

# Charter Township of Oxford

300 Dunlap Road, Oxford, MI 48371  
<http://www.oxfordtownship.org/>

Phone: (248) 628-9787  
Fax: (248) 628-8139

## **OXFORD MEDICAL MARIHUANA LICENSE APPLICATION**

New License       Renewal

**\* PLEASE ALSO NOTE THAT THE \$5,000 LICENSE FEE IS **NON-REFUNDABLE****

**\*\* All Applicants must provide a hard copy of the Application and submit an electronic version by providing a thumb drive containing a saved copy and/or email the entire application to the Clerk's office at [cwright@oxfordtownship.org](mailto:cwright@oxfordtownship.org).**

### **SECTION A – APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_

Authorized Signer and Relation to Applicant (if not an individual): \_\_\_\_\_

Applicant Address (does not need to be Oxford): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_

**Please check Applicant's type of structure:**

Applicant is a/an:

Individual     Limited Liability Company     Partnership     Corporation     Other (specify): \_\_\_\_\_

If Applicant is a company, partnership, corporation, or other legal entity, provide:

Registered Agent Name: \_\_\_\_\_

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

**Type of Licensed Facility** (*Please select the proposed licensed medical facility type*):

Grower (Class A)     Grower (Class B)     Provisioning Center     Secure Transporter

**Address of Location to be Licensed:** \_\_\_\_\_

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If license sought is for a Provisioning Center, please confirm and establish that the facility is in the Marihuana Provisioning Overlay – MP District, and on a property adjacent to, and with immediate access upon, M-24. Also, identify which Overlay District the property is in (1, 2, or 3): \_\_\_\_\_

a) Is the Facility in a freestanding structure?  Yes  No

## SECTION B – STRUCTURE

1. If entity is a Sole Proprietor, state Owner/Proprietor's name, date of birth and provide a copy of photo identification.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. If other than Sole Proprietor or public corporation, list name, address, phone number, email address and date of birth of all partners with managerial interest or financial interest of 2.5% or greater below. Please provide copies of photo identification and percentage of ownership, and add additional pages as needed.

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_

Check if manager, but not owner:

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_

Check if manager, but not owner:

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_

Check if manager, but not owner:

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3. If Applicant is a corporation, list all directors, officers, or shareholders. If a public corporation, then you need only list shareholders holding a direct or indirect interest of greater than 5% (add additional page if necessary):

	Name	Position	Address	% of Ownership
1.				
2.				
3.				

4. If the Applicant is a partnership, the names and addresses of all general partners, limited partners, or officers:

	Name	Position	Address	% of Ownership
1.				
2.				
3.				

5. If the Applicant is a limited liability company, the names and address of all directors, managers, members, or officers:

	Name	Position	Address	% of Ownership
1.				
2.				
3.				

6. If the Applicant is any other legal entity (specify type of entity: \_\_\_\_\_), the names and addresses of all directors, members, officers, partners, or shareholders:

	Name	Position	Address	% of Ownership
1.				
2.				
3.				

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## SECTION C – FACILITY LOCATION

1. Please provide the type of medical marihuana facility (grower, provisioning center or secure transporter) proposed to be operated, and a narrative describing the Applicant’s experience with such an operation. **Attach as Exhibit “A”**.

Document(s) attached.

2. Please provide a statement as to whether the Applicant has had any similar licenses, permits or approvals denied, revoked, or suspended by any governmental authority and if so, provide an explanation for the denial/revocation/suspension. **Attach as Exhibit “B”**.

Denied                       Revoked                       Suspended                       Not Applicable

Document(s) attached.

3. Do you acknowledge that an Applicant for a grower’s license shall not be a registered primary caregiver and shall not employ an individual who is simultaneously a registered primary caregiver?

Yes     No

## SECTION D – FACILITY REQUIREMENTS

1. Please provide a security and safety plan which, at a minimum, shows the facility’s surveillance systems and continuous monitoring systems of the entire premise as required by the ordinance. **Attach as Exhibit “C”**.

Document(s) attached.

2. Please provide a description of the storage facilities and related equipment for all medical marihuana, regardless of its form. **Attach as Exhibit “D”**.

Document(s) attached.

3. Please provide a description of the process for tracking quantities and inventory controls for medical marihuana, regardless of its form. **Attach as Exhibit “E”**.

Document(s) attached.

a) If not attached, why not and when is Applicant expected to supplement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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4. Please provide a description of the products and services to be provided at the medical marihuana facility. **Attach as Exhibit “F”.**

Document(s) attached.

5. Please provide a description of the construction, layout, location, and operation of the medical marihuana facility, and indicate whether the facility is on vacant land or a vacant structure for 12 months or more. **Attach as Exhibit “G”.**

Document(s) attached.

6. Please provide a description of how the proposed medical marihuana facility will benefit Oxford Township. **Attach as Exhibit “H”.**

Document(s) attached.

7. Please provide a description of the Applicant’s general business management experience including experience in operating the medical marihuana facility for which the license is sought. **Attach as Exhibit “I”.**

Document(s) attached.

8. Please provide supporting information of the Applicant’s financial history including the source and total amount of capitalization to construct and operate the proposed medical marihuana facility. **Attach as Exhibit “J”.**

Document(s) attached.

9. Secure transporters must provide proof of auto insurance, vehicle registration, and registration as a commercial motor vehicle, as applicable, for any vehicle used to transport marihuana product as required by the Michigan Medical Marihuana Facilities Licensing Act, being MCL 333.27101 et seq. **Attach as Exhibit “K”.**

Document(s) attached.

If not attached, why not and when is Applicant expected to supplement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. Has the Applicant or any of its operators, partners, shareholders, officers, managers, members, or directors committed or been accused of any ordinance violations within the last 10 years?

Yes  No

- a) If yes, list the ordinance violation(s), alleged and actual, associated with the Applicant and/or individual(s), including the jurisdiction from which the violation(s) arose, the nature of the

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violation(s), whether court proceedings arose out of the violation(s), and a disposition of those proceedings and/or other resolution to the violation(s) (*attach additional pages if necessary*):

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11. Has the Applicant or any of its operators, partners, shareholders, officers, managers, members, or directors been a defendant in any litigation within the last ten (10) years?

Yes  No

a) If yes, list the associated litigation including jurisdiction in which the litigation arose, the nature of the litigation, and disposition of the litigation (*attach additional pages if necessary*):

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12. Has the Applicant or any of its operators, partners, shareholders, officers, managers, members, or directors filed, or had filed against it or them, a proceeding for bankruptcy within the last seven (7) years?

Yes  No

a) If yes, please explain (*attach additional pages if necessary*): \_\_\_\_\_

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## SECTION E – OTHER INFORMATION REQUIRED

1. As required by the State of Michigan Administrative Rules, provide a copy of the following:

Marihuana business location plan.

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## SECTION F – SPECIAL LAND USE

- Provide proof of special land use approval from the Township Planning Commission;
- OR-
- Provide proof application for special land use approval has been filed for review by the Township Planning Commission.

## SECTION G – NOTICES TO APPLICANT

1. The Applicant, if licensed, shall report any change in the information provided in this Application to the Township Clerk within ten (10) days of such change.
2. An Applicant for a grower's license shall not be a registered primary caregiver and shall not employ an individual who is simultaneously a registered primary caregiver.
3. All individuals listed within the application must submit a signed release authorizing the Oakland County Sheriff's Office to perform a criminal background check. A Release Form is attached at the end of the application.
4. Proof of premises liability and casualty insurance in an amount not less than \$100,000.00 covering the medical marijuana facility and naming the Township as an additional insured party shall be provided to the Township not later than sixty (60) calendar days after a State operating license is issued or renewed.
5. The standard operating procedures required by the State of Michigan Administrative Rules shall be made available to the Township upon request following a license being issued by the State.

**I HEREBY CERTIFY UNDER OATH AND PENALTY OF PERJURY THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS COMPLETE, TRUE AND ACCURATE. I UNDERSTAND THAT ANY OMISSIONS OR INACCURATE INFORMATION OF THE APPLICANT, MY AGENTS OR EMPLOYEES WILL DISQUALIFY MY APPLICATION FROM CONSIDERATION.**

**APPLICANT'S SIGNATURE:**

**WITNESS SIGNATURE:**

/s/ \_\_\_\_\_

/s/ \_\_\_\_\_

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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*If additional signatures are needed:*

/s/ \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

/s/ \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

/s/ \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

/s/ \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

/s/ \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

/s/ \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

/s/ \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

/s/ \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_



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## LIST OF DOCUMENTS TO PROVIDE WITH APPLICATION

### Application Documents:

**Exhibit A:** Type of medical marihuana facility (grower, provisioning center or secure transporter) proposed to be operated, and a narrative describing the Applicant's experience with such an operation.

Document(s) attached.

**Exhibit B:** Statement as to whether the Applicant has had any similar licenses, licenses or approvals denied, revoked, or suspended by any governmental authority and if yes, provide an explanation for the denial/revocation/suspension.

Document(s) attached.

**Exhibit C:** Security and safety plan, and at a minimum, showing the facility's surveillance systems and continuous monitoring systems of the entire premise as required by the ordinance.

Document(s) attached.

**Exhibit D:** Description of the storage facilities and related equipment for all medical marihuana, regardless of its form.

Document(s) attached.

**Exhibit E:** Description of the process for tracking quantities and inventory controls for medical marihuana, regardless of its form.

Document(s) attached.

a) If not attached, why not: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Exhibit F:** Description of the products and services to be provided at the medical marihuana facility.

Document(s) attached.

**Exhibit G:** Description of the construction, layout, location, and operation of the medical marihuana facility.

Document(s) attached.

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**Exhibit H:** Description of how the proposed medical marihuana facility will benefit Oxford Township.

Document(s) attached.

**Exhibit I:** Description of the Applicant's general business management experience including experience in operating the medical marihuana facility for which the license is sought.

Document(s) attached.

**Exhibit J:** Supporting information of the Applicant's financial history including the source and total amount of capitalization to construct and operate the proposed medical marihuana facility.

Document(s) attached.

**Exhibit K:** Secure transporters must provide proof of auto insurance, vehicle registration, and registration as a commercial motor vehicle, as applicable, for any vehicle used to transport marihuana product as required by the Michigan Medical Marihuana Facilities Licensing Act, being MCL 333.27101 et seq.

Document(s) attached.

a) If not attached, why not: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Background Check Release Form** *(for all persons listed within this application)*

Document(s) attached.

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**STOP**

**REMAINING PAGES FOR TOWNSHIP USE ONLY**

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## GENERAL – OFFICE USE ONLY

1. Type of License Requested:

- Class “A” Grower Facility (medical)
- Class “B” Grower Facility (medical)
- Provisioning Center (medical)
- Secured Transporter Facility (medical)

2. Name of Applicant: \_\_\_\_\_

3. Date / Time Application accepted by Oxford Township: Date: \_\_\_\_\_ Time: \_\_\_\_\_

4. The Application / Renewal shall include a non-refundable five thousand (\$5,000) dollar fee.

\$5,000.00 (Non-Refundable) Application / Renewal Fee paid on: \_\_\_\_\_

5. Special Land Use Approval Date **or** Anticipated Review Date: \_\_\_\_\_

Approved  Application Pending

## INSPECTIONS – TO BE COMPLETED BY OXFORD TOWNSHIP CLERK’S OFFICE

*\* Note: Building and Fire Department Inspections are not required for a new building or a building undergoing substantial renovation per Code § 14-53(a).*

\* Building Department Inspection Date: \_\_\_\_\_ Signed By: \_\_\_\_\_

\* Fire Department Inspection Date: \_\_\_\_\_ Signed By: \_\_\_\_\_

Sheriff’s Office Investigation Date: \_\_\_\_\_ Signed By: \_\_\_\_\_

Township Treasurer Investigation Date: \_\_\_\_\_ Signed By: \_\_\_\_\_

Planner Review Date: \_\_\_\_\_ Signed By: \_\_\_\_\_

Date Application: \_\_\_\_\_

Approved for Township Board Review: \_\_\_\_\_

Supplemental Information Requested: \_\_\_\_\_

Denied: \_\_\_\_\_

Reason(s) for denial: \_\_\_\_\_

*(cite specific reasons and code  
and/or zoning ordinance provisions)*

\_\_\_\_\_  
\_\_\_\_\_