Medical & Adult-Use Marihuana License Application Packet

THE CITY OF manistee MICHIGAN

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

Available License Types:

- Grower (Class A, B, C)
- Microbusiness
- Processor
- Provisioning Center
- Retailer
- Safety Compliance
- Secure Transport

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.
- Submit all original documents with live signatures. DocuSign is not accepted.
- Allow up to 120 days to obtain city approval once application window closes.

REQUIRED FOR ALL LICENSE TYPES:

A. Application Forms to Submit:

- ☐ Facility, Applicant & Contact Information Form
- ☐ Ownership Interest Information Form
- ☐ Application Transfer Affidavit (for Ownership Transfer)
- ☐ Required for all persons & spouses with ≥10% ownership interest:
  - ☐ Copy of driver's license
  - ☐ Oath of Application
  - ☐ Notarized Application Affidavit
  - ☐ Application Declaration
  - ☐ ICHAT Record
  - ☐ Authorization for release of Records

☐ **Supporting Documents and Materials to Provide:**

- ☐ Non-Refundable Application Fee
- ☐ Location Area Map of establishment
- ☐ Copy of the property deed or lease
- ☐ Notarized Landlord Affidavit if leasing
- ☐ Business Plan
- ☐ Current Cert of Good Standing/Articles of Incorporation/Organization
- ☐ Assumed Name and/or DBA documents
- ☐ Copy of Special Use Permit
- ☐ Description/location of all toxic and flammable or regulated materials
- ☐ Odor Control & Ventilation Plan
- ☐ Sanitation Plan for the disposal of unsold marihuana and marihuana products
- ☐ Security Plan

New License or Ownership Transfer
Medical & Adult-Use Marihuana License Application

Received by / Date Stamp

For Staff Use Only: Date Received: _____ Total Received: $ _____

Case Number(s):

Facility, Applicant & Contact Information

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

2. Desired Marihuana License Type(s) – All application fees are NON-REFUNDABLE:

☐ New Application - $5000 application fee per license ☐ New Ownership Transfer - $ 5000 application fee per license

Medical	Adult-Use Recreational	
☐ Grower – Class A (≤500 plants)	☐ Excess Grower	☐ Retailer
☐ Grower – Class B (≤1000 plants)	☐ Grower – Class A (≤100 plants)	☐ Safety Compliance Facility
☐ Grower – Class C (≤1500 plants)	☐ Grower – Class B (≤500 plants)	☐ Secure Transporter
☐ Processor	☐ Grower – Class C (≤2000 plants)	
☐ Provisioning Center	☐ Microbusiness – (≤150 plants)	
☐ Safety Compliance Facility	☐ Processor	
☐ 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.
- All persons listed having an ownership interest of 10% or greater, including spouses, will need to submit a copy of their driver license as well ICHAT record.

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.	

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, a Special Use Permit and 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. Unresolved deficiencies could result in an application being rejected as incomplete. If rejected, a new marihuana license application and application fee would be required.
- It is the responsibility of the applicant to have read Chapter 850 regarding business registration and Chapter 866 Medical Marihuana & 867 Recreational Marihuana of the City's Codified Ordinances and understand the contents thereof.

License Background Information – Attach a separate list for additional licenses held:		
Do you currently own any other marihuana facility/establishment license within Michigan? List each license held, the licensee, and the city in which it is held. ☐ YES ☐ NO		
License Held:	Licensee:	Location:
License Held:	Licensee:	Location:
License Held:	Licensee:	Location:

OATH OF APPLICATION:

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☐ **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 Application Affidavit

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

_____is a cannabis company seeking approval to operate a marihuana facility in the City of 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 the City of 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 Application Declaration

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

1. Have you ever been indicted for, charged with, arrested for, convicted of, pled guilty or nolo contendere to, or forfeited bail concerning any criminal offense under the laws of any jurisdiction? Include either felony or controlled-substance-related misdemeanor, not including traffic violations, regardless of whether the offense has been reversed on appeal or otherwise.

   ☐ 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.

2. Have you ever applied for or been granted any commercial license or certificate issued by a licensing authority in Michigan or any other jurisdiction that has been denied, restricted, suspended, revoked, or not renewed?

   ☐ Yes ☐ No

   If yes, please provide a statement describing 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 each action.

3. Have you ever 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.

4) I acknowledge and consent that the City may conduct a background investigation, including a criminal history check for each true party of interest, and that the City will be entitled to full and complete disclosure of all financial records of the marihuana commercial entity, including records of deposit, withdrawals, balances and loans.

   ☐ Yes ☐ No

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:

City of Manistee / Authorization for Release of Records

For submission to the Manistee Department of Public Safety for background check.

Having made application for a **Medical and/or Adult-Use Marihuana License** with the City of Manistee, Michigan and desiring that they be informed as to my criminal record or lack of criminal record, I hereby authorize the City of Manistee, Michigan, to investigate my history and to have access to any and all information which may relate to my criminal record or lack of criminal records.

I further authorize any person, or entity possessing such information, to furnish such information to the City of Manistee, Michigan.

I also release the City of Manistee, Michigan, and any person or entity providing such information to the City of Manistee, Michigan, from any liability, for damages of any kind, which may result from the release of such information to the City of Manistee, Michigan.

A copy of this authorization shall have the same force as the original.

Please Print		
Name:		
Address:		
City:	State:	Zip Code:
Social Security Number:		
Date of Birth:		
Driver's License:		

Signature: _____ Date: _____

MINIMUM OPERATIONAL STANDARDS FOR ALL MARIHUANA ESTABLISHMENTS

The following minimum standards shall apply to all Marihuana Establishments within the City:

A. Marihuana Establishments shall comply at all times and in all circumstances with the Act, the City of Manistee Code of Ordinance, The City of Manistee Zoning Ordinance, and all applicable Michigan law, and the general rules of the Department of Licensing and Regulatory Affairs, as they may be amended from time to time. It is the responsibility of the owner to be aware of changes in applicable law. The City bears no responsibility for failure of the owner to be unaware of changes in applicable law;

B. Consumption and/or use of marihuana shall be prohibited at the establishment;

C. The establishment shall be open, during regular business hours, to any representative of LARA, state police officer, or City of Manistee Police Officer, and said individual(s) may enter the premises, offices, Establishments, or other places of business of a Licensee, for the following purposes:

1. To inspect and examine all premises of Marihuana Establishments;

2. To inspect, examine, and audit relevant records of the Licensee and, if the Licensee or any employee fails to cooperate with an investigation, impound, seize, assume physical control of, or summarily remove from the premises all books, ledgers, documents, writings, photocopies, correspondence, records, and videotapes, including electronically stored records, money receptacles, or equipment in which the records are stored; and

3. To investigate alleged violations of the Act, this ordinance and applicable Michigan law.

D. The marihuana establishment shall be continuously monitored with a surveillance system that includes security cameras. The video recordings shall be maintained in a secure, off- site location for a period of fourteen (14) days and be available upon request of the City of Manistee Police Department. The storage establishment shall not be used for any other commercial purpose.

E. The marihuana establishment shall secure every entrance to the establishment and only permit those individuals described in this Ordinance or the Act access to the premises.

F. The marihuana establishment shall be maintained and operated so as to comply with all state and local rules, regulations and ordinances. All Marihuana Establishments shall comply with applicable requirements of the Zoning Ordinance, including obtaining and maintaining a Special Use Permit.

G. All marihuana shall be contained within an enclosed, secure area;

H. All necessary building, electrical, plumbing and mechanical permits shall be obtained for any portion of the structure in which electrical wiring, lighting and/or watering devices that support the Grower, growing or harvesting of marihuana are located;

I. All persons working in direct contact with marihuana shall conform to acceptable hygienic practices while on duty, including, but not limited to:

1. Maintaining adequate personal cleanliness;

2. Washing hands thoroughly in adequate hand-washing areas before starting work and at any other time when their hands may have become soiled or contaminated; and

3. Refraining from having direct contact with marihuana if the person has or may have an illness, open lesion, including boils, sores or infected wounds, or any other abnormal source of microbial contamination, until the condition is corrected.

J. Litter and waste shall be properly removed and the operating systems for waste disposal shall be maintained in an adequate manner so that they do not constitute a source of contamination.

K. Floors, walls and ceilings shall be constructed in such a manner that they may be adequately cleaned and kept clean and in good repair;

L. There shall be adequate screening or other protection against the entry of pests. Rubbish shall be disposed of so as to minimize the development of odor and minimize the potential for the waste development of odor and minimize the potential for waste becoming an attractant, harborage or breeding place for pests;

M. All building fixtures and other Establishments shall be maintained in a sanitary condition;

N. Odor from operations shall be controlled as provided in the Zoning Ordinance and as may be required under the Special Use Permit issued to the Licensee.

GENERAL LICENSE APPLICATION REQUIREMENTS

- Each owner/member (and spouse) with greater than 10% ownership interest shall submit an Oath of Application, notarized Affidavit, and application Declaration form as provided within the application packet.
- Transfer Authorization form included within the packet is only required for an ownership transfer.

A. No person shall operate a marihuana establishment in the City without a valid municipal license issued by the City pursuant to the provisions of this ordinance.

B. No person shall be issued a municipal license by the City without first having obtained from the City of Manistee Planning Commission a Special Use Permit authorizing the operation of the establishment pursuant to the City of Manistee Zoning Ordinance. The City may issue a provisional or conditional municipal license to an applicant in accordance with this ordinance while a Special Use Permit is pending.

C. Every applicant for a municipal license to operate a marihuana establishment shall file an application in the City Clerk's office upon a form provided by the City. The application shall include:

1. The appropriate nonrefundable municipal license application fee in the amount determined by the City;

2. If the applicant is an individual, the applicant's name; date of birth; Social Security number; physical address, including residential and any business address; copy of government-issued photo identification; email address; one or more phone numbers, including emergency contact information;

3. If the applicant is not an individual, the names; dates of birth; physical addresses, including residential and any business address; copy of government-issued photo identifications; email address; and one or more phone numbers of each Stakeholder of the applicant, including designation of the highest ranking representative as an emergency contact person; contact information for the emergency contact person; articles of incorporation or organization; assumed name registration; Internal Revenue Service EIN confirmation letter; copy of the operating agreement of the applicant, if a limited liability company; copy of the partnership agreement, if a partnership; names and addresses of the beneficiaries, if a trust, or a copy of the bylaws or shareholder agreement, if a corporation;

4. The name and address of the proposed marihuana establishment;

5. A copy of the Special Use Permit issued by the City of Manistee Planning Commission. If a Special Use Permit has not been issued but applied for, a copy of the application materials submitted to the City of Manistee Planning Commission. If a Special Use Permit has not been applied for or obtained, a site plan meeting the requirements of Article 22 of the City of Manistee Zoning Ordinance;

6. A location area map of the marihuana establishment and surrounding area that identifies the relative locations and the distances (closest property line to the subject marihuana establishment's building) to the closest real property comprising a public or private elementary, vocational or secondary school;

7. A signed acknowledgment that the applicant is aware and understands that all matters related to marihuana growing, cultivation, possession, testing, safety compliance and transporting, are currently subject to state and federal laws, rules and regulations, and that the approval or granting of a municipal license hereunder does not exonerate or exculpate the applicant from abiding by the provisions and requirements and penalties associated with those laws, rules, and regulations, or exposure to any penalties associated therewith; and further, the applicant waives and forever releases any claim, demand, action, legal redress, or recourse against the City, its elected and appointed officials, and its employees and agents for any claims, damages, liabilities, causes of action, damages, or attorney fees that the applicant may incur as a result of the violation by the applicant, its Stakeholders and agents of those laws, rules, and regulations;

8. An estimate of the number and type of jobs that the marihuana establishment is expected to create and the amount and type of compensation expected to be paid for such jobs;

9. A business plan which contains, but is not limited to, the following:

   i. The applicant's experience in operating other similarly permitted or licensed

   ii. businesses and the applicant's general business management experience;

   iii. The proposed ownership structure of the establishment, including percentage ownership of each person or entity;

   iv. A current organizational chart that includes position descriptions and the names of each person holding each position;

   v. Planned tangible capital investment in the City, including if multiple permits are proposed, an explanation of the economic benefits to the City and job creation, if any, to be achieved through the award of such multiple permits, with supporting factual data;

   vi. Expected job creation from the proposed marihuana establishment(s);

   vii. If a Marihuana Grower Establishment is proposed, the number of plants anticipated;

   viii. Financial structure and financing of the proposed marihuana establishment(s); and;

   ix. Community outreach/education plans and strategies.

10. A written description of the training and education that the applicant will provide to all employees, including planned continuing education for existing employees. Further, a written description of the

    method(s) for record retention of all training provided to existing and former employees;

11. 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; and church or religious institution, if recognized as a tax- exempt entity by the City Assessor's Office; and

12. A facility sanitation plan to 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 into the sewerage system is prohibited.

13. Any other information which may be required by the City Clerk or the City of Manistee's Marihuana License Review Committee (MLRC).

14. The City has established a competitive process to select applicants who are best suited to operate in compliance with the Act and Chapter 867 of the City of Manistee Codified Ordinance. When more than one applicant has submitted a completed application by the date established by the City Clerk established under Section 867.04D, the MLRC shall, in addition to evaluating each application under the standards and criteria established by this ordinance score and rank the applications. Please refer to Chapter 867 for scoring criteria.

Ownership Transfer Authorization

Marihuana Provisional Certificate/Operating License

Each current applicant named or person holding an indirect ownership interest in shall be required to complete this form.

Having made application for a Marihuana Provisional Certificate/Operating License with the City of Manistee, Michigan and desiring to transfer that certificate/license issued by the City, I hereby authorize the City of Manistee, Michigan to transfer the certificate/license to the entity listed below.

I authorize the transfer of the following certificate/license #:	License Type:
I authorize the transfer of the above certificate/license to the following entity:	

Transferring Facility Information:	
Assumed Name (as registered through LARA):	DBA (if applicable):
Facility Address:	

Transferring Member/Applicant:		
Name:		
Address:		
City:	State:	Zip Code:
Social Security Number:		
Date of Birth:		
Driver's License:		

Signature: _____ Date: _____