



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

DATE FILED: _____

FEE: \$4,000.00

Adult Use Marijuana Establishment License Renewal 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

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 | |

Initial for items that apply to your facility _____

I have received my State of Michigan Operating License and have attached it for your records. _____

I have not received my State of Michigan Operating License, but I have applied to the State. _____
.....

There have been no changes from the original application. _____

Please find attached the changes to the facility. _____

If no changes since original application, you may skip to the end and verify with signature. If there is a change of ownership, you must submit a new application.

Operation information, if changes

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). _____

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.

Signature

Date

Approved by City of Burton Official

Date