Medical & Adult-Use Marihuana Renewal Application Packet

City of Manistee
70 Maple Street
Manistee, MI 49660

$5000 Application Fee per License

Submit Application & Fee(s) to:
City Clerk
231-398-2803

Zoning Inquiries:
Community Development Director
231-398-2805

Make your check payable to:
City of Manistee

Application Fees Are Non-Refundable

Application Submission:

- It is required by ordinance to submit your application 30 days prior to the license expiration date.
- A minimum of 30 days is needed for processing and renewal inspections.
- Attestations for medical renewals will be prepared after renewal inspections are completed.

City Website:
www.manisteemi.gov

Business Registration Ordinance:
Chapter 850

Marihuana Ordinance:

Medical - Chapter 866
Recreational - Chapter 867

- Submit the fully completed paper copy & digital pdf file with your application fee. Processing will not start until all items have been submitted.
- Submit all original documents with live signatures. DocuSign is not accepted.
- See License Renewal Application Requirements on page (8) for requirement details.
- Allow 30 days for processing and to conduct renewal inspections.

REQUIRED FOR ALL LICENSE TYPES:

A. Application Forms to Submit:

- ☐ Facility, Applicant & Contact Information Form
- ☐ Ownership Interest Information Form
- ☐ License Renewal Question Page
- ☐ Renewal Application Affirmation of Licensee
- ☐ Required for all persons & spouses with ≥10% ownership interest:
  - ☐ Oath of Application
  - ☐ Notarized License Renewal Application Affidavit
  - ☐ License Renewal Application Declaration

B. Supporting Documents and Materials to Provide:

- ☐ Current Photo ID - Applicant(s) & Managerial Employees
- ☐ Current organizational chart - include position description and names of each person holding each position
- ☐ Current ICHAT for Applicant, Stakeholders, and Managerial Employees
- ☐ If applicable - Copy of new property deed or lease
- ☐ If applicable – Revised Marihuana Establishment Plan

THE CITY OF manistee MICHIGAN

License Renewal Application

Medical & Recreational Adult-Use Marihuana Renewal

1:

For Staff Use Only:	Date Received by Clerk: _____	Received by / Date Stamp
	Total # of Licenses: Total Received: $	

Facility, Applicant & Contact Information

1. Facility Location – Include any unit or suite number:	
Physical Street Address:	Zip Code:

2. License Information – Select license type(s) and provide CITY license numbers & expiration dates that need to be renewed.

Medical Marihuana - $5000 per license		Adult-Use Recreational Marihuana - $5000 per license			
(1) Exp Date:	(2) Exp Date:	(1) Exp Date:	(2) Exp Date:	(3) Exp Date:	(4) Exp Date:
City License #:	City License #:	City License #	City License #:	City License #:	City License #:

Select License(s)	QTY	Select License(s)	QTY		
☐ Grower – Class A	_____	☐ Grower – Class A	_____	☐ Safety Compliance Facility	
☐ Grower – Class B	_____	☐ Grower – Class B	_____	☐ Secure Transporter	
☐ Grower – Class C	_____	☐ Grower – Class C	_____		
☐ Processor		☐ Microbusiness	_____		
☐ Provisioning Center		☐ Retailer			
☐ Safety Compliance Facility		☐ Processor		Please Note: All license application fees are non-refundable.	
☐ Secure Transporter					

3. Applicant / Business Information:	
Applicant Name (as it appears on official documents):	
Assumed Name (as registered through LARA):	DBA (if applicable):
Mailing Address (street, city, state, zip code):	
Phone #:	Email:

4. Primary Contact – This person will be the designated contact for all communication during the application process:	
Name:	
Address (street, city, state, zip code):	
Phone #:	Email:

5. Authorized Individuals – If applicable, list whom we may discuss the application with (including law firms):		
Name:	Phone #:	Email:
Name:	Phone #:	Email:

Ownership Interest Information

- List *all* those having an ownership interest including holding companies. Refer to page (8) for a complete list of whom must be included. Copy form as needed and attach additional pages as necessary.
- New member packets are required for adding or removing members/owners.

Owner / Member Information – List those having ownership interests of 10% or greater first:				
Name:	Address (street, city, state, zip code):			
Email:	Phone #:	Position:	DOB:	% Ownership
Name of Spouse:	Phone #:	DOB:	List spouse with own ownership interest as a separate owner/member entry.	
Name:	Address (street, city, state, zip code):			
Email:	Phone #:	Position:	DOB:	% Ownership
Name of Spouse:	Phone #:	DOB:	List spouse with own ownership interest as a separate owner/member entry.	
Name:	Address (street, city, state, zip code):			
Email:	Phone #:	Position:	DOB:	% Ownership
Name of Spouse:	Phone #:	DOB:	List spouse with own ownership interest as a separate owner/member entry.	
Name:	Address (street, city, state, zip code):			
Email:	Phone #:	Position:	DOB:	% Ownership
Name of Spouse:	Phone #:	DOB:	List spouse with own ownership interest as a separate owner/member entry.	
Name:	Address (street, city, state, zip code):			
Email:	Phone #:	Position:	DOB:	% Ownership
Name of Spouse:	Phone #:	DOB:	List spouse with own ownership interest as a separate owner/member entry.	
Name:	Address (street, city, state, zip code):			
Email:	Phone #:	Position:	DOB:	% Ownership
Name of Spouse:	Phone #:	DOB:	List spouse with own ownership interest as a separate owner/member entry.	

Renewal Application Affirmation of Licensee

I, _____ (printed name), as the licensee or as an authorized agent, owner, officer, or manager for the licensee, declare under the penalty of perjury and under penalty for offering a false instrument for recording that this entire application, statements, and attachments are true, correct, and complete to the best of my knowledge. I further declare ad consent that:

Affirmation of Licensee / Read & Initial the Following:	
1. This statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Medical/Adult-Use Recreational Marihuana business license by the City of Manistee	Initial Here: ⇩
2. I am aware that later discovery of an omission or misrepresentation made may be grounds for the denial of a Medical/Adult-Use Recreational Marihuana business license application or revocation of the license, or jeopardize any future business license, as such falsehood or omission constitutes evidence regarding that character of the applicant.	Initial Here: ⇩
3. I consent to any background investigation necessary to determine my present and continuing suitability pursuant to City of Manistee Codified Ordinance , State and City Medical/Adult-Use Recreational Marihuana Code and rules and Regulations and that this consent continues as long as I hold a Medical/Adult-Use Recreational Marihuana business license.	Initial Here: ⇩
4. I understand that the Medical/Adult-Use Recreational Marihuana business must maintain legal possession of the licensed premises at all times.	Initial Here: ⇩
5. I understand that I must apply with the City Clerk and Planning Dept. for any proposed changes to the information provided in this application as required pursuant to State and City Medical/Adult-Use Recreational Marihuana Code and Rules and Regulations.	Initial Here: ⇩
6. I understand that the Medical/Adult-Use Recreational Marihuana business must be in and maintain compliance with all applicable regulations by other governmental agencies including, but not limited to, Health, Sales Tax, Zoning, Land Use, Building, and Fire Code.	Initial Here: ⇩
7. I understand that the entire location premises shall be subject to inspection by relevant authorities during all operational hours and other times of apparent activity.	Initial Here: ⇩
8. I understand that the City Clerk's office may request other relevant information from me in connection with this application. Failure to provide the requested information may result in denial of this application.	Initial Here: ⇩
9. I hereby state that I have read Chapter 850 of the City of Manistee Codified Ordinance regarding general business registration and Chapters 866/867 Medical/Adult-Use Recreational Marihuana business licensing and understand the contents thereof.	Initial Here: ⇩
10. I understand that any Medical/Adult-Use Recreational Marihuana business license issued is conditional and must be annually renewed no less than thirty (30) days prior to the expiration date, unless earlier revoked or surrendered.	Initial Here: ⇩
11. I understand that this renewal application is for the licenses issued and held with the City of Manistee and I will make separate, timely application for renewal with the Cannabis Regulatory Agency for licenses issued and held with the State of Michigan.	Initial Here: ⇩

I have read all of the above information and understand my responsibilities as a Medical/Adult-Use Recreational Marihuana applicant, licensee, or manager. I further understand that failure to comply with any law, regulation, or the provisions of this affirmation may be grounds for disciplinary action including, but not limited to, the suspension or revocation of the license or other criminal or administrative penalties.

Authorized Signature:	Title:	Date:

License Renewal Questions

Please answer the following questions and provide the supporting materials/documents if applicable:

Answer the Following Renewal Questions:	
1. Since the initial or last annual application, have there been any changes in company ownership that have not been reported? *If yes, contact the City immediately and file application for changes.*	☐ YES ☐ NO
2. Since the initial or last annual application, has the applicant made any structural modifications or additions to the facility that changed the footprint or floor plan? *If yes, please provide a brief description and submit the applicable updated drawing(s) illustrating the changes:* *a. site plan* *b. floor plan* *c. external lighting plan of the facility and parking lot (may include on site plan)* _____ _____ _____ _____ _____	☐ YES ☐ NO
3. Does the licensee have legal possession of the premises for which the license renewal application is made?	☐ YES ☐ NO
4. Is the premises owned or leased?	☐ Own ☐ Rent
5. Since the initial or last annual application, have there been any changes in the legal possession of the premises by virtue of ownership, lease renewal, amendment, or other arrangement? *If yes, attach all NEW or UPDATED documentation (i.e.: deed or lease) showing current legal possession for the licensed location.* *If new landlord, provide a new notarized Landlord Affidavit authorizing use of the property for a marihuana facility.*	☐ YES ☐ NO

Oath of Application

SPECIAL NOTES TO APPLICANT:

Signed form required from each owner(and spouse) having 10% or greater ownership interest.
Computer and/or DocuSign signatures are NOT accepted for live signatures.

- Consistent with the MMFLA, MRTMA and Freedom of Information Act, MCL 15.231 *et seq.* the information provided pursuant to this section relative to licensure is exempt from disclosure.
- All marihuana commercial entities shall obtain all other required permits of licenses related to the operation of the marihuana commercial entity, including, without limitation, any development approvals or building permits required by any applicable code or ordinance.
- If a deficiency is identified in an application, the applicant shall have five (5) business days to correct the deficiency after notification.
- It is the responsibility of the applicant to have read Chapter 850 regarding general business registration and Chapter 866 Medical Marihuana & 867 Recreational Marihuana of the City's Code of Ordinances and understand the contents thereof.

OATH OF APPLICATION

☐ **Applicant (or Spouse of Applicant)**
I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Michigan Marihuana Facilities Licensing Act, Michigan Regulation and Taxation of Marihuana Act and the City of Manistee Ordinances which govern my License.

☐ **Authorized Agent (Individual completing application.)**
I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge.

Signature:	Date:
Printed Name:	Title:

Marihuana License Renewal Application Affidavit

Required from each owner(and spouse) having 10% or greater ownership interest.

_____is a cannabis company seeking to renew a city operating license to continue operating a marihuana facility in Manistee, Michigan.

The undersigned declare under penalty of perjury that the foregoing is true and correct.

1. Neither the applicant nor any Stakeholder of the applicant is in default to Manistee. Specifically, the applicant or Stakeholder of the applicant has not failed to pay any property taxes, special assessments, fines, fees, or other financial obligations to the City.

2. The transfer of Marihuana to and from Marihuana Facilities shall be in compliance with the MMMA, Medical Marihuana Facilities Licensing Act, Michigan Regulation and Taxation of Marihuana Act or other applicable state laws.

3. All operations will be conducted in conformance with MMMA, the Medical Marihuana Facilities Licensing Act, Michigan Regulation and Taxation of Marihuana Act or other applicable State laws. If applicable to the license type, such operations shall not cultivate on the premises at any one time more than the permitted number of Marihuana Plants per the Michigan Medical Marihuana Act, as amended, the Medical Marihuana Facilities Licensing Act and the Michigan Regulation and Taxation of Marihuana Act.

4. I acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Michigan Marihuana Facilities Licensing Act, Michigan Regulation and Taxation of Marihuana Act and the City of Manistee Ordinances which govern my License.

_____ _____
Printed Name & Title Date

_____ _____
Signature _____
Address

_____ _____
Printed Name & Title Date

_____ _____
Signature _____
Address

SUBSCRIBED and SWORN before me
this _____ day of _____, 20_____

Notary Stamp:

_____
Printed name of Notary Public

_____
Signature of Notary Public

Marihuana License Renewal Application Declaration

Required from each owner(and spouse) having 10% or greater ownership interest.

1. Since your initial or last annual application, have you filed, or been served with, a complaint or other notice filed with any public body regarding the delinquency in the payment of, or a dispute over the filings concerning the payment of, any tax required under federal, state, or local law?

   ☐ Yes ☐ No

   If yes, please provide a statement describing the facts and circumstances concerning the complaint or notice, including the amount, type of tax, taxing agency, and time periods involved.

2. Since your initial or last annual application, have you been convicted of any crime?

   ☐ Yes ☐ No

   If yes, please include details of the incident, including the date, the name and location of the court, arresting agency, prosecuting agency, the case caption, the docket number, the offense, the disposition, and the location and length of incarceration.

By signing below, I attest that the information provided above is true and correct to the best of my knowledge.

Authorized Signature:	Date:
Printed Name:	Title:

License Renewal Application Requirements

- Submit your application 30 days prior to the license expiration date.
- Allow 30 days for processing and to conduct renewal inspections.
- Attestations for state medical license renewal applications will be prepared after all renewal inspections have been completed.
- Application fees are non-refundable.
- Computer and/or DocuSign signatures are NOT accepted for live signatures.

The applicant shall provide the following information with the application form:

1. Submit names, addresses, dates of birth, business addresses, business telephone numbers. Such information is required for the applicant, and all persons and spouses who are true parties of interest in the marihuana commercial entity that is the subject of the application.

2. Submit forms on pages 1-4 along with all applicable supporting materials/documents.

3. Submit any additional information that the City Clerk reasonably determines to be necessary in connection with the review of the application.

4. Submit the following items for all owners/members (& spouses) with 10% or greater ownership:
   a. Application of Oath with actual live signature.
   b. Original notarized Renewal Application Affidavit page with actual live signature.
   c. Original signed Renewal Application Declaration page with actual live signature.

OFFICE USE ONLY

Department Reviews/Approvals	
Finance:	**Date:**
Taxes:	Water/Sewer/Specials
Zoning:	**Date:**
Ordinance Violations:	
Building:	**Date:**
Code Violations:	
Police:	**Date:**
Violations	
Fire:	**Date:**
Violations	
City Attorney:	**Date:**
Civil Action Pending/Judgement Issued:	
Fines/Costs Owed	

Renewal Approved By City Clerk:
Renewal Date:

*documentation attached if approval not granted