

MEDICAL MARIHUANA FACILITY APPLICATION



City of Mt. Pleasant – City Clerk’s Office
 320 W. Broadway Street, Mt. Pleasant, MI 48858
 (989) 779-5361 • Fax: (989) 773-4691 • www.mt-pleasant.org

Please type or print clearly:

| I. APPLICANT INFORMATION* | | | |
|-------------------------------------|-----------------------------------|--------|------|
| Applicant Name: | Doing Business As: | | |
| Applicant Date of Birth: | Applicant Social Security Number: | | |
| Applicant Residential Address: | City: | State: | Zip: |
| Applicant Business Address: | City: | State: | Zip: |
| Telephone Number: | E-mail Address: | | |
| Emergency Contact Telephone Number: | | | |

**If the applicant is not an individual, the above information must be provided for each stakeholder of the applicant entity on an attached sheet. Section I above must be completed for the HIGHEST RANKING REPRESENTATIVE of the applicant entity.*

| II. FACILITY TYPE |
|--|
| <i>A separate application and fees must be submitted for each facility type and location.</i> |
| <input type="checkbox"/> Provisioning Center <input type="checkbox"/> Processor <input type="checkbox"/> Secure Transporter <input type="checkbox"/> Safety Compliance <input type="checkbox"/> Grower – Class A <input type="checkbox"/> Grower – Class B <input type="checkbox"/> Grower – Class C – Number of Class C licenses to be used at this location: ____ |

| III. FACILITY LOCATION | | | |
|--|-----------------------|--------------------------|------|
| Property Address: | Zoning District: | Parcel ID Number: 17- | |
| Legal Description (available from deed, City Assessor’s Office, or City website – can be provided on separate sheet): | | | |
| Property Status: | | | |
| <input type="checkbox"/> Owned <input type="checkbox"/> Leasing <input type="checkbox"/> Option <input type="checkbox"/> Land Contract | | | |
| Owner Name (if different than applicant): | | | |
| Owner Mailing Address: | City: | State: | Zip: |
| Owner Telephone Number: | Owner E-mail Address: | | |

| IV. PERSON COMPLETING APPLICATION (if different than applicant) | | | |
|---|-----------------------------|--------|------|
| Name: | Affiliation with Applicant: | | |
| Mailing Address: | City: | State: | Zip: |
| Telephone Number: | E-mail Address: | | |

| V. APPLICATION MATERIALS |
|---|
| <p>The following is a checklist of items that must be submitted with applications for Medical Marihuana Facilities. Incomplete applications will not be processed. <i>Electronic media is preferred for all documents.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Completed application form <input type="checkbox"/> Application fee (\$200) <input type="checkbox"/> Annual administrative fee (\$5,000 per license) <input type="checkbox"/> A copy of a valid, unexpired driver's license or state issued identification card for all owners, directors, and officers of the proposed facility <input type="checkbox"/> A copy of articles of incorporation or organization <input type="checkbox"/> A copy of assumed name registration <input type="checkbox"/> A copy of Internal Revenue Service EIN confirmation letter <input type="checkbox"/> A copy of the operating agreement of the applicant, if a limited liability company; the partnership agreement, if a partnership; names and addresses of the beneficiaries, if a trust; or the bylaws or shareholder agreement, if a corporation <input type="checkbox"/> A complete list of all marihuana permits and licenses held by the applicant <input type="checkbox"/> A location area map of the marihuana facility and surrounding area that identifies the relative locations and the distances (closest property line to the subject marihuana facility's building) to the closest real property comprising a public or private elementary, vocational or secondary school <input type="checkbox"/> A copy of all documents submitted by the applicant to LARA in connection with the application for a state operating license under the MMFLA (including documents submitted for prequalification); <input type="checkbox"/> A copy of all documents submitted by the applicant to LARA in connection with the application for a state operating license under the MRTMA, if applicable; <input type="checkbox"/> A copy of all documents issued by LARA indicating that the applicant has been prequalified for a state operating license under the MMFLA; and <input type="checkbox"/> Any other information reasonably requested by the city relevant to the processing or consideration of the application. |

VI. CERTIFICATION

I, the undersigned, have the authority to sign this Application on behalf of the above-named entity. I have read all of the above answers and they are true and correct. The entity agrees to comply with all terms and conditions of a license as it may be issued. I consent to the City of Mt. Pleasant having the ability to inspect the facility at any time during normal business hours to ensure compliance with applicable laws and regulations.

Signature: _____

Date: _____

VII. PROPERTY OWNER AUTHORIZATION

If the applicant is anyone other than the property owner, the property owner hereby grants permission for the applicant to act on his/her behalf. (Authorization may be submitted via a separate signed letter)

Signature: _____

Date: _____

OFFICE USE ONLY

Application # MM- ___ - ___ - ___

Application received by City Clerk's Office

Date and Time: _____

Staff Signature: _____

Conditional Authorization Issued by City Clerk's Office

Date and Time: _____

Staff Signature: _____

Final Authorization Issued by City Clerk's Office

Date and Time: _____

Staff Signature: _____

Final Authorization Checklist

Within 90 days of Conditional Authorization date above:

Applicant submits application for Special Use Permit to the Planning Commission

Within 12 months of Conditional Authorization date above:

Applicant obtains Special Use Permit approval from the Planning Commission

Within 18 months of Conditional Authorization date above:

Applicant obtains state operating license from LARA