



# Keene Township

8505 Potters Road  
Saranac, Michigan 48881  
(616) 642-9809  
Ionia County

## **Keene Township Medical Marihuana Application**

This application must be completed in full and approved by the Township Board before beginning any business regulated by the Keene Township Medical Marihuana Ordinance # 2019-2.

**Proposed License Type** \_\_\_\_\_

**Maximum Number of Plants** \_\_\_\_\_

**New License** Y \_\_\_\_\_ N \_\_\_\_\_

**Renewal License** Y \_\_\_\_\_ N \_\_\_\_\_

### **Property Information**

Proposed Facility Address \_\_\_\_\_

Parcel Number **34-070-**\_\_\_\_\_

### **Applicant Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

### **Property Owner Information** (if different from applicant)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

### **Present Zoning District**

\_\_\_\_\_

### **Present Use of the Property**

\_\_\_\_\_

\_\_\_\_\_

### **Attachments:**

Copy of applicant's current State Operating License (if renewal)

Copy of proof of facilities pre-license or other approval from the Bureau of Fire Safety or other State Agencies in accordance with the Michigan Medical Marihuana Act 281.

Copy of permits for zoning and building codes, as applicable.

**Fees:**

Include a non-refundable application fee of \$3000 (payable to Keene Township)  
Include an escrow deposit of \$2000 (payable to Keene Township)  
If approved, an annual Facility fee of \$1000 must be paid to the Township

**Site Plan**

Include a site plan showing the dwelling and any existing structures and the proposed location of any new construction or additions. Show where off street parking and size will be located. Provide five (5) copies of this application to the Township Clerk.

**Affidavit**

I certify and affirm that I am either the tenant or the property or building owner and that I agree to conform to the Medical Marihuana Ordinance of Keene Township. I also certify and affirm that this application is accurate and complete to the best of my knowledge. I hereby give permission for Township representatives to visit this location. I have read and will abide by the Medical Marihuana Ordinance of Keene Township.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

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**Township Clerk Use**

Received date \_\_\_\_\_

Fees received \_\_\_\_\_

Application Approved \_\_\_\_\_ Date \_\_\_\_\_

Conditions of Approval \_\_\_\_\_

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

Application Denied \_\_\_\_\_ Date \_\_\_\_\_

Reason for Denial \_\_\_\_\_

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

Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_