



**City of West Branch Application for Marihuana Facilities License**

(CITY OF WEST BRANCH ORDINANCE 22-02)

\_\_\_\_\_ New

\_\_\_\_\_ Renewal (shall be filed at least 90 days prior to the date of license expiration)

\_\_\_\_\_ Amendment

\_\_\_\_\_ Transfer of Fully Licensed Existing Establishment

**Applicant Contact Information**

\_\_\_\_\_  
(First, Middle, Last Name of Contact for this Application) (Title)

\_\_\_\_\_  
(Email address) (Phone)

\_\_\_\_\_  
(Mailing address) (City) (State/Zip)

Description of the individual's role in this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Type of Permit Requested

Check only one – a separate permit application must be completed for each permit type.

- Medical Marihuana Provisioning Center**
- Adult Use Marihuana Retailer**
- Grower**     **Class A**     **Class B**     **Class C**    \_\_\_\_\_ **# of grower licenses**
- Processor**
- Secure Transporter**
- Safety Compliance Facility**

## Facility Location

---

(Business Name)

---

(Physical Address)

(City)

(State/Zip)

---

(Phone)

(Fax)

(Email)

## Facility/License Owner

---

(Facility/License Owner)

---

(Federal Tax Identification Number)

---

(Physical Address)

(City)

(State/Zip)

---

(Phone)

(Fax)

(Email)

**Self – Individual Owner**

**Corporation\***

**LLC\***

**Partnership\***

\*For anything other than “Self,” attached a separate sheet listing all information for directors, officers, members, partners, and individuals.

**Facility or Business Manager**

---

(Name)

---

(Mailing Address) (City) (State/Zip)

---

(Phone) (Fax) (Email)

Are there other facility or business managers?  Yes  No

If Yes, how many? \_\_\_\_\_

Attached a separate sheet listing contact information for all other facility or business managers.

**Property Owner**

---

(Name)

---

(Mailing Address) (City) (State/Zip)

---

(Phone) (Fax) (Email)

**Each person named on the application, including any true party of interest as defined by Michigan law, must fill out the following questions. Please duplicate this as needed (pages 3-4).**

---

(Name)

---

(Mailing Address) (City) (State/Zip)

---

(Phone) (Fax) (Email)

Please list all residential addresses over the past three years (indicate timeframe you resided at each address).

---

---

---

---

Description of individual's role in this application:

---

---

---

Have you had building/code violations or delinquent taxes/utility bills?  Yes  No

---

---

---

Have you ever violated, been accused by a municipality of violating, or been convicted of violating an ordinance similar to the city's ordinances regulating marihuana facilities?

If yes, provide detailed information here:

Yes  No

---

---

---

Have you ever applied for or been granted any commercial license or certificate issued by any governmental agency concerning marihuana that has been denied, restricted, suspended, revoked or not renewed?  Yes  No

If yes, please attach a statement describing the facts and circumstances describing the application, denial, restriction, revocation, or nonrenewal, including the licensing authority, the date each action was taken and the reason for each action.

---

---

---

Do you have any interest in any other application for a permit or approved permit under City's ordinances?

If yes, provide relevant information here:

Yes  No

---

---

---

Do you have any interest in any other marihuana facility in Michigan?

If yes, provide relevant information here:

Yes

No

---

---

---

Indicate any businesses you have owned, your occupation, and employer for the 5 years including and immediately preceding this application: (attach additional pages if necessary)

---

---

---

### Attachments

Please attach the following and clearly label each required attachment.

**Attachment A: Application fee and ID.** Submit \$1,500 for all new and renewal applications. Please make check payable to “City of West Branch.” Present a suitable form of identification along with the fee.

**Attachment B: Ownership or Authorization to use Property.** Proof of ownership or authorization to use the property for a marihuana facility. If the applicant is not the owner of the proposed licensed premises:

1. A notarized statement from the owner of such property authorizing the use of the property for a marihuana facility, if the applicant is not the owner of the proposed licensed premises

2. A copy of any deed reflecting the applicant's ownership of, or lease reflecting the right of the applicant to possess, or an option reflecting the applicant's right to purchase or lease, the proposed licensed premises.

*Please note that the City of West Branch Zoning Ordinance requires marihuana facilities and establishments to be a distance of at least 300 feet to any building used for education, child care, or addiction treatment purposes or a park. This measurement shall be the distance from any building in which the facility or establishment is operating and an eligible building on another lot or to the lot line of a park.*

**Attachment C: Prequalification.** Proof of prequalification by the State of Michigan for a marihuana facility state license including a copy of the application form submitted to LARA for prequalification (attachments are not required).

**Attachments D, E, F, and G are for Provisioning Centers/Retailers only. All other facilities should proceed to attachment H.**

**Attachment D: Qualifications of Applicant.** Please include the following:

- 1. Detailed description of the applicant’s experience with owning (51% or more), operating, and/or managing a business with inventory tracking and control with a minimum of one year of experience.
- 2. Detailed description of the applicant’s experience with owning (51% or more), operating, and/or managing a business in a highly regulated industry (minimum of 1 year). Highly regulated means subject to regulations by LARA or a similarly regulated agency (state or federal).

**Attachment E: Business Plan.** Please include the following:

- 1. Detailed description of estimated capital investment (defined as a fixed asset which is purchased for long-term use and not likely to be converted quickly into cash – such as land, buildings, and equipment).
- 2. Business plan with daily operations schedule.
- 3. Proposed staffing plan, complete with descriptions of job duties, proposed wages, and employee qualifications/hiring criteria
- 4. Documented employee policy book and code of ethics to ensure honesty and integrity of employees.
- 5. Sworn attestation that the Applicant and/or parties with 25% or more interest in the company have not been subject to any civil monetary judgements entered against it in the last 7 years, excluding family law matters or estate disputes.
- 6. Sworn attestation that the Applicant and/or parties with 25% or more interest in the company have not filed bankruptcy within the last 7 years.

**Attachment F: Security Plan.** Please include the following:

- 1. Detailed description of plan to deter and prevent unauthorized entrance into the facility.
- 2. Detailed description of plan to deter and prevent theft and diversion.

- 3. Detailed description of plan for 24/7 video surveillance inside and outside of facility. Plan shall include a security system that alerts owner of possible tampering with facility/contents.
- 4. Detailed description of plan for secure storage of marihuana and proceeds.
- 5. Detailed description of plan for record keeping and inventory management.
- 6. Provide copies of material safety data sheets for hazardous materials and the plan for storage and disposal (or a sworn attestation that no hazardous materials will be on the premises at any time).

**Attachment G: Economic Impact.** Please include the following:

- 1. Description of employee hourly wages which shall be at least 200% of the Federal Poverty Level for a family of two, at its hourly basis for all employees.
- 2. Description of employee benefit package.

**Attachment H: Plans for Planning Commission Review.** Please include the following:

- 1. Site Plan (for Special Land Use approval by the Planning Commission). Site plan shall contain all items listed in Section 5.5 (Site Plan Data Required) and Section 6.2 (Special Use Applications) from City of West Branch Zoning Ordinance in addition to the following:
  - Site Plan should show public, private, and secured areas.
  - For growers, the site plan must also show secured areas and any type of outdoor storage.
- 2. Other Plans:
  - a. **Growers** shall provide the following (if applicable):
    - (1) Cultivation Plan
    - (2) Wastewater Plan & Disposal Plan
    - (3) Mold/Mildew/Pest Control Plan
    - (4) Air Quality Plan
    - (5) Mechanical Plan
    - (6) Electrical Plan (as prepared by a licensed electrician and a certification that the premises are equipped to safely accept and utilize the required or anticipated electric load for the facility)
  - b. **Processors** shall provide the following (if applicable):
    - (1) A detailed description of products to be produced including
    - (2) Plant Waste Disposal Plan

- (3) Wastewater Plan
- (4) Mechanical Plan

- c. **Provisioning Centers/Marihuana Retailers** shall provide the following (if applicable):
  - (1) Description of products and services to be provided
  - (2) Plant Waste Disposal Plan.

I, the undersigned, have the authority to sign this application on behalf of \_\_\_\_\_ (“the Facility or Company”). I have read all of the above answers, including all sheets and information provided in connection with this application and they are true and correct. The Facility agrees to comply with all terms and conditions of a permit as it may be issued. Finally, I understand that the Facility has a continuing duty to provide the City of West Branch with current information and will notify the City Clerk in writing of any changes to the Facility’s mailing address, phone numbers, electronic mail address or other contact information as well as changes to any other information the applicant has provided to the City as part of the permit application within ten (10) days of any such change occurring. I acknowledge that the City of West Branch may be required from time to time to release records in its possession. The applicant hereby gives permission to the City of West Branch to release any records or materials received by the City from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business: \_\_\_\_\_

Submit application to:

**West Branch City Clerk**  
121 N. Fourth St.  
West Branch, MI 48661  
Phone: (989) 345-0500  
Fax: (989) 345-4390  
clerk@westbranch.com

***False information included on this application shall be a basis for the City of West Branch to deny the application.***



### Checklist for Application

- 1. **Signed application form**
- 2. **Attachment A** (Application Fee and Identification)
- 3. **Attachment B** (Ownership or Authorization to use Property)
- 4. **Attachment C** (Prequalification)
- 5. **Attachment D** (Qualifications of Applicant) – RETAILERS/PROVISIONING CENTERS ONLY
- 6. **Attachment E** (Business Plan) – RETAILERS/PROVISIONING CENTERS ONLY
- 7. **Attachment F** (Security Plan) – RETAILERS/PROVISIONING CENTERS ONLY
- 8. **Attachment G** (Economic Impact) – RETAILERS/PROVISIONING CENTERS ONLY
- 9. **Attachment H** (Plans)

### Checklist for License

After application has been approved, the following shall be submitted to the City Clerk prior to the issuance of a Marihuana Facilities License:

- 1. **Licensing Fee.** A licensing fee of \$5,000 shall be paid. Applicant will be credited \$1,500 which was paid at the time of application, so final payment is equal to \$3,500.
- 2. **Proof of Insurance.** A licensee shall at all times maintain full force and effect for duration of the license, workers compensation as required by State law, and general liability insurance with minimum limits of \$1,000,000 per occurrence and a \$2,000,000 aggregate limit issued from a company licensed to do business in Michigan having an AM Best rating of at least A-. The policy shall name the City of West Branch and its officials and employees as additional insureds to the limits required by this Section. A licensee or its insurance broker shall notify the city of any cancellation or reduction in coverage within seven (7) days of receipt of insurer's notification to that effect. The licensee, permittee, or lessee shall forthwith obtain and submit proof of substitute insurance to the City Clerk within five (5) business days in the event of expiration or cancellation of coverage.
- 3. **Certificate of Occupancy.** A Certificate of Occupancy issued by the Ogemaw County Building Department.
- 4. **State License.** A copy of Marihuana licensed issue issued by the State of Michigan Department of Licensing and Regulatory Affairs.
- 5. **Other.** Any other information that the City Clerk, law enforcement, Fire Chief, Public Works Supervisor, Zoning Administrator, City Manager, and/or City Attorney or their designees reasonably determines to be necessary in connection with the investigation and review of the application.