

City of C D U R
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**APPLICATION FOR
MEDICAL MARIHUANA FACILITY PERMIT**

*Pursuant to Ordinance & K D S W H U \$ U W L F O H , 9 Medical Marijuana Facilities, effective - D Q X D U * *Medical Marijuana* D Q G

- Application must be fully and accurately completed, and must include all required documentation.
- Application fee of \$5,000 is non-refundable
- If approved, permit is valid for a period of one (1) year from date of approval.
- Medical Marijuana "Facility" means Grower, Provisioning Center, Safety Compliance Facility, Processor, and/or Secure Transporter.

NAME OF APPLICANT: _____

RESIDENTIAL ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER(S): _____

EMAIL ADDRESS: _____

HAS THE APPLICANT APPLIED FOR STATE LICENSURE? YES NO

PERMIT TYPE:

- | | |
|---|---|
| <input type="checkbox"/> Processor | <input type="checkbox"/> Grower (Class must also be selected below) |
| <input type="checkbox"/> Provisioning Center | <input type="checkbox"/> Class A – up to 500 plants |
| <input type="checkbox"/> Safety Compliance Facility | <input type="checkbox"/> Class B – up to 1,000 plants |
| <input type="checkbox"/> Secure Transporter | <input type="checkbox"/> Class C – up to 1,500 plants |

- Is this application being filed in addition to other applications for Medical Marijuana Facilities licensure? YES NO

APPLICANT TYPE: *Documentation verifying Applicant's form of business entity attached

- Individual
- Partnership
- Corporation
- Limited Liability Company
- Trust

SECTION A

PROPOSED FACILITY INFORMATION:

Name of Operation:	Contact:
Proposed Facility Address:	
Mailing Address:	
Phone Number:	Email Address:
Has the Applicant been granted Pre-qualification MMFLA licensure by the State of Michigan? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, what date was it granted?	

SECTION B

LIMITED LIABILITY COMPANY/CORPORATION/PARTNERSHIP INFORMATION:

- If the owner is a Limited Liability Company/Corporation/Partnership, all owners, stockholders, members, directors, officers, partners and managers must be listed.

Primary Contact	Name:		Residential Address:		
Additional Contact	Email Address:		Phone Number:	Position:	DOB:
Additional Contact	Name:		Residential Address:		
Additional Contact	Email Address:		Phone Number:	Position:	DOB:
Additional Contact	Name:		Residential Address:		
Additional Contact	Email Address:		Phone Number:	Position:	DOB:
Additional Contact	Name:		Residential Address:		
Additional Contact	Email Address:		Phone Number:	Position:	DOB:

NOTE: Use the Addendum located at the end of this application for any section where additional space is needed.

SECTION C

PROPERTY INFORMATION:

- Identify the **Zoning District** of the property: _____

Address of proposed facility: _____

List facility size: _____ sq. ft. List parcel size: _____

Is structure:

- An existing building? **YES** **NO**
- Renovation of existing building? **YES** **NO**
- New building construction? **YES** **NO**

Is the Facility located within **500 feet** of real property comprising of a church? **YES** **NO**

Is the Facility located within **1,000 feet** of a public or private elementary, vocational, or secondary school?
YES **NO**

- Property is **OWNED** by Applicant: **YES** **NO**
Date of Purchase: _____
 - ***If property IS owned, proof of ownership must be attached.**
- Property is **NOT OWNED** by Applicant: **YES** **NO**
Lease start date: _____ Lease end date: _____

Property Owner's Name: _____
Property Owner's Address: _____
Phone: _____ Email: _____

- ***If property IS NOT owned, please attach the following:**
 - **1) Copy of the lease agreement.**
 - **2) Written statement from the property owner authorizing the lessee to use the property for a Medical Marihuana Facility, signed and notarized.**

NOTE: All applicants for a new permit or renewal must be current on taxes and any other financial obligation to the City. If the facility is located on a leased parcel, applicant must show that property owner is current on taxes and any other financial obligation to the City.

SECTION D

BUSINESS AND OPERATIONS INFORMATION:

1. List the Business and Operations plan, showing in detail the commercial medical marihuana facility's proposed plan of operation, including without limitation the following:

a) A description of the type of facility proposed:

b) A security plan including a general description of the security system(s) and lighting plan outside of the facility:

c) Does the security system(s) and lighting plan meet the City and State requirements?

Yes **No**

d) List all nutrients, pesticides, other chemical materials and all toxic, flammable materials proposed to be used. Include a list or copy of all material safety data sheets:

e) Provide a copy of a procedural plans for testing of contaminants, including mold and pesticides:

f) Provide a plan of all methods that will be used to stop any impact to adjacent uses, including enforceable assurances that no odor will be detected from outside the location:

g) Provide a plan for the disposal of marihuana and related byproducts that will be used at the facility including how the plan will protect against any marihuana being ingested by any person or animal, indicating how the waste will be stored and disposed of, and how any marihuana will be rendered unusable upon disposal: Disposal by on-site burning or introduction to the sewage system is prohibited.

2. List all Medical Marihuana facilities owned or operated by Applicant:

- Name: _____
- Address: _____
- Dates of Operation: _____ to _____

- Name: _____
- Address: _____
- Dates of Operation: _____ to _____

- Name: _____
- Address: _____
- Dates of Operation: _____ to _____

3. Identify any business that is directly or indirectly involved in the growing, processing, testing, transporting or sale of marihuana for the facility:

- Name: _____
- Address: _____
- How is this business involved with facility: _____

- Name: _____
- Address: _____
- How is this business involved with facility: _____

- Name: _____
- Address: _____
- How is this business involved with facility: _____

4. Does the Applicant currently own any real property in the City of Caro? **Yes** **No**

- If yes, complete the information below:
 - Commercial Property Residential Property
 - Address: _____
 - Dates of Operation: _____ to _____

 - Commercial Property Residential Property
 - Address: _____
 - Dates of Operation: _____ to _____

5. Has the applicant had any code violations issued for any property in the City of Caro? **Yes** **No**

- If yes, explain: _____
- _____
- _____
- _____
- _____
- _____
- _____

6. Has the Applicant ever applied for or has been granted any commercial license or certificate issued by a licensing authority in Michigan or any jurisdiction that has been denied, suspended or revoked, or not renewed? **Yes** **No**

▪ If yes, explain: _____

7. Does the Applicant have general liability insurance with minimum limits of \$1,000,000 per occurrence and a \$2,000,000 aggregate limit? **Yes** **No**

8. Has the Applicant filed for bankruptcy in the past seven (7) years? **Yes** **No**

9. Provide the sources of Applicant's capitalization to build, operate, and maintain the proposed Medical Marihuana facility/operation: _____

_____ **Total Amount: \$** _____

10. Has the Applicant ever been criminally convicted? **Yes** **No**

▪ If yes, state the nature of the charges, when and jurisdiction in which it occurred : _____

11. Does the Applicant have any history of non-compliance with federal, state or local regulatory requirements? **Yes** **No** If yes, explain: _____

12. At the time of this application or within the past 7 years, has the Applicant been a party in any civil litigation? **Yes** **No**

▪ If yes, provide/attach the case caption, cause of action and a brief explanation regarding the allegations of the case: _____

13. Provide a detailed site plan for the facility and the permitted property, including an interior floor plan, exterior plan showing parking spaces, and a location area map of the medical marihuana facility and the surrounding area that identifies the location of the facility in accordance with the zoning requirements as set forth in the Medical Marihuana Facilities Ordinance:

14. Is the Applicant applying for a **Grow Facility Permit**? Yes No
- If yes, specify in detail how the Applicant intends to grow the Medical Marihuana (e.g., techniques, utilities, disposal of byproducts, etc.): _____

 - **A security and floor plan for indoor storage of chemicals must be provided for Grow Facility Applicants.*
15. Describe the Applicant's community involvement, including but not limited to charitable contributions and volunteer work: _____

16. Describe the Applicant's business and operations plan in detail, including gross revenue projections: _____

SECTION E

EMPLOYEE INFORMATION:

ACTUAL OR PROJECTED NUMBER OF EMPLOYEES: _____

- List all name(s) of proposed manager(s) of the facility:

Name:	Position:	Phone:	ID <input type="checkbox"/>
Name:	Position:	Phone:	ID <input type="checkbox"/>
Name:	Position:	Phone:	ID <input type="checkbox"/>

SECTION F

PROPOSED HOURS OF OPERATION:

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							
Holidays							

MEDICAL MARIHUANA FACILITY PERMIT APPLICATION CHECKLIST

1. Fully completed ***Application for Medical Marihuana Facility Permit***.
2. Non-refundable Permit Application fee/Renewal fee of \$5,000.
3. Copy of the official paperwork issued by LARA indicating the Applicant has successfully completed the Pre-qualification step of the Application for a State of Michigan Operating License.
4. Copy of all documents submitted to LARA in connection with the application showing Criminal History, evidence of charge/dismissal/conviction/expungement (if applicable), and parole or probation information (if applicable) **OR** signed release authorizing criminal background check or ICHAT for Applicant and each Owner, Partner, Director, and Officer.
5. Documentation verifying Applicant's type of business entity (e.g., Co., Inc., LLC).
6. Proof of ownership of property **OR** copy of lease with documentation stating property owner consents to the lessee using the premises for Medical Marihuana purposes.
7. If corporation, non-profit organization LLC or other, indicate its legal status and attach:
 - a) Copy of all formation documents (including amendments)
 - b) Proof of registration with the State of Michigan
 - c) Certificate of good standing
8. Copy of valid, unexpired State-issue driver's license or ID for Applicant and all Owners, Directors, Officers, and Managers of the facility.
9. Copy of valid sales tax license, if such license is required by the State.
10. Site Plan.
11. Disposal and Storage Plan for marihuana, byproducts, and chemicals.
12. Security and lighting plan.
13. **Grow Facility**: Ventilation and exhaust system plan.
14. Certificate(s) of liability and casualty damage insurance.
15. Sign Information* (business name, sign rendering)

***NOTE:** *A sign permit is required through the City's Community Development Department.*

ACKNOWLEDGEMENT

On behalf of the Applicant, I declare that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that if the Medical Marihuana Facility permit is granted, it is Applicant's responsibility and the responsibility of Applicant's agents and employees to comply with the provisions of the Michigan Marihuana Facilities Licensing Act, Public Act 281 of 2016, the City of Caro Medical Marihuana Facilities Ordinance Chapter 8, Article IV, Section 8-29 and 28-30, City of Caro Zoning Ordinance, and any other ordinances which govern my license, business, or property. Applicant hereby acknowledges familiarity with said ordinances and represent that I have knowledge of the contents in relation to the conduct of said business.

I understand that the \$5,000 Application fee is non-refundable, and that compliance with legal provisions and the requirements of this Application does not guarantee selection for the issuance of a permit. (Please initial here _____.)

Furthermore, on behalf of Applicant, I grant authorization for the City of Caro, its agents and employees to seek information and investigate the truth of the statements set forth in this application and the qualifications of the applicant for the permit. I also understand that the premises and surveillance camera recordings for the protection of public safety are subject to inspection by City Building officials, Community Development, Fire Department and Tuscola County Sheriff's Office personnel, for the purposes of determining compliance with state and local laws, without a search warrant and that on behalf of Applicant, I am required to immediately provide the City with any changes in the information herein submitted, or any other changes that materially affect a permit if granted.

Authorized Applicant's Signature: _____

Printed Name: _____ **Title:** _____

Witnessed by: _____ **Date:** _____

FOR CITY USE ONLY

	DATE		
Received by City Clerk's Office			
Review of Application		INITIAL REVIEW	Application Complete <input type="checkbox"/>
Reviewed by Committee		FINAL REVIEW	APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>

