



MARIHUANA FACILITY LICENSE APPLICATION PACKET FOR A PROVISIONING CENTER

All required documentation must be attached prior to application being reviewed.

The City of Lapeer has a four (4) step application process. Review the following check list for documents required with the completed application form:

Step 1: Marihuana Facilities Licensing Application

NOTICE: Application(s) for a Provisioning Center must successfully complete requirements in the “City of Lapeer Policy, Medical Marihuana Provisioning Center Application Process For Issuance Of Provisional Licenses, Merit System Procedure For Allocation Of Limited Provisional Licenses” and submittal of a Supplemental Marihuana Provisioning Center License Application.

Attach additional pages as necessary and provide the required information.

STEP 1A	STEP 1B
<input type="checkbox"/> Application <input type="checkbox"/> Copy of applicant’s valid and current government issued ID. <input type="checkbox"/> Site plan and interior floor plan for the permitted premises and property. <input type="checkbox"/> Attestation A: Applicant’s Acknowledgement, Agreement and Consent <input type="checkbox"/> Attestation B: Applicant’s Verification & Affidavit of Disclosure <input type="checkbox"/> Attestation C: Acknowledgement of Federal Law & Release of Liability	<input type="checkbox"/> Application <input type="checkbox"/> Attach State issued ID. <input type="checkbox"/> If approved by State of Michigan, attach copy of state licensure. <input type="checkbox"/> Attach a copy of the property description. <input type="checkbox"/> Agree to provide access to safety data sheets for nutrients, pesticides and other chemicals proposed for use in the facility. <input type="checkbox"/> If property owned by applicant, attach: <input type="checkbox"/> Proof of ownership. <input type="checkbox"/> Insurance policy. <input type="checkbox"/> If property is not owned by applicant, attach: <input type="checkbox"/> Copy of the lease. <input type="checkbox"/> Written notarized consent from the property owner authorizing the lessee to use the property for Medical Marihuana. <input type="checkbox"/> List all Medical Marihuana Provisioning Centers, facilities/operations by location and dates of operation owned or operated by applicant. <p>PROVIDE THE REQUIRED INFORMATION LABELED AS FOLLOWS:</p> <input type="checkbox"/> Attachment A: Business Ownership Information – attach. <input type="checkbox"/> Ownership structure. <input type="checkbox"/> Organizational chart. <input type="checkbox"/> Ownership interests. <input type="checkbox"/> Detailed business plan, including a valid 3 year pro forma. <input type="checkbox"/> Attachment B: Financial Stability – attach. <input type="checkbox"/> Disclosure and documentation of sources and total amount of capitalization to operate and maintain the provisioning center. <input type="checkbox"/> Evidence of sufficient financial resources. <input type="checkbox"/> Tax returns, both individual and business for the previous 5 years. <input type="checkbox"/> Attachment C: Business Experience – attach. <input type="checkbox"/> Documented business history of applicant and owners. <input type="checkbox"/> Current business ownership information. <input type="checkbox"/> Documentation of other commercial licenses. <input type="checkbox"/> Documentation of medical certifications of owners. <input type="checkbox"/> Business litigation history. <input type="checkbox"/> Regulatory and license compliance history. <input type="checkbox"/> Provide if owner has had a medical marihuana license or other type of license revoked and provide the reason. <input type="checkbox"/> Documented history of applicant or owner at the federal, state and local levels. <input type="checkbox"/> History of complaints, if any, at the local, state and federal levels.

CONTINUED ON PAGE 2

- Attachment D: Business Operations – attach.
 - Job creation plan.
 - Staffing plan.
 - Anticipate employee compensation packages.
 - Plan to hire and maintain employees with integrity.
- Attachment E: Facility Improvements, Maintenance, Use and Security – attach.
 - Information on the planned facility – new, historic, vacant, etc.
 - Investment plans into the property.
 - Parking plan.
 - Proposed building layout.
 - Maintenance plan.
 - Anticipated traffic.
 - Insurance.
 - Waste management plan.
 - Security plan and security system used.
- Attachment F: Community Outreach and Relations – attach.
 - Community outreach plan.

Step 2: Standards to be met for Issuance of Provisional License

None. In-house review checklist.

Step 3: Issuance of Provisional License

None.

Step 4: Issuance of Marihuana Facility License

- Business Registration Form and nonrefundable fee (\$50 new, \$10 annual).
- Building Permits.
- Occupancy Permit.
- Mechanical Permits.
- Plumbing Permits.
- Electrical Permits.
- Copy of applicant's valid and current license issued by the State of Michigan in accordance with the Medical Marihuana Facilities Licensing Act, MCL 333.27101 et seq.
 - Copy of State License to be received no less than 10 days of receiving license at State level.
- Maintaining a valid marihuana facility license by the State of Michigan is a condition for the issuance and maintenance of a marihuana facility license under this Ordinance and continued operation of any marihuana facility.
- Attestation – Acknowledgement of Federal Law and Release of Liability.
- Site plan approval and/or other necessary approved permits per Chapter 7 (Zoning Ordinance) are required before the City Clerk is permitted to issue a license.

The following may also be required through the Planning Department:

- Zoning Permit
- ZBA Variance
- Special Land Use Permit



Office Use: License #: _____
Fee Paid: _____
Received Date: _____
Reviewed Date: _____
Accepted Date: _____

**STEP 1A
MARIHUANA FACILITIES LICENSE APPLICATION
FOR A
PROVISIONING CENTER**

All required documentation must be attached.

NOTICE: Application(s) for a Provisioning Center must successfully complete requirements in the "City of Lapeer Policy, Medical Marihuana Provisioning Center Application Process For Issuance Of Provisional Licenses, Merit System Procedure For Allocation Of Limited Provisional Licenses" and submittal of a Supplemental Medical Marihuana Provisioning Center Application.

NEW (This Application for NEW Provisioning Center only)
All fees must be paid by cash, cashier check or money order.
Fees are nonrefundable.

	LICENSE TYPE	FEE	DESCRIPTION
<input type="checkbox"/>	Provisioning Center	\$5,000 Initial / \$5,000 Renewal	Licensee can sell marihuana to a qualified patient or primary caregiver.

ATTACH ADDITIONAL PAGES AS NECESSARY TO PROVIDE THE REQUIRED INFORMATION.

LICENSEE INFORMATION: Must match State Application.

Applicant Name: _____

Individual Partnership Corporation LLC Other _____

Doing Business As: _____

Mailing Address: _____

Physical Address: _____

Telephone Number: _____ Website Address: _____

Email Address: _____ Fax #: _____

Federal ID#: _____ State ID#: _____

Has the applicant been denied an application for a marihuana facility from any jurisdiction? Yes No
 If yes state when, where and why: _____

Has the applicant had a marihuana facility license suspended or revoked by any jurisdiction? Yes No
 If yes state when, where and why: _____

If yes, what was the next business activity or occupation of the occupant subsequent to such action of suspension or revocation: _____

FACILITY BUSINESS INFORMATION:

Name of Business (DBA): _____

Address Location: _____

Mailing Address (if different from address location): _____

Hours of operation: _____

Number of Employees: _____

Telephone Number: _____ Fax Number: _____

OPERATOR / CONTACT PERSON INFORMATION:

List the individual responsible for day to day operations. City shall be notified within five business days of any change in operator/contact person information.

Name of Operator / Contact Person: _____

Address: _____

Telephone Number: _____

ADDITIONAL INFORMATION REQUIRED:

The following information is required to be attached to the application:

- Attestation A – Applicant’s Acknowledgment, Agreement and Consent.
- Attestation B – Applicant’s Verification & Affidavit of Disclosure.
- Attestation C – Acknowledgement of Federal Law & Release of Liability.
- Copy of applicant’s valid and current government issued ID.
- Site plan and interior floor plan for the permitted premises and property.

By filing this application, I acknowledge I have read the appropriate Ordinance Section, any policy pertaining thereto, and have attached all required information to be attached to this application. In addition, by signing this application I affirm that the information provided is accurate and does not contain material falsehood or misrepresentations and that, if a license is granted, I will abide by all applicable ordinances, statutes, regulations and laws.

Applicant Signature: _____

Date: _____



Office Use: License #:	_____
Fee Paid:	_____
Received Date:	_____
Reviewed Date:	_____
Accepted Date:	_____

STEP 1B SUPPLEMENTAL MARIHUANA PROVISIONING CENTER LICENSE APPLICATION

Is this application being filed in addition to other applications for medical marihuana licensure (i.e., “stacked licenses”)? Yes No

If yes, what kind of medical marihuana licensure? _____

Is the additional application in the City of Lapeer? Yes No

LICENSEE INFORMATION: Must match State Application. *State issued ID attached

Applicant Name: _____

Individual Partnership Corporation LLC Other _____

Doing Business As: _____

Mailing Address: _____

Physical Address: _____

Telephone Number: _____ Website Address: _____

Email Address: _____ Fax #: _____

Federal ID#: _____ State ID#: _____

Has the applicant applied for State of Michigan (SOM) Licensure? Yes No

If yes, has the applicant been approved by the SOM? Yes No Still pending State decision?

If yes, attach a copy of State licensure.

PARTNERSHIP/CORPORATION INFORMATION:

If the owner is NOT an individual, all persons owning 10% or more of the operation must be listed.

Primary Contact	Name: _____		Residential Address: _____		
	Email Address: _____		Phone Number: _____	Position: _____	DOB: _____
Additional Contact	Name: _____		Residential Address: _____		
	Email Address: _____		Phone Number: _____	Position: _____	DOB: _____
Additional Contact	Name: _____		Residential Address: _____		
	Email Address: _____		Phone Number: _____	Position: _____	DOB: _____

Additional Contact	Name:		Residential Address:		
	Email Address:		Phone Number:	Position:	DOB:
Additional Contact	Name:		Residential Address:		
	Email Address:		Phone Number:	Position:	DOB:
Additional Contact	Name:		Residential Address:		
	Email Address:		Phone Number:	Position:	DOB:

PROPERTY INFORMATION

Identify the **Zoning District** of the property: _____

Address of proposed facility/operation: _____.	
Parcel ID #: _____ . Attach a copy of the property description.	
Is structure an existing building? Yes <input type="checkbox"/> No <input type="checkbox"/>	How many square feet? Explain the structure layout:
Renovation of existing building? Yes <input type="checkbox"/> No <input type="checkbox"/>	
New building construction? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> I agree to provide access to safety data sheets for nutrients, pesticides and other chemicals proposed for use in the facility.	

➡ Property is **OWNED** by applicant: Yes No

Date of purchase: _____

***If property is owned, proof of ownership and insurance policy must be attached**

➡ Property **NOT OWNED** by applicant: Yes No

Lease start date: _____ Lease end date: _____

Property owner's name: _____

Property owner's address: _____

Phone: _____ Email: _____

***If property is not owned, the below attachments are required:**

- 1 - Copy of the lease
- 2 - Written notarized consent from the property owner authorizing the lessee to use the property for Medical Marihuana

PROPOSED HOURS OF OPERATION

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Closed							

List all Medical Marihuana Provisioning Centers, facilities/operations by location and dates of operation owned or operated by Applicant.

Check if none

Attach additional pages as necessary and provide the required information labeled as follows:

- Attachment A: Business Ownership Information - Please provide the following:
- Ownership structure;
 - Organizational chart;
 - Ownership interests (All persons owning 10% of more must be identified by Name, Residential Address, Email Address, Phone Number, Position, DOB);
 - A Detailed business plan including a valid 3 year pro forma if available

Attach additional pages as necessary and provide the required information

- Attachment B: Financial Stability – Please provide the following:
- Disclosure and documentation of sources and total amount of capitalization to operate and maintain the provisioning center
 - Evidence of sufficient financial resources
 - Tax returns, both individual and business for the previous 5 years, if available

Attach additional pages as necessary and provide the required information

- Attachment C: Business Experience – Please provide the following:
- Documented business history of applicant and owners
 - Current business ownership information
 - Documentation of other commercial licenses
 - Documentation of medical certifications of owners
 - Business litigation history
 - Regulatory and license compliance history
 - o Provide if an owner has had a medical marihuana license or other type of license revoked and provide the reason
 - o Documented history of applicant or owner at the federal, state and local levels
 - o Provide a history of complaints, if any, at the local, state and federal levels

Attach additional pages as necessary and provide the required information

- Attachment D: Business operations – Please provide the following:
- Job creation plan
 - Staffing Plan
 - Anticipate employee compensation packages
 - Plan to hire and maintain employees with integrity

Attach additional pages as necessary and provide the required information

- Attachment E: Facility Improvements, Maintenance, Use and Security – Please provide the following
- Information on the planned facility – new, historic, vacant, etc.
 - Investment plans into the property
 - Parking plan
 - Proposed building layout
 - Maintenance plan
 - Anticipated traffic
 - Insurance
 - Waste management plan
 - Security plan and security system used

Attach additional pages as necessary and provide the required information

- Attachment F: Community Outreach and Relations – Please provide the following
- Community outreach plan

Attach additional pages as necessary and provide the required information

By filing this application, I acknowledge I have read the appropriate Ordinance Section, any policy pertaining thereto, and have attached all required information to be attached to this application. In addition, by signing this application I affirm that the information provided is accurate and does not contain material falsehood or misrepresentations and that, if a license is granted, I will abide by all applicable ordinances, statutes, regulations and laws.

Applicant Signature:

Date:

Medical Marihuana Provisioning Centers Scoring Criteria			
Description	Criteria	Maximum Points	Earned Points
Business Ownership			
Ownership Structure	Content and Sufficiency of information; Professionalism of submitted documentation including clear labeling of required items.	1	
Organizational Chart Provided		1	
Ownership Interests	At least 1 owner is an honorably discharged military veteran	1	
	At least 1 owner has an advanced medical degree	1	
Detailed Business Plan	Plan must be detailed with at least 3 year valid pro forma included	1	
Total – Business Ownership		5	

Medical Marihuana Provisioning Centers Scoring Criteria			
Description	Criteria	Maximum Points	Earned Points
Financial Stability			
Applicant has disclosed and documented sources and total amount of capitalization to operate and maintain provisioning center of:	At least \$300,000	1	
	At least \$500,000	1	
	At least \$1,000,000	1	
Sufficient Financial Resources	CPA attested financial statements attached	1	
	Applicant, or any owners of Applicant haven't filed for bankruptcy in the last seven (7) years	1	
	Applicant, or any owners of Applicant have not had IRS liens placed upon any financial accounts or property	1	
Tax Return History	Applicant has filed both personal and corporate income tax returns for the past five (5) years	1	
Total – Financial Stability		7	

Medical Marihuana Provisioning Centers Scoring Criteria			
Description	Criteria	Maximum Points	Earned Points
Business Experience			
Documented Business History	Nature and type of prior business, years of operation, etc	1	
Current Business Ownership Documentation	Description of current business ownership,	1	
Business Diversification	Applicant holds other commercial licenses	1	
Medical Certifications	Applicant holds and maintains documented medical certifications or licenses	1	
Compliance History	Applicant has not had a permit or license revoked (including for medical marihuana) by any state or municipality	1	
	Applicant has not engaged in a medical marihuana provisioning center or dispensary in any Michigan municipality prior to December 15, 2017.	1	
	Documented history or regulatory compliance at federal, state, and local levels	1	
	No history of federal, state, or local complaints/incidents	1	
Business Litigation	Applicant has not been involved and is currently not involved in any business litigation	1	
Total – Business Experience		9	

Medical Marihuana Provisioning Centers Scoring Criteria			
Description	Criteria	Maximum Points	Earned Points
Business Operations			
Job Creation	Applicant plans to create three (3) or more full-time jobs	1	
Applicant Describes a Staffing Plan to:	Employ one (1) or more city residents	1	
	Employ the chronically underemployed	1	
	Ensure safe dispensing, adequate security, theft prevention, and maintenance of confidential information	1	
	Provide training and educational opportunities for employees including best practices for patient confidentiality, tracking, fraud etc.	1	
	Requires employees to take cannabis training courses	1	
	Provides equipment, standards, and procedures for safe operation of its facilities and engages employees on best practices	1	
Employee Compensation	Applicant proposes to pay a living wage (at least 200% of the Federal Poverty Level for a family of two (2))	1	
	Applicant describes employing three (3) or more employees at more than \$15/hour	1	
	Applicant describes a plan to offer employee benefits in addition to wages or salary	1	
	Applicant describes a plan to provide employer paid health insurance	1	
Employee Integrity	Applicant has a documented code of ethics and plan to ensure honesty and integrity of employees	1	
Total – Business Operations		12	

Medical Marihuana Provisioning Centers Scoring Criteria			
Description	Criteria	Maximum Points	Earned Points
Facility Improvements, Maintenance, Use and Security			
Structure/Facility	Applicant plans to authentically renovate or rehabilitate a historic structure	1	
	Applicant plans to renovate or rehabilitate vacant structure	1	
	Applicant plans to construct a new structure or facility	1	
Capital Improvement	Applicant proposes facility capital improvement in excess of \$100,000	1	
	Applicant proposes facility capital improvement in excess of \$500,000	1	
Parking	Facility exceeds (The City of Lapeer's) minimum disabled parking requirements by 100%	1	
Building	Applicant has provided rendering and/or blueprints or plans of facility as proposed to be used	1	
Maintenance Plan	Applicant provides plan to inspect to ensure interior and exterior integrity and maintenance	1	
	Applicant provides plan to keep exterior free of trash, graffiti, loiterers, etc.	1	
Traffic	Applicant describes expected daily number of Patients and proposed volume of vehicular traffic	1	
Facility Plan Provides for:	Separated lobby to identify patients and ensure non-patients may not access marihuana dispensary area	1	
	Secure storage of medical marihuana	1	
	Preventing visibility of medical marihuana from facility exterior or common public are within a building or structure	1	
	Back-up power generation	1	
Insurance Plan	Applicant demonstrates access and ability to insure facility,	1	

	contents, employees, and patients, through property, business, general liability, and auto and worker's compensation insurances and demonstrates willingness to name City as additional insured		
Waste Management	Applicant describes a plan for disposal of waste product	1	
	Applicant describes "green" business practices and energy conservation techniques	1	
Security Plan	Applicant provided a detailed security plan	1	
	Applicant provided copies of material safety data sheets for hazardous compounds	1	
	Applicant has 24/7 video monitoring of the interior and exterior of the facility	1	
	Applicant has employed a security guard during business hours	1	
	If no security guard, then applicant has a security system in place to alert owner and police to possible tampering with the facility or its contents	1	
Facility will be equipped with:	Facility entry and exit	1	
	Glass breakage	1	
	Panic buttons	1	
	Motion sensors	1	
Total - Facility Improvements, Maintenance, Use and Security		26	

Medical Marihuana Provisioning Centers Scoring Criteria			
Description	Criteria	Maximum Points	Earned Points
Community Outreach and Relations			
Applicant has Demonstrated and Described:	A plan to meet with neighborhood organizations, business association, crime watch and other neighborhood organizations to provide contact information for questions, concerns, issues, etc.	1	
	A plan to provide on-going public information program to inform City residents of cannabis issues and proper/safe/legal use of cannabis products	1	
	A community commitment program and volunteerism plan	1	
	Past acts of volunteerism and community involvement	1	
Applicant has identified:	A specific owner and/or employee to serve as a liaison with the City	1	
	A specific owner and/or employee to serve as a liaison with the surrounding community	1	
Total – Community Outreach and Relations		6	

Criteria	Maximum Points Available	Earned Points
Business Ownership	5	
Financial Stability	7	
Business Experience	9	
Business Operations	12	
Facility Improvements, Maintenance, Use and Security	26	
Community Outreach and Relations	6	
FINAL TOTAL:	65	

STEP 2
STANDARDS TO BE MET FOR ISSUANCE OF PROVISIONAL LICENSE

CLERK DETERMINES THE FOLLOWING: Box(s) will be checked if completed.

Clerk to approve or deny an application not later than 15 business days from the date the fully completed application was accepted.

FACILITY BUSINESS INFORMATION:

Date application was filed: _____

Name of Business (DBA): _____

Address Location: _____

Mailing Address: _____

-
- The application, including any required attachments and submissions, is complete and signed by the applicant.
 - Applicant has paid the nonrefundable application fee and any other fees required.
 - Application does not appear to contain a material falsehood or misrepresentation.
 - Proposed location of the facility is permitted in the location sought to be approved as outlined in City Ordinance Chapter 68, Section 68.04.C(3)(a).
 - Assessing Department has verified that the proposed site is outside the buffer zones stipulated in City Ordinance Chapter 7, Section 7.13.12(i).
 - Planning Department has verified that the property is located in a zoning district that allows the permitted use stipulated in City Ordinance Chapter 7 and meets additional requirements stipulated in Section 7.13.12.

APPLICATION APPROVED / DENIED: APPROVED DENIED

If denied, reason for denial: _____

PROVISIONAL LICENSE ISSUED: Yes No

City Clerk Signature

Date

STEP 3
ISSUANCE OF PROVISIONAL LICENSE



PROVISIONAL
MARIHUANA FACILITY LICENSE

(According to the provisions of Public Act 281 OF 2016 and
City of Lapeer Ordinance: Chapter 68 and Related Requirements in Chapter 7

A provisional license means only that the applicant has submitted a valid application for a marihuana facility license, that the proposed facility is located in a proper zoning district, that the proposed facility is not located in a required buffer zone and **the applicant shall not locate or operate a marihuana facility without obtaining all other permits and approvals required by all other applicable ordinances and regulations of the City of Lapeer.**

A provisional license will lapse and be void if such permits and approvals are not diligently pursued as follows:

- Existing structure with no site changes. 90 days
- Existing structure with minimal site change requiring an Administrative zoning review. 1 year
- Proposed construction of a structure requiring Site Plan Review by the Planning Commission. 1 year

If for any material falsehood in application or failure to meet requirements for license or main use, the provisional license will lapse and be void.

Maintaining a valid marihuana facility license by the State of Michigan is a condition for the issuance and maintenance of a marihuana facility license under Chapter 68 Ordinance of the General Ordinances of the City of Lapeer and continued operation of any marihuana facility.

Name of Business:
Location:
License #:
Date Provisional License Approved:
Provisional License Expires:

The above Business is approved for a Provisional Marihuana Facility License as a _____

(type of facility)

Issued by: RENE L. BULLEN, CMC
CITY CLERK, CITY OF LAPEER

This license shall be exhibited at all times in a conspicuous place in the licensee's place of business. Every licensee shall produce a license for examination when requested to do so by any police officer or any authorized representative of the City of Lapeer.

STEP 4

ISSUANCE OF MARIHUANA FACILITY LICENSE

After submission of all other permits and approvals required under the provisional license, and payment of the nonrefundable fee, the City Clerk's office shall approve or deny the marihuana facility license within fifteen business days. Said permits and approvals include:

- Business Registration Form and nonrefundable fee (\$50 new, \$10 annual).
- Building Permits.
- Occupancy Permit.
- Mechanical Permits.
- Plumbing Permits.
- Electrical Permits.
- Verify copy of applicant's valid and current license issued by the State of Michigan in accordance with the Medical Marihuana Facilities Licensing Act, MCL 333.27101 et seq.
- Maintaining a valid marihuana facility license by the State of Michigan is a condition for the issuance and maintenance of a marihuana facility license under this Ordinance and continued operation of any marihuana facility.
- Attestation – Acknowledgement of Federal Law and Release of Liability.
- Site plan approval and/or other necessary approved permits per Chapter 7 (Zoning Ordinance) are required before the City Clerk is permitted to issue a license.

The following may also be required through the Planning Department:

- Zoning Permit
 - ZBA Variance
 - Special Land Use Permit
- Departmental Approvals: All City of Lapeer departments are required to sign-off on their review of the provisional license once approval has been determined. The City of Lapeer Departments and licensed professionals that are part of the review and approval process are as follows:
- (i) Planning Department, Planner/Planning Consultant.
 - (ii) Department of Public Works, Director of Public Works.
 - (iii) Building Department, Building Official.
 - (iv) Assessing Department, Assessor.
 - (v) Fire Department, Fire Chief.
 - (vi) Police Department, Police Chief.

DEPARTMENTAL APPROVALS
(pursuant to Chapter 68, Section 68.04(4)(d))

Planning Department Approval:

_____ Signed by: _____
Date Planner/Planning Consultant

Department of Public Works Approval:

_____ Signed by: _____
Date Director of Public Works

Building Department Approval:

_____ Signed by: _____
Date Building Official

Assessing Department Approval:

_____ Signed by: _____
Date Assessor

Fire Department Approval:

_____ Signed by: _____
Date Fire Chief

Police Department Approval:

_____ Signed by: _____
Date Police Chief

CITY OF LAPEER
MARIHUANA FACILITIES LICENSE APPLICATION



MARIHUANA FACILITY LICENSE

(According to the provisions of Public Act 281 of 2016 and
City of Lapeer Ordinance: Chapter 68 and Related Requirements in Chapter 7)

Name of Business:
Location:
License #:
Date Approved:
License Expires:

The above Business is licensed with the City Clerk and is approved for a Marihuana Facility License as a _____.
(type of facility)

Issued by: RENE L. BULLEN, CMC
CITY CLERK, CITY OF LAPEER

This license shall be exhibited at all times in a conspicuous place in the licensee's place of business. Every licensee shall produce a license for examination when requested to do so by any police officer or any authorized representative of the City of Lapeer.

Maintaining a valid marihuana facility license by the State of Michigan is a condition for the issuance and maintenance of a marihuana facility license under Chapter 68 of the General Ordinances of the City of Lapeer and continued operation of any marihuana facility.

ATTESTATION A

APPLICANT'S ACKNOWLEDGEMENT, AGREEMENT AND CONSENT
(To be completed and signed by business/entity/individual seeking licensure)

Do not sign until notary is present

I, _____, (applicant) hereby acknowledge that any issuance of a license is a privilege. I have the responsibility to prove that I am eligible, suitable and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information, requested in this form, and expressly waive any claim for damages as a result thereof. Information not called for in this application or in addition to that provided in response to this application, may be requested.

I, as the applicant submitting this application, hereby certify that I do not have an interest in any other operating license that is prohibited by the Medical Marihuana Facilities Licensing Act, 2016 PA 281 (MMFLA).

I hereby acknowledge that I am under a continuing duty to promptly disclose to the City of Lapeer any changes in the information provided in the application and requested materials submitted to the City. To comply with this requirement, I hereby acknowledge that I must submit a letter to the City stating any changes with reference to the specific information within the application to which the changes pertain.

I hereby consent to inspections, searches, and seizures as provided in any City of Lapeer Ordinances or applicable statutes. This consent is authorization to review and inspect tax records administered under the Michigan Revenue Act, 1941 PA 122.

I hereby acknowledge that if requested by the City of Lapeer at any point in time to provide background verification of all employees.

I hereby agree to applicable permits and inspections required by the City of Lapeer Ordinances and agree to pay applicable fees as outlined in the City of Lapeer Fee Schedule pertaining to permits and inspections and acknowledge that said fees are not considered part of the application fee.

I acknowledge that the granting of a Marihuana Provisional License or Facility License doe not convey a property right or other entitlement.

I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.

Applicant Signature

Date:

Applicant Printed Name

Subscribed and sworn to by _____ before me on _____.

Notary Public Signature

Notary Public Printed Name

State of _____, County of _____. Acting in the County of _____, State of _____.

My commission expires:_____.

ATTESTATION B

APPLICANT'S VERIFICATION & AFFIDAVIT OF DISCLOSURE
(To be completed and signed by business/entity/individual seeking licensure)

Do not sign until notary is present

I, _____, (applicant) hereby acknowledge:

1. I am the individual responsible for submitting this application and have full authority to execute this verification and affidavit of disclosure.
2. I swear (or affirm) that the information contained in the application packet is true, complete, and accurate to the best of my knowledge and belief and holds no material falsehood.
3. I swear (or affirm) that there are no agreements or understandings with any person or entity and no present intent to pay any sums of money or give anything of value as, including without limitation, a finder's fee or commission to any person or entity related to the interest in this application.

Applicant Signature

Date:

Applicant Printed Name

Subscribed and sworn to by _____
before me on _____.

Notary Public Signature

Notary Public Printed Name

State of _____, County of _____. Acting in the County of _____
_____, State of _____.

My commission expires: _____.

ATTESTATION C

ACKNOWLEDGEMENT OF FEDERAL LAW & RELEASE OF LIABILITY
(To be completed and signed by applicant and/or any professional representative.)

Do not sign until notary is present

I, _____, being first duly sworn upon oath, affirmation or depose hereby acknowledge.

The Federal Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Acts of 1970, 21 U.S.C. § 801 *et seq.*, regulates marihuana as a Schedule I controlled substance, for which there is “no currently accepted medical use in treatment in the United States.” 21 U.S.C. § 812(b)(1)(B). Although the State of Michigan has recognized and authorized the use of the medical marihuana pursuant to the Medical Marihuana Act, 2008 IL 1, MCL 333.26421 to 333.26430, has authorized the licensing of medical marihuana facilities pursuant to the Medical Marihuana Facilities Licensing Act, 2016 PA 281, MCL 333.27101 to MCL 333.27801, and has provided for a statewide monitoring system in the Marihuana Tracking Act, 2016 PA 282, MCL 333.27901 to 333.27904, these state authorized activities remain prohibited by federal law.

I understand that a Michigan marihuana facility license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.

I understanding that choosing to file an application for a marihuana facility license and, if issued a license, choosing to establish and operate a marihuana facility pursuant to that license, is done so at my own risk.

I understand that maintaining a valid marihuana facility license by the State of Michigan is a condition for the issuance and maintenance of a marihuana facility license by the City of Lapeer.

By my signature and attestation to this form, I hereby completely release and forever discharge the City of Lapeer and its respective employees, agents, facilities, insurers, indemners, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which I may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of my application for a marihuana facility license and, if issued a license, my operation of a marihuana facility.

I swear that the statements made in this application, including all attachments thereto, are true and free of any material falsehood and misrepresentation.

Applicant/Representative Signature

Date:

Applicant/Representative Printed Name

Subscribed and sworn to by _____ before me on _____.

Notary Public Signature

Notary Public Printed Name

State of _____, County of _____. Acting in the County of _____, State of _____. My commission expires: _____.

ATTESTATION

ACKNOWLEDGEMENT OF FEDERAL LAW & RELEASE OF LIABILITY

(To be completed and signed by applicant and/or any professional representative.)

Do not sign until notary is present

I, _____, being first duly sworn upon oath, affirmation or depose hereby acknowledge.

The Federal Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Acts of 1970, 21 U.S.C. § 801 *et seq.*, regulates marihuana as a Schedule I controlled substance, for which there is “no currently accepted medical use in treatment in the United States.” 21 U.S.C. § 812(b)(1)(B). Although the State of Michigan has recognized and authorized the use of the medical marihuana pursuant to the Medical Marihuana Act, 2008 IL 1, MCL 333.26421 to 333.26430, has authorized the licensing of medical marihuana facilities pursuant to the Medical Marihuana Facilities Licensing Act, 2016 PA 281, MCL 333.27101 to MCL 333.27801, and has provided for a statewide monitoring system in the Marihuana Tracking Act, 2016 PA 282, MCL 333.27901 to 333.27904, these state authorized activities remain prohibited by federal law.

I understand that a Michigan marihuana facility license does not insulate or shield me or my employees or agents from federal seizure and/or forfeiture as allowed by federal law and does not insulate me or my employees or agents from federal criminal prosecution and/or arrest, and I have/will inform each employee or agent of such fact.

I understanding that choosing to file an application for a marihuana facility license and, if issued a license, choosing to establish and operate a marihuana facility pursuant to that license, is done so at my own risk and at the potential risk of my employees or agents and I have/will inform each employee or agent of that risk.

By my signature and attestation to this form, I hereby completely release and forever discharge the City of Lapeer and its respective employees, agents, facilities, insurers, indemners, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which I may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of my application for a marihuana facility license and, if issued a license, my operation of a marihuana facility.

I understand, acknowledge and agree that the attestations contained herein are important and are material to the final approval of my application and the ultimate issuance by the City of Lapeer of my facility license. I further acknowledge and agree that the statements and representations made herein are true and accurate and that I am signing this attestation freely and willingly on behalf of the applicant in my capacity as a fully authorized representative of the applicant.

Applicant/Representative Signature

Date:

Applicant/Representative Printed Name

Subscribed and sworn to by _____ before me on _____.

Notary Public Signature

Notary Public Printed Name

State of _____, County of _____. Acting in the County of _____, State of _____.
My commission expires: _____.