
Medical Marihuana Safety Compliance/Processor/Grower/ Transporter
Application
City of Montrose

Please do not submit this application until you complete a pre-qualification application with Michigan Department of Licensing and Regulatory Affairs.

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| <u>ANNUAL PERMIT APPLICATION FEE:</u> \$5000.00 One Year License Term |
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Establishment Information and Type

Safety Compliance

Processor

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| | | | |
|------------------------------|-------------|-----------------------------------|------------|
| Name of Establishment | | Establishment Phone Number | |
| Establishment Address | City | State | Zip |

Applicant Type

Individual **Corporation** **LLC** **LLP** **Other** _____

I have been a continuous resident of Michigan for two (2) years. MCL 333.27402(2)(g)

Applicant Information

| | | | |
|--------------------------------------|---------------|-------------------------------|------------|
| Applicant Name | | Date of Birth | |
| Phone Number | | Secondary Phone Number | |
| Applicant Address | City | State | Zip |
| Applicant Email Address | | | |
| Emergency Contact Information | | | |
| Name: | | | |
| Address: | | | |
| Phone: | Email: | | |

City of Montrose
139 S. Saginaw Street
Montrose, MI 48457

Stakeholder Information – Corporations, LLCs, LLPs or Other non-individual entities must complete this sheet for every additional Applicant or Stakeholder. You must designate **one** Stakeholder as Emergency Contact. Make additional copies as needed. Transfers and or ownership greater than 25% indicate a new/additional stakeholder.

| | | | |
|--|-------------|-------------------------------|------------|
| Name | | Date of Birth | |
| Phone Number | | Secondary Phone Number | |
| Address | City | State | Zip |
| Email Address | | | |
| Designated Emergency Contact for Applicant? | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |

| | | | |
|--|-------------|-------------------------------|------------|
| Name | | Date of Birth | |
| Phone Number | | Secondary Phone Number | |
| Address | City | State | Zip |
| Email Address | | | |
| Designated Emergency Contact for Applicant? | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |

| | | | |
|--|-------------|-------------------------------|------------|
| Name | | Date of Birth | |
| Phone Number | | Secondary Phone Number | |
| Address | City | State | Zip |
| Email Address | | | |
| Designated Emergency Contact for Applicant? | | | |
| <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |

Operator and employee information – must be completed for every operator and employee. You must also submit a copy of photo identification for each. *Make additional copies as needed.*

| | | | |
|---------------------|-------------|----------------------|------------|
| Name | | Date of Birth | |
| Phone Number | | Email Address | |
| Address | City | State | Zip |

| | | | |
|---------------------|-------------|----------------------|------------|
| Name | | Date of Birth | |
| Phone Number | | Email Address | |
| Address | City | State | Zip |

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| Name | | Date of Birth | |
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| Name | | Date of Birth | |
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|---------------------|-------------|----------------------|------------|
| Name | | Date of Birth | |
| Phone Number | | Email Address | |
| Address | City | State | Zip |

Applicant Checklist

Numbers indicate citation in Medical Marihuana Ordinance. Clearly mark each section.

| Safety Compliance | Transporter | Processor | Grower |
|---|-----------------------|---|-----------------------|
| Completed Application with each item clearly identified | <input type="radio"/> | \$5000 Application Fee | <input type="radio"/> |
| If applicant is an Individual: Copy of applicant's government issued photo ID | <input type="radio"/> | Floor Plan | <input type="radio"/> |
| If applicant is Corporation, LLC, LLP or Other: Organizational documentation | <input type="radio"/> | Proposed text and graphic materials For Exterior of building | <input type="radio"/> |
| Criminal History Authorization Forms for all Stakeholders & Employees | <input type="radio"/> | Location Area Map | <input type="radio"/> |
| Copy of photo identification for all Operators & Employees | <input type="radio"/> | Facility Sanitation Plan | <input type="radio"/> |
| Resumes for Applicant/ Each Stakeholder | <input type="radio"/> | Proof of Surety Bond OR Escrow Account | <input type="radio"/> |
| Patient Education Plan | <input type="radio"/> | Procedures for testing contaminants | <input type="radio"/> |
| Employee Training & Education Plan | <input type="radio"/> | Business License Information Request Form | <input type="radio"/> |
| Proposed Business Plan | <input type="radio"/> | Net Worth & Bank Statements | <input type="radio"/> |
| Proof of Ownership Premises OR Written Property Owner Consent & Copy of Lease | <input type="radio"/> | Estimates of Jobs, Compensation, Annual Budget & Revenue | <input type="radio"/> |
| Security Plan | <input type="radio"/> | Proof of Insurance Policy | <input type="radio"/> |
| | | | <input type="radio"/> |

I affirm that I, the applicant, and each stakeholder and employee is at least 18 years of age and has not been convicted of or pled guilty or no contest to a disqualifying felony.

I affirm that I, the applicant or operator:

have not had a business license revoked or suspended.

or

have had a business license revoked or suspended, explained below:

I acknowledge that I, the applicant, am aware that all matters related to marihuana, growing, cultivation, possession, dispensing, testing, safety compliance, transporting, distribution, and use are currently subject to State and Federal Laws, Rules, and Regulations and that the approval or granting of a license hereunder does not exonerate or exculpate myself, 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 myself, the applicant, waives and forever releases any claim, demand, action, legal redress, or recourse against the City of Montrose, its elected and appointed Officials and its Employees and Agents for any claims, damages, liabilities, causes a result of the violation by myself, the applicant, its Officials, members, partners, shareholders, employees and agent of those laws, rules, and regulations and hereby waives, and assumes the risk of any such claims and damages, and lack of recourse against the City of Montrose, its elected and appointed Officials, employees, attorneys, and agents.

I swear that neither I, the applicant, nor any stakeholder is in default to the City of Montrose for failure to pay any property taxes, special assessments, fines, fees or other financial obligation to the City.

I agree to report any changes to the information required under the Medical Marihuana Facilities Ordinance to the City Clerk within ten (10) business days.

I understand that a grant of a conditional permit by the City of Montrose is contingent upon the grant of a license by the State of Michigan.

I swear that the statements made in this application, including all attachments thereto, are true.

Name _____ Signature _____

Address _____ Date _____

Subscribed & sworn to before me this _____ day of _____ 20_____

Notary Signature _____

Printed Name _____ My Commission Expires _____

Notary Public, _____ County, MI Acting in the County of _____

City of Montrose
139 S. Saginaw Street
Montrose, MI 48457

TO BE COMPLETED BY APPLICANT AND EACH STAKEHOLDER

**City of Montrose
139 S. Saginaw Street
Montrose, MI 48457**

BACKGROUND INFORMATION REQUEST

Name: _____

Home Address: _____
_____ Since _____

Daytime Phone Number: _____

Driver's License #: _____

Date of Birth: _____

Employer/Business Information

Corporate Name: _____

Doing Business As: _____

Address: _____

Business Phone #: _____

Federal Employer Identification #: _____

Do you, or any of these businesses, owe the City money for any reason? Yes _____ No _____

If Yes, for what reason? _____

Name of any other Montrose area business in which your ownership participation exceeds 25% _____

Signature

Date

**City of Montrose
139 S. Saginaw Street
Montrose, MI 48457**

Criminal History Record Check Authorization

As part of the Licensing and permitting process, we need you to complete the background and criminal history record check authorization below. This information must be returned with your application to the Montrose City Clerk's 139 S. Saginaw Street, Montrose, MI 48457. Please call (810) 639-6168 if you have any questions.

**Complete a separate form for each individual subject to background check.
Applicant, stakeholder(s), and all employees must fill out this form.**

Date: _____

I _____ authorize the release of any and all information from any appropriate agency regarding my criminal conviction history to the Montrose City Clerk's Office. I understand that my ethnicity, date of birth, sex and my age will not be made a part of my Application and that none of these four (4) items will be considered in the review of my Permit.

I acknowledge that a complete full background investigation, including, but not, limited to a State Police Criminal Conviction Record Check will be done.

I further understand that the Montrose City Clerk's Office has the right to deny my Permit based upon the results of this investigation.

(Please Print Clearly)

Full Name: _____
First _____ Middle _____ Last _____ Maiden/Other _____

Date of Birth: _____ Sex: _____ Race: _____

Social Security No: _____ Driver's License #: _____

List all names ever used: _____

Signature