



City of Mount Clemens

One Crocker Blvd.
Mount Clemens, MI 48043

Indicate if
application is:

- New
- Renewal

Application for Marihuana Business Permit

Pursuant to Ordinance 24.110, Marihuana Business Ordinance, effective May 30, 2022

- 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.
- A "marihuana business" means grower, provisioning center/retail establishment, safety compliance location, processor, secure transporter and/or designated consumption establishments.

Name of Applicant: _____

Residential Address: _____

Mailing Address: _____

Phone Number(s): _____

Email Address: _____

Driver's License # _____

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/Retail Establishment | <input type="checkbox"/> Class A – up to 500 plants |
| <input type="checkbox"/> Safety Compliance Location | <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 |
| <input type="checkbox"/> Designated Consumption Establishment | |

- Is this application being filed in addition to other applications for marihuana business licensure?

- Yes No

Applicant Type: *Documentation verifying applicant's form of business entity attached

- | | |
|--|---|
| <input type="checkbox"/> Individual | *Copy of all formation documents, including amendments. |
| <input type="checkbox"/> Partnership | *Proof of registration with the State. |
| <input type="checkbox"/> Corporation | *Certificate of good standing. |
| <input type="checkbox"/> Limited Liability Company | |
| <input type="checkbox"/> Trust | |

Section A

Proposed Marihuana Business Information:

Name of Operation:	Contact:
Proposed Facility 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, please attach copy.	

Section B

Limited Liability Company/Corporation/Partnership/Stockholder Information:

- If the owner is a limited liability company/corporation/partnership, all owners, stockholders, members, directors, officers, partners, and managers must be listed. Include any person having 10% or greater beneficial interest in proposed marihuana establishment.

Primary Contact	Name:	Residential Address:		
	Email Address:	Phone Number:	Position:	DOB:
Additional Contact	Name:	Residential Address:		
	Email Address:	Phone Number:	Position:	DOB:
Additional Contact	Name:	Residential Address:		
	Email Address:	Phone Number:	Position:	DOB:
Additional Contact	Name:	Residential Address:		
	Email Address:	Phone Number:	Position:	DOB:
Additional Contact	Name:	Residential Address:		
	Email Address:	Phone Number:	Position:	DOB:
Additional Contact	Name:	Residential Address:		
	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 marihuana business located within 1,000 feet of real property comprising of public or private elementary, vocational, or secondary school? Yes No

Is the marihuana business located within 200 feet of a public park, or a church or religious institution defined as exempt by the City of Mount Clemens Assessor or county assessor's office? Yes No

Is the marihuana business located within 150 feet of a residential zoning district? Yes No

Is the marihuana business located within 1,500 feet of another marihuana business? Yes No

- Property is owned by applicant: Yes No

Date of Purchase: _____

- o *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: _____

- o *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 marihuana business, 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 marihuana business 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. Describe the business and operations plan, showing in detail the marihuana business' proposed plan of operation and gross revenue projections, including without limitation the following:

a) A description of the type of marihuana business proposed:

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

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 marihuana business 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 marihuana businesses owned or operated by applicant in Michigan and other states.

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

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

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

3. Does the applicant currently own any real property in the City of Mount Clemens? 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 _____

4. Has the applicant had any code violations issued for any property in Mount Clemens? Yes No

- If yes, explain: _____

5. 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, restricted, suspended, revoked, or not renewed? Yes No

- If yes, explain: _____

6. 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

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

8. Provide the sources of applicant's capitalization to build, operate, and maintain the proposed marijuana business: _____

Total Amount: \$ _____

9. Has the applicant ever been criminally convicted? Yes No
▪ If yes, state the nature of the charges, when and jurisdiction in which it occurred : _____

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

11. 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:

12. Provide a preliminary 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 marijuana business and the surrounding area that identifies the location of the facility in accordance with the zoning requirements as set forth in the marijuana business ordinance:

13. Is the applicant applying for a grow facility permit? Yes No
▪ If yes, specify in detail how the applicant intends to grow the marijuana (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.***

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							

Marihuana Business Permit Application Checklist

1. Fully completed *Application for Marihuana Business Permit*.
2. Non-refundable permit application fee/renewal fee of \$5,000.
3. Copy of the official paperwork issued by the State of Michigan indicating the applicant has successfully completed the pre-qualification step of the application for a State of Michigan Operating License, if any.
4. Copy of all documents, if any, submitted to the State of Michigan 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, officer, and stakeholder, including any person having 10% or greater beneficial interest in the proposed marihuana establishment.
5. Documentation verifying applicant's type of business entity (e.g., 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 marihuana business 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, managers, and persons having a 10% or greater interest in the marihuana business.
9. Preliminary site plan.
10. Business and operations 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.*

Instructions for Submission of New or Renewal Application

- The Application for Marihuana Business Permit must be completed in full and accompanied by the required attachments. The Application and all documentation shall be submitted to the city clerk's office in a sealed envelope. **The initial application period is Monday, January 30, 2023, at 8:00 a.m. until Friday, February 3, 2023.** Applicants will line up outside of the front of the Municipal Building and be escorted by staff inside when it is their turn to enter. Only one applicant may enter the building to submit materials at a time.
- Renewal applications of existing permits must be submitted to the city clerk's office no later than 45 days prior to permit expiration date.

Acknowledgement

I, on behalf of myself and other persons included in this application, acknowledge that if the marihuana business permit is granted, it is applicant's responsibility and the responsibility of applicant's agents and employees to comply with the provisions of state law and the City of Mount Clemens Marihuana Business Ordinance 24.110, et. seq, Mount Clemens Zoning Ordinance, and all other city ordinances. 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 _____.)

I, on behalf of myself and other persons included in this application, grant authorization for the City of Mount Clemens, 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 Macomb 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.

I, on behalf of myself and any other persons included in the application, agree to be bound by the indemnification provisions found within the City of Mount Clemens Marihuana Business Ordinance 24.110, and acknowledge that by accepting a permit issued pursuant to the ordinance, we agree to indemnify, defend and hold harmless the City of Mount Clemens, its officers, elected and appointed officials, employees, and insurers, against all liability, claims or demands arising out of, or in connection to, our operation of a marihuana business in the City of Mount Clemens.

I, on behalf of myself and any other persons included in this application, acknowledge that any marihuana business that we operate in the City of Mount Clemens shall at all times maintain in full force and effect insurance or bonds in an amount and coverage type required by Michigan Regulation and Taxation of Marihuana Act and its corresponding administrative/emergency rules.

I, on behalf of myself and any other persons included in the application, hereby certify that all operations of the proposed marihuana business comply with Mount Clemens Ordinance 24.110 and the Michigan Regulation and Taxation of Marihuana Act and its corresponding administrative/emergency rules.

I, on behalf of myself and any other persons included in this application, authorize the City of Mount Clemens to conduct a criminal background check on the applicant, any supplemental applicant, employee of the applicant and any stakeholders, officers, directors, partners, and managers of the marihuana business.

I, on behalf of myself and other persons included in this application, hereby certify under the penalty of perjury that the statements made in this application, including all attachments hereto, are true. I further certify that I am an officer, director, or managerial employee of the applicant or a person who holds a direct or indirect ownership interest in the applicant, and I have the authority to sign this application on behalf of the applicant and the other persons included herein.

Authorized Applicant's Signature: _____

Printed Name: _____ **Title:** _____

Witnessed by: _____ **Date:** _____

Addendum

Use the following addendum if additional space is required to complete one or more of the previous sections. If used, please label the information below with the section to which it refers.

SECTION:	