



City of Caro

317 S. State St.

Caro, MI, 48723

APPLICATION FOR ADULT USE MARIHUANA ESTABLISHMENT PERMIT

*Pursuant to Michigan Regulation and Taxation of Marihuana Act (MCL 333.27951-333.27976),
Local Ordinance No. 479*

- **Application must be fully and accurately completed and must include all required documentation.**
- **Application fee of \$5,000 is non-refundable (if license is approved, this fee will serve as the annual fee for first year of operation).**
- **If approved, permit is valid for a period of one (1) year from date of approval.**
- **Recreational Marihuana “Establishment” means Grower, Retailer, 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 N O

PERMIT TYPE:

- | | |
|---|---|
| <input type="checkbox"/> Processor | <input type="checkbox"/> Grower (Class must also be selected below) |
| <input type="checkbox"/> Marihuana Retailer | <input type="checkbox"/> Class A– up to 100 plants |
| <input type="checkbox"/> Safety Compliance Facility | <input type="checkbox"/> Class B– up to 500 plants |
| <input type="checkbox"/> Secure Transporter | <input type="checkbox"/> Class C– up to 2,000 plants |

- Is this application being filed in addition to other applications for Adult Use Marihuana Establishment licensure in either the City of Caro or outside city limits? YES NO

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

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

SECTION A

PROPOSED ESTABLISHMENT INFORMATION:

Name of Operation:
Contact:
Proposed Establishment Address:
Mailing Address:
Phone Number:
Email Address:
Has the applicant been granted pre-qualification ____ 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:	Email Address:	Phone Number:	Position:
Additional Contact:					
Additional Contact:					
Additional Contact:					
Additional Contact:					
Additional Contact:					

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 Establishment:

List facility size: _____ sq ft.

List parcel size: _____

Is structure:

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

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

Is the Establishment located within **1,000 feet** of a pre-existing public or private school providing education in kindergarten or any of grades 1 through 12? **YES** **NO**

Is the Establishment located within **500 feet** of a state licensed daycare? **YES** **NO**

- Property if **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 an Adult Use Marihuana Facility, signed and notarized.**
 - Option to purchase: If property is not currently owned, the applicant may have the opportunity to purchase the property. **YES** **NO**

****If applicant has selected the option to purchase, proper documentation of intent to purchase along with the current property owner authorizing the usage of the property for an Adult Use Marihuana Facility, signed and notarized.**

NOTE: *All applicants for a new permit or renewal must be current on taxes and any other financial obligations to the City.*

SECTION D:

BUSINESS AND OPERATIONS INFORMATION:

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

- a. A description of the type of establishment proposed:

- b. A security plan including a general description of the security system(s) and lighting plan of the establishment:

- 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 plan 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 establishment 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 Adult Use Marihuana establishments 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 establishment:

Name: _____

Address: _____

How this business is involved with the establishment:

Name: _____

Address: _____

How this business is involved with the establishment:

Name: _____

Address: _____

How this business is involved with the establishment:

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 Adult Use Marihuana establishment/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 option, cause of action, and a brief explanation regarding the allegations of the case:

13. Provide a detailed site plan for the establishment and the permitted property, including an interior floor plan, exterior plan showing parking spaces, and a local area map of the adult use marihuana establishment and the surrounding area that identifies the location of the facility in accordance with the zoning requirements as set forth in the City of Caro Adult Use Marihuana Establishment Ordinance and any aspects under the Michigan Regulation and Taxation of Marihuana Act (MCL 333.27951-333.27976):

14. Is the Applicant applying for a **Grow Establishment Permit**? Yes No

If yes, specify in detail how the Applicant intends to grow the Adult Use Marihuana (I.e., techniques, utilities, disposal of byproducts, etc.):

***** A security and floor plan for indoor storage of chemicals must be provided for Grow Establishment 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 establishment:

Name:	Position:	Phone:
Name:	Position:	Phone:
Name:	Position:	Phone:

SECTION F

PROPOSED HOURS OF OPERATION:

Hours	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Open							
Close							
Holidays							

ADULT USE MARIHUANA ESTABLISHMENT PERMIT APPLICATION CHECKLIST:

1. Fully completed **Application for Adult Use Marihuana Establishment 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 (I.e., 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 Adult Use 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-issued driver's license or ID for Applicant and all owners, directors, officers, and managers of the establishment.
9. Copy of valid sales tax license, if such license is required by the State of Michigan.
10. Site Plan.
11. Disposal and Storage Plan for marihuana, byproducts, and chemicals.
12. Security and Lighting Plan.
13. **Grow Establishment:** 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 Adult Use Marihuana Establishment permit is granted, it is the Applicant's responsibility and the responsibility of the Applicant's agents and employees to comply with the provisions of the Michigan Regulation and Taxation of Marihuana Act (MCL 333.27951-333.27976), the City of Caro, Adult Use Marihuana Establishments Ordinance No. 479, City of Caro Zoning Ordinances, and any other ordinances which govern my license, business, or property. Applicant hereby acknowledges familiarity with said ordinances and represents 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 the 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 the 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"/>

