



City of Burton
Department of Public Works
4093 Manor Drive, Burton, MI 48519
(810) 742-9230

DATE FILED: _____

FEE: \$50.00 _____

Adult Use Marijuana Establishment License Application

Property Address: _____ Parcel ID#: _____

Zoning of the Property: _____

Business Owner: *Name _____

Address _____

City, State, Zip _____

Phone _____ Cell _____

Fax _____ Email _____

*Name must be the same as listed on the State of Michigan approval

Property Owner (if different from above):

Name _____ Phone _____

Address _____ City, State, Zip _____

Type of facility: Only circle one, if permitted for co-location each facility will require a separate license.
Co-location is not permitted for safety compliance or secure transporter facilities.

- | | | | |
|--------------------------|---------------------------|---|----------------------|
| Retailer | Grower | Processor | Microbusiness |
| Safety Compliance | Secure Transporter | Designated Consumption Establishment | |

I have reviewed the locational limitations listed in the Zoning Ordinance and I believe that the property listed above meets the locational limitations as required. I also understand that applications are considered on a first come basis for purpose of required locational limitations. Consideration is only taken when the complete application is submitted to the City of Burton and any required fees are paid in full. Application for a State operating license does not secure any position for locational limitations.

Signature Date

Office use only – Locational Limitation Review

Initial Review Date: _____ Zoning District: _____ Use: _____

Meets the required locational limitations.

Denied, does not meets the required locational limitations: _____

City of Burton Official Date: _____

Operation information

Hours of operation:

Mon: ___ a.m. to ___ p.m. Tues: ___ a.m. to ___ p.m. Wed: ___ a.m. to ___ p.m.

Thur: ___ a.m. to ___ p.m. Fri: ___ a.m. to ___ p.m. Sat: ___ a.m. to ___ p.m. Sun: ___ a.m. to ___ p.m.

Checklist, initial to verify acceptance of the following:

_____ Shall comply at all times with each and every provision of the State of Michigan, Michigan Regulation and Taxation of Marihuana Act (MRTMA)

_____ Any permitted activities conducted will be done inside a fully enclosed structure or building that is kept secured with locks to prevent unintended or uninvited access

_____ Persons under the age of twenty one (21) years of age are not permitted to be on the property of any marijuana establishments unless they possess a valid Medical Marijuana Registry Card issued by the State of Michigan or other state and the marijuana establishments is co-located with an approved medical marijuana transaction facility.

_____ Advertising and/or marketing for a commercial medical marijuana transaction facility, viewed from the exterior, shall not appeal to or have the effect of appealing to minors, this shall include but is not limited to signage, flyers, banners, etc. as permitted in Chapter 153.10 of the City Code of Ordinances

_____ Any owners and/or operators of any marijuana establishments who violates these sections shall be liable for all costs associated with the investigation, prosecution and enforcement of that violation.

_____ Unless otherwise permitted through co-location with another commercial medical marijuana transaction facility and/or marijuana establishment, no license will be approved on a property that has any other approved uses.

Are hazardous materials stored on site? Yes No

If yes,

Type of materials

Exact location where materials are stored

BUSINESS EMERGENCY CONTACT INFORMATION:

Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

I have **attached** the following information as required: (initial or reply N/A for items that do not apply to your use)

1. Security system details which shall include, at the minimum, audible and silent alarms and video surveillance cameras. _____
2. Details regarding the building electrical system, power demands of specialized lighting and other necessary equipment, and method proposed to prevent excessive heat build-up and risk of fire within the building. ____ Or _____
3. Ventilation equipment details, including fresh air intake and filtration of exhaust air to prevent offensive odors from leaving the site. _____ Or _____
4. Proposed methods for controlling insects within the building and preventing insects from becoming a nuisance or health hazard, off the site. _____ Or _____
5. A description of the operation in sufficient detail that would be lawful and fully compliant with applicable sections of the City of Burton Zoning Ordinance, the State of Michigan Building Code, International Fire Codes (IFC) National Fire protection agency (NSPA), City of Burton fire prevention ordinance, and the State of Michigan, Michigan Regulation and Taxation of Marihuana Act (MRTMA). _____

Office use only – Operation Information Review

Hours of operation: Approved Denied _____

Application is complete: Approved Denied _____

City of Burton Official

Date: _____

License Information:

Checklist, initial to verify acceptance of the following:

_____ If the application is approved, and within 30 days, the applicant must then submit any further documentation necessary to receive a certificate of occupancy which shall include but is not limited to building permits, inspections, and audits as deemed necessary by the Department of Public Works. At this time the applicant must also pay an annual, nonrefundable license fee of \$5,000.00.

_____ Annual renewal of the application is required. As summarized below:

- The application must be received by the City on or before 1-year from the date in which the licensed was approved.
- It is the sole responsibility of the applicant to apply for renewal prior to the expiration.
- Failure to renew 30 days from date notice mailed will revoke the facilities certificate of occupancy and require any future application to be considered new.

_____ All applicants must provide a copy of the State of Michigan approved operating license before certificate of occupancy can be issued.

I hereby certify that the proposed use is authorized by the owner of record and that I have been authorized by the owner to make this application. I agree the statements made on the attached application are true, and if found not to be true, any license that may be issued may be void. Further, I agree to comply with the conditions and regulations provided with any license that may be issued. Further, I agree to give permission to officials of the City of Burton to enter the property subject to this license for the purposes of inspections. Finally, I understand this is a license application (not a license) and that a license, if issued, conveys only uses to be completed as shown, and does not include any representation or conveyance of rights in any other manner.

Signature

Date

Office use only – License Review

SPR Number: _____ Issue Date: _____ License Fee: \$5,000.00

Special Use Date: _____ Renewal Required Date: _____

Use: **Retailer** **Grower** **Processor** **Microbusiness**
 Secure Transport **Safety Testing Facility**

Approved by City of Burton Official

Date: _____