



# City of Mount Clemens

One Crocker Blvd.  
Mount Clemens, MI 48043

## 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
- 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 # \_\_\_\_\_

### **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     |   |

### **Applicant Type:**

**\*State of Michigan Certificate of Good Standing Required**

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

## Section A

### Marihuana Business Information:

Name of Operation:	Contact:
Facility Address:	
Mailing Address:	
Phone Number:	Email Address:

## 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.

<b>Primary Contact</b>	Name:	Residential Address:		
<b>Additional Contact</b>	Email Address:	Phone Number:	Position:	DOB:
<b>Additional Contact</b>	Name:	Residential Address:		
<b>Additional Contact</b>	Email Address:	Phone Number:	Position:	DOB:
<b>Additional Contact</b>	Name:	Residential Address:		
<b>Additional Contact</b>	Email Address:	Phone Number:	Position:	DOB:
<b>Additional Contact</b>	Name:	Residential Address:		
<b>Additional Contact</b>	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**  
**Business and Operations Plans**

<b>Applicant must submit the following items:</b>	<b>Office Use Only</b>
1. Completed Application and Permit Fee Payment method: <input type="checkbox"/> check <input type="checkbox"/> cash	
2. Proof of Property Ownership, <i>if changed from initial application.</i> Copy of: <input type="checkbox"/> Deed <input type="checkbox"/> *Lease <input type="checkbox"/> Real Estate Contract <input type="checkbox"/> *If leased, a written statement from the property owner is required authorizing the lessee to use the property for a marihuana business, signed and notarized.	
3. Updated Certificate of Liability Insurance <input type="checkbox"/> <i>Includes name of the insurer, effective date and expiration date, policy number, and names of additional insured which shall include the city, its officials, and employees.</i>	
4. Copy of current marihuana license from the State of Michigan <input type="checkbox"/>	
<b>For items 5 – 14, complete the following and provide any updates to the original application:</b>	
5. Description of the type of marihuana facility <input type="checkbox"/> Updated <input type="checkbox"/> No Changes	
6. Security plan and lighting plan for the marihuana facility <input type="checkbox"/> Updated <input type="checkbox"/> No Changes	
7. HVAC plan/outside odor plan for the marihuana facility <input type="checkbox"/> Updated <input type="checkbox"/> No Changes	
8. Marihuana Facility Plan <input type="checkbox"/> Updated <input type="checkbox"/> No Changes	
9. Floor plan of the facility <input type="checkbox"/> Updated <input type="checkbox"/> No Changes	
10. Scaled conceptual plan <input type="checkbox"/> Updated <input type="checkbox"/> No Changes	
11. Procedural testing of contaminants plan (including mold and pesticides) <input type="checkbox"/> Updated <input type="checkbox"/> No Changes	
12. Listing of all chemical materials and all toxic, flammable materials proposed to be used <input type="checkbox"/> Updated <input type="checkbox"/> No Changes	
13. Marihuana management, disposal and storage plan <input type="checkbox"/> Updated <input type="checkbox"/> No Changes	
14. Grow facility plan: techniques, utilities, security, disposal and indoor storage of chemicals <input type="checkbox"/> Updated <input type="checkbox"/> No Changes	

## **Section D**

### **Compliance and Operating History**

***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.***

1. Does the business, applicant or stakeholder(s) have an interest in any other marihuana facility in the State of Michigan under the Medical Marijuana Facilities Licensing Act or the Adult-Use Act?  
 Yes       No

***If yes, please explain the type of facility, name, and location of the facility:***

2. Has the business, applicant or stakeholder(s) ever applied for or been granted any commercial license or certificate issued by the Cannabis Regulatory Agency or any other jurisdiction concerning marihuana that has been denied, restricted, suspended, revoked, or not renewed?  
 Yes       No

***If yes, please describe the facts and circumstances concerning the application, denial, restriction, suspension, revocation, or nonrenewal, including the licensing authority, the date each action was taken, and the reason for the action:***

3. Has the business, applicant or stakeholder(s) previously violated this article or a substantially similar ordinance in another municipality preceding the date of application?

Yes  No

*If yes, please explain:*

4. Does the applicant or stakeholder(s) have any indictments, charges, arrests, convictions, guilty pleas or nolo contendere to, or forfeited bail concerning a **misdemeanor** involving a controlled substance, theft, dishonesty, or fraud in any state or violations of a local ordinance in any state involving a controlled substance, theft, dishonesty, or fraud that substantially corresponds to a misdemeanor in that state within the past five (5) years preceding the date of the application?

Yes  No

*If yes, please indicate:*

5. Does the applicant or stakeholder(s) have any indictments, charges, arrests, convictions, guilty pleas or nolo contendere to, or forfeited bail concerning, a **felony** under the laws of this state, any other state, or the United States, or a controlled substance-related felony, within the past ten (10) years preceding the date of the application?

Yes  No

*If yes, please indicate:*

6. 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 \_\_\_\_\_

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

a. If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. 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

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

## 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

### Hours of Operation:

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

**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 renewal fee is non-refundable.

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:** \_\_\_\_\_

## **Marihuana Business Permit Renewal Checklist**

1. Fully completed *Renewal Application for Marihuana Business Permit*.
2. Non-refundable permit application fee renewal fee of \$5,000.
3. Copy of State of Michigan Current Operating License
4. Copy of Proof of Property Ownership (*if changed from original application*)
5. 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.
6. Certificate of Good Standing from State of Michigan.
7. If **change** in 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. Certificate of Liability with minimum limits of \$1,000,000.00 per occurrence and a \$2,000,000.00 aggregate limit. The certificate includes disclosure of the limits of each policy, the name of the insurer, the effective date and expiration date of each policy, the policy number and the names of the additional insureds. The policy shall name the City of Mount Clemens and its officials and employees as additional insureds with the following language:

***Additional insured: The City of Mount Clemens, including all elected and appointed officials and employees and all other volunteers working on behalf of the city are named as additional insured and said coverage shall be considered primary coverage rather than any polices and insurance or self-insurance retention owned or maintained by the City of Mount Clemens.***

