



Pittsfield Charter Township
Office of the Clerk

6201 West Michigan Avenue, Ann Arbor, MI 48108
 Phone: (734) 822-3120 • Fax: (734) 944-8024
 Website: www.pittsfield-mi.gov

Michelle L. Anzaldi
 Township Clerk
 manzaldi@Pittsfield-mi.gov

Jill Mitchell
 Deputy Clerk
 mitchellj@Pittsfield-mi.gov

MARIHUANA PERMIT APPLICATION

The Application must be completed by an owner or an individual authorized to make decisions on behalf of the organization. Required information and attachments must be submitted at the time of application. Attach additional pages when necessary. The initial Permit Application Fee is \$5,000 for each license and is non-refundable. An Application will not be accepted without payment of the total fees.

Type of Application			
Medical Marihuana		Recreational Marihuana	
	QTY		QTY
<input type="checkbox"/> Grower, Class A (≤ 500)	_____	<input type="checkbox"/> Grower, Class A (≤ 100)	_____
<input type="checkbox"/> Grower, Class B (≤ 1,000)	_____	<input type="checkbox"/> Grower, Class B (≤ 500)	_____
<input type="checkbox"/> Processor		<input type="checkbox"/> Processor	
<input type="checkbox"/> Provisioning Center		<input type="checkbox"/> Retailer	
<input type="checkbox"/> Safety Compliance (Labs)		<input type="checkbox"/> Safety Compliance (Labs)	
<input type="checkbox"/> Secure Transporter		<input type="checkbox"/> Secure Transporter	

Business Information		
Business Name:	Phone:	
Business Address:		
City:	State:	Zip:
Business Mailing Address (if different):		
City:	State:	Zip:
Business Type: ex. Sole Proprietorship, Partnership, DBA, Corporation, Limited Liability Company, or Other		
Hours of Operation:		
Occupied Square Footage:	Number of Employees:	
<input type="checkbox"/> Owned or <input type="checkbox"/> Leased		
Email:	Website Address:	

Business Information	
Contact Person for Security Issues:	Phone:
Alarm System Company:	Phone:
Address:	
City:	State: Zip:
Property Owner	Name:
	Address:
	City: State: Zip:
	Email: Phone:
	Are there additional property owners? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list contact information for those owners that have above a 5% ownership interest on a separate sheet.
Business Owner	Name:
	Address:
	City: State: Zip:
	Email: Phone:
	Are there additional business owners? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list information for each additional owner on a separate sheet.
Manger and/or Operator	Name:
	Address:
	City: State: Zip:
	Email: Phone:
	Are there additional property owners? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list information for each additional owner on a separate sheet.
Mailing Preference	Legal & Official Notice Mailing Preference
	Address:
	City: State: Zip:
Additional Licenses held by the Business or Owners	
List any other licenses held by the business:	List any other licenses held by the owners:

**Supplemental property or business owner, managers, or operators.
Make additional copies as necessary.**

Additional Contact	Name:		
	Address:		
	City:	State:	Zip:
	Phone:	Email:	
	Check all that apply <input type="checkbox"/> Property Owner <input type="checkbox"/> Business Owner <input type="checkbox"/> Manager/Operator		
Additional Contact	Name:		
	Address:		
	City:	State:	Zip:
	Phone:	Email:	
	Check all that apply <input type="checkbox"/> Property Owner <input type="checkbox"/> Business Owner <input type="checkbox"/> Manager/Operator		
Additional Contact	Name:		
	Address:		
	City:	State:	Zip:
	Phone:	Email:	
	Check all that apply <input type="checkbox"/> Property Owner <input type="checkbox"/> Business Owner <input type="checkbox"/> Manager/Operator		
Additional Contact	Name:		
	Address:		
	City:	State:	Zip:
	Phone:	Email:	
	Check all that apply <input type="checkbox"/> Property Owner <input type="checkbox"/> Business Owner <input type="checkbox"/> Manager/Operator		
Additional Contact	Name:		
	Address:		
	City:	State:	Zip:
	Phone:	Email:	
	Check all that apply <input type="checkbox"/> Property Owner <input type="checkbox"/> Business Owner <input type="checkbox"/> Manager/Operator		

Required Township Attachments	
<input type="checkbox"/>	State License or proof of prequalification
<input type="checkbox"/>	Social Equity Plan
<input type="checkbox"/>	Safety Plan
<input type="checkbox"/>	Articles of Incorporation/DBA Certificate/LLC Articles of Organization/Partnership Agreement, where applicable
<input type="checkbox"/>	Proof of Property Ownership or Lease

Applicant Certification	
<p>I, the undersigned, certifies that I have the authority to sign this application on behalf of the Business and that the application is true, correct, and complete to the best of my knowledge and belief. I acknowledge that it is my responsibility and the responsibility of all agents and all employees to comply with all the provisions of the Pittsfield Charter Township Codes, rules, regulations, and laws governing the marijuana businesses in the State of Michigan.</p>	
Signature:	Date:
Printed Name:	

The required Township approvals are listed below. Be advised that there are fees that will apply to each department in order to obtain the necessary approvals. Attach items if applicable.

Required Township Approvals & Department Contacts	
<input type="checkbox"/> Conditional Use Approval Site Plan Approval, if applicable	Municipal Services (Planning/Zoning) (737) 822-3130 planning@pittsfield.mi.gov
<input type="checkbox"/> Fire Inspection – Certificate of Compliance (Complete a Chemical Survey)	Fire Department (734) 822-4911 publicsafety@pittsfield-mi.gov
<input type="checkbox"/> Certificate of Occupancy	Building Services (734) 822-3125 building@pittsfield-mi.gov
<input type="checkbox"/> Wastewater Discharge Permit, if applicable	Utilities Department (734) 822-3105 utilities@pittsfield-mi.gov
Treasurer's Office (resolve any outstanding property tax issues)	Office of the Treasurer (734) 822-3410 treasurer@pittsfield-mi.gov

Submit Application and fee to the Clerk at 6201 W. Michigan Avenue, Ann Arbor, MI 48108.

:: OFFICE USE ONLY ::	
File No.	Application Completed Date
Receive Date	Attestation Date
Amount Paid	Renewal Date