



MARIHUANA FACILITY LICENSE APPLICATION PACKET FOR

GROWER PROCESSOR SECURE TRANSPORTER SAFETY COMPLIANCE FACILITY

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 application form:

Step 1: Marihuana Facilities Licensing Application

- Application.
 - Copy of applicant’s valid and current government issued ID.
 - Site plan and interior floor plan for the permitted premises and property.
- 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.
- Disclosure A – Property Information.
 - Property owner statement if property not owned by applicant.
 - Copy of security plan that describes the security system used.
 - Must provide access to safety data sheets for all nutrients, pesticides and other chemicals proposed for use in the facility.

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: _____
Acceptance Date: _____

**STEP 1
MARIHUANA FACILITIES LICENSE APPLICATION
FOR**

GROWER PROCESSOR SECURE TRANSPORTER SAFETY COMPLIANCE FACILITY

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

NEW RENEWAL

All fees must be paid by cash, cashier check or money order.

Fees are nonrefundable.

	LICENSE TYPE	FEE	DESCRIPTION
<input type="checkbox"/>	Grower Class A	\$5,000 Initial / \$5,000 Renewal	Grower license for 500 marihuana plants.
<input type="checkbox"/>	Grower Class B	\$5,000 Initial / \$5,000 Renewal	Grower license for 1,000 marihuana plants.
<input type="checkbox"/>	Grower Class C	\$5,000 Initial / \$5,000 Renewal	Grower License for 1,500 marihuana plants.
<input type="checkbox"/>	Processor	\$5,000 Initial / \$5,000 Renewal	License authorizes purchase of marihuana from a grower and sale of infused-products or marihuana to a provisioning center.
<input type="checkbox"/>	Secure Transporter	\$5,000 Initial / \$5,000 Renewal	License authorizes storage and transportation of marihuana and associated money between facilities.
<input type="checkbox"/>	Safety Compliance Facility	\$5,000 Initial / \$5,000 Renewal	License authorizes the facility to receive marihuana from, test marihuana for, and return marihuana to only a marihuana facility.

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.
- Disclosure A – Property Information.
 - Property owner statement.
 - Must provide access to safety data sheets for all nutrients, pesticides and other chemicals proposed for use in the facility.
 - Provide a copy of the security plan that describes the security system used.
- 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: _____

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:

Date

Signed by: _____
Planner/Planning Consultant

Department of Public Works Approval:

Date

Signed by: _____
Director of Public Works

Building Department Approval:

Date

Signed by: _____
Building Official

Assessing Department Approval:

Date

Signed by: _____
Assessor

Fire Department Approval:

Date

Signed by: _____
Fire Chief

Police Department Approval:

Date

Signed by: _____
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 does 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: _____.

CITY OF LAPEER
MARIHUANA FACILITIES LICENSE APPLICATION

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 understand 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, indemnnors, 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: _____.

DISCLOSURE A
PROPERTY INFORMATION

Property Owner Name: _____

Location Address: _____

Mailing Address: _____

Does the applicant have legal possession of the premises from the date that this license will be issued by virtue of ownership, lease or other arrangement?

Ownership Lease Other: (explain in detail)

Parcel ID#: _____ Square footage to be occupied: _____

Property Description (please attach additional pages if necessary): _____

PROPERTY OWNER AFFIDAVIT:

By signing this statement, I, _____ (printed name), as owner of the following described property, hereby consents and is aware of the proposed use(s) of said property:

Signature of Property Owner

Date

NOTORIAL:

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: _____.

SECURITY SYSTEM:

Is there a security alarm in place? Yes No

If yes, what type: _____

Provide name of alarm company, contact name and number: _____

Provide a copy of the security plan that describes the security system used.

SAFETY DATA SHEETS:

Must provide access to safety data sheets for all nutrients, pesticides and other chemicals proposed for use in the facility.

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

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, indemnsors, 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: _____.