the undersigned individually hereby unconditionally and irrevocably waives, discharges and releases the Township of Sumpter, its agents, employees and officials from any and all claims damages and liability in any way arising out of or related to the licensed premises including, but not limited to, issuance of a license to licensee and any and all acts, omissions, damages or injuries to any person or property resulting from any act, omission, condition, occurrence or criminal act occurring upon or in relation to the licensed premises, and to indemnify, defend, and hold harmless the Township of Sumpter, including its agents, employees and officials to the fullest extent permitted by law and equity for any and all claims, damages, injuries or liabilities at law or equity in any way arising out of or related to any acts, omissions, activities, conditions or occurrences or incidents in any way related to the licensed premises.

Additionally, the applicant hereby agrees to not violate any of the laws of the State of Michigan or the ordinances of the Township of Sumpter in conducting the business in which the license will be used, and that a violation on the premises may be cause for objecting to renewal of the license, or for requesting revocation of the license. As well, the applicant agrees to make the premises open for inspection upon request by the Building Official, the Fire Department and Law Enforcement officials for compliance with all applicable laws and rules, during the stated hours of operation/use and as such other times as anyone is present on the premises. The applicant agrees to quarterly inspections by the Township of Sumpter's designee to confirm the growing/manufacturing is operating in accordance with applicable laws including, but not limited to, State Law and Township Ordinances.

Applicant Signature	Date
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