MEDICAL MARIHUANA SUBMITTAL CHECKLIST
CITY OF SOUTHFIELD PLANNING DEPARTMENT
APRIL 2015

Pre-Submittal Checklist

☐ Ensure proper zoning designation (I-L Light Industrial only)

☐ Cannot be located any nearer than 500 feet of a residentially zoned district, “drug-free school zone”, house, adult regulated use, school, church, child care facility or park.

☐ Cannot be located any nearer than 1,500 feet to any Pawn Shops or Alternative Financial Services establishment.

☐ Cannot be located any nearer than 250 feet to any other Medical Marihuana facility.

Medical Marihuana Planning Department Submittal Checklist

☐ Special Use application with Property Owner signature

☐ $600 fee

☐ Ten (10) sets of site plan with all items on Site Plan Review Checklist addressed.

☐ Copy of State of Michigan registry identification card

☐ License for Medical Marihuana Facility to be obtained from the City Clerk.

☐ All proper permits must be obtained from the Building Department

Additional Stipulations (per Section 5.179, Chapter 19, the Zoning Ordinance)

- Usable marihuana on site, when not actively distributed, shall be kept or stored within an indoor enclosed locked facility accessible only to caregivers and/or qualifying patients
- Marihuana, if cultivated on site, shall be kept within an indoor enclosed locked facility
- Consumption of marihuana on the premises is prohibited.
- There shall be no outdoor, open use or display of marihuana upon the licensed premises.
• A Medical Marihuana Facility shall distribute marihuana for medical use only as authorized and in the manner permitted by the Michigan Medical Marihuana Act P.A. 2008, as amended.

• No more than five qualified patients per primary caregiver. The amount of usable marihuana stored at the Medical Marihuana Facility for each patient shall be limited to: 2.5 ounces of usable marihuana (excludes seeds, stalks, and roots) and 12 marihuana plants kept in an indoor enclosed locked facility as defined under the Michigan Medical Marihuana Act P.A. 2008, as amended

• The Medical Marihuana Facility shall be subject to periodic and unannounced inspections to ensure compliance with all applicable laws and regulations, including, but not limited to State law and City Ordinances.

• Hours of operations permitted: Monday-Friday: 9:00 A.M. - 9:00 P.M.; Saturday: 9:00 A.M. - 6:00 P.M.; Sunday: 10:00 A.M. - 6:00 P.M.

• Minimum Distance from one medical marihuana facility to another shall be 250 feet.

• Drive-thru facilities shall be prohibited.

• Security and Lighting: A security and lighting plan shall be submitted for review and approval by the City Planning and Building Departments.

• A conspicuous sign(s) shall be posted stating that “No loitering is permitted” on such property.

• Entry into the premises by persons under the age of eighteen (18) is prohibited unless they are a qualifying patient and accompanied by a parent or legal guardian.

• The location from which a primary caregiver manufacturers, stores and distributes medical marihuana to a qualifying patient shall not be used by another primary caregiver for any purpose whatsoever.

• Caregiver activity shall not be advertised as, or permitted to operate as a “Medical Marihuana Provisioning Center”, “Safety Compliance facility”, “Dispensary,” “Compassion Club”, “clinic” or “hospital”. A qualified caregiver and any other person authorized under the MMMA to assist patients, if any, shall distribute medical marihuana only on a confidential, one to one basis, with no other caregivers being present at the approved facility, provided, however, that a qualified patient’s immediate family members or guardian may be present.

• Nothing is this Section shall permit or be construed or interpreted to permit a medical marihuana dispensary, provisioning center, safety compliance facility, or compassion club, and those or similar activities or uses are expressly prohibited

I, ________________________________________, acknowledge the aforementioned information and will comply with all City regulations pertaining to Medical Marihuana facilities within the City of Southfield.

________________________________________
Signature

________________________________________
Date