



ADULT USE MARIHUANA BUSINESSES AND FACILITIES APPLICATION PACKET

All required fees must be paid and all required documentation must be attached prior to application being reviewed.

The City of Lapeer has a three (3) step application process. Review the following check list for documents required with the completed application form:

Step 1: Adult Use Marihuana Businesses and Facilities Licensing Application

NOTICE: Application(s) for a Retailer Facility must successfully complete requirements in Step 1B Application Assessment For Retail Facilities Only.

Attach additional pages as necessary and provide the required information.

STEP 1A	STEP 1B
<input type="checkbox"/> Application Attachments required per Chapter 69, Section §69-04, (A), (1). <input type="checkbox"/> Attachment (A). <input type="checkbox"/> Attachment (B). <input type="checkbox"/> Attachment (C). <input type="checkbox"/> Attachment (D). <input type="checkbox"/> Attachment (E). <input type="checkbox"/> Attachment (F). <input type="checkbox"/> Attachment (G). <input type="checkbox"/> Attachment (H). <input type="checkbox"/> Attachment (I). <input type="checkbox"/> Attachment (J). <input type="checkbox"/> Attachment (K). <input type="checkbox"/> Attachment (L). <input type="checkbox"/> Attachment (M). <input type="checkbox"/> Attachment (N). <input type="checkbox"/> Attachment (O). <input type="checkbox"/> Attachment (P).	<input type="checkbox"/> Application <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.
<input type="checkbox"/> Copy of any/all license approved by SOM.	<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"/> Attestation A: Applicant's Acknowledgement, Agreement and Consent. <input type="checkbox"/> Attestation B: Applicant's Verification & Affidavit of Disclosure	<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"/> Attestation C: Acknowledgement of Federal Law & Release of Liability <input type="checkbox"/> Disclosure A – Property Information. <input type="checkbox"/> Property owner statement. <input type="checkbox"/> Must provide access to safety data sheets for all nutrients, pesticides and other chemicals proposed for use in the facility.	<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. Including personal or any/all Stakeholders within a Partnership, Corporation, or LLC were involved. <input type="checkbox"/> Regulatory and license compliance history. Including personal or any/all Stakeholders within a Partnership, Corporation, or LLC were involved.
<input type="checkbox"/> Copy of applicant's valid and current government issued ID.	<input type="checkbox"/> Provide if owner has had a medical marihuana license or other type of license revoked and provide the reason.

- Documented history of applicant or owner at the federal, state and local levels.
- History of complaints, if any, at the local, state and federal levels.
- 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 2A: New Application Review.

None. In-house review checklist.

Step 2B: Renew Application Review.

None. In-house review checklist.

Step 4: Issuance of Adult Use Marihuana Business and Facilities 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.
 - If license has not been issued by the State of Michigan, a copy to be provided within 30 days of receiving license by the State of Michigan.
- 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.
- All Attestations required.

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 1A

ADULT USE MARIHUANA BUSINESSES AND FACILITIES

(Authorized under Initiated Law 1 of 2018, the Michigan Regulation and Taxation of Marihuana Act and Chapter 69 of the General Ordinances of the City of Lapeer.)

APPLICATION FOR

- | | |
|---|---|
| <input type="checkbox"/> GROWER (A, B, C) | <input type="checkbox"/> PROCESSOR |
| <input type="checkbox"/> SAFETY COMPLIANCE FACILITY | <input type="checkbox"/> SECURE TRANSPORTER |

RETAILER

NOTICE: Application(s) for a Retailer Facility must successfully complete requirements in Step 1B Application Assessment For Retail Facilities Only.

- NEW RENEWAL

The nonrefundable application fee must be paid by cash, cashier check or money order. No review of the application will take place until the required fee has been paid.

Use only one license type per application. No review of the application will take place until all the required documentation has been attached.

	LICENSE TYPE	FEE	DESCRIPTION
<input type="checkbox"/>	Grower Class A	\$5,000 Initial / \$5,000 Renewal	Grower license for 100 marihuana plants.
<input type="checkbox"/>	Grower Class B	\$5,000 Initial / \$5,000 Renewal	Grower license for 500 marihuana plants.
<input type="checkbox"/>	Grower Class C	\$5,000 Initial / \$5,000 Renewal	Grower License for 2,000 marihuana plants.
<input type="checkbox"/>	Processor	\$5,000 Initial / \$5,000 Renewal	License authorizes purchase of marihuana from a grower or processor and sale of infused-products or marihuana to a retailer or another processor.
<input type="checkbox"/>	Retailer	\$5,000 Initial / \$5,000 Renewal	License authorizes sale of marihuana to consumers aged 21 years or more.
<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.
<input type="checkbox"/>	Secure Transporter	\$5,000 Initial / \$5,000 Renewal	License authorizes storage and transportation of marihuana and associated money between facilities.

ATTACH ADDITIONAL PAGES AS NECESSARY TO PROVIDE THE REQUIRED INFORMATION.

PERSON COMPLETING, RESPONSIBLE FOR SUBMITAL OF INFORMATION CONTAINED, AND CONTACT FOR ANY QUESTIONS RELATING TO THIS APPLICATION:

Name: _____ Relation to Applicant: _____
Mailing Address: _____
Telephone Number: _____ Email Address: _____

LICENSEE INFORMATION: Must match State Application.

NOTES:

Growers for Class B and C, Processor, Retailer and Secure Transporter must also have a current medical marihuana facility license with the City and SOM before applying.

Applicant (Individual or Entity) Name: _____
Individual
Entity: Partnership Corporation LLC Other _____
Doing Business As: _____
Mailing Address: _____
Physical Address: _____
Telephone Number: _____ Website Address: _____
Email Address: _____ Fax #: _____
Federal ID#: _____ State ID#: _____

NOTICE: RENEWAL APPLICATIONS ONLY. If there are no changes from initial application on file with the City of Lapeer, Attachments (A) through (P) will not be required. Check box below, attach new Attestations and Disclosure A, provide copy of applicant's valid and current government issued ID and proceed to Application Signature section to submit renewal application.

NO CHANGES FROM INITIAL APPLICATION ON FILE WITH THE CITY OF LAPEER.

Attach a separate page for additional information as follows: (Per Chapter 69, Section §69-04, (A), (1).)

(If there is no information to provide, attach a blank page with the corresponding attachment.)

- Attachment (A): The full name, date of birth, physical address, email address, and telephone number of the applicant in the case of an individual; or, in the case of an entity, all stakeholders thereof.
- Attachment (B): If the applicant is an entity, the entity's Articles of Incorporation or organizational documents.
- Attachment (C): If the applicant is an entity, the entity's employer identification number.
- Attachment (D): If the applicant is an entity, the entity's Operating Agreement or Bylaws.
- Attachment (E): A proposed marketing, advertising and business promotion plan for the proposed authorized establishment.
- Attachment (F): A description of planned tangible capital investment in the City of Lapeer.
- Attachment (G): An explanation of the economic benefits to the City of Lapeer and job creation to be achieved, including the number and type of jobs the authorized establishment is expected to create, the amount and type of compensation expected to be paid for such jobs, and the projected annual budget and revenue of the authorized establishment.
- Attachment (H): A description of the financial structure and financing for the proposed authorized establishment.
- Attachment (I): A description of the short-term and long-term business goals and objectives for the proposed authorized establishment.
- Attachment (J): A criminal background report on the applicant's criminal history. Such reports shall be obtained by the applicant and, if applicable, each stakeholder through the Internet Criminal History Access Tool (ICHAT) for applicants or stakeholders residing in Michigan and/or through another state sponsored or authorized criminal history access source for applicants or stakeholders who reside in other states or have resided in other states within five (5) years prior to the date of the application. The applicant or stakeholder is

responsible for all charges incurred in requesting and receiving the criminal history report and the report must be dated within thirty (3) days of the date of the application.

- Attachment (K): A description of the security plan for the proposed authorized establishment that is consistent with the requirements of the department.
- Attachment (L): A floor plan of the proposed authorized establishment.
- Attachment (M): A scale diagram illustrating the property upon which the proposed authorized establishment is to be operated, including all available parking spaces, and specifying which parking spaces are handicapped-accessible.
- Attachment (N): A depiction of any proposed text or graphic materials to be shown on the exterior of the proposed authorized establishment.
- Attachment (O): An affidavit that neither the applicant nor any stakeholder of the applicant is in default to the City of Lapeer.
- Attachment (P): A statement by the applicant that the applicant has submitted a valid application for an authorized establishment under Chapter 69 of the General Ordinances of the City of Lapeer, that the proposed authorized establishment is located in a proper zoning district, that the proposed authorized establishment is not located in a required buffer zone and the applicant understands, acknowledges and agrees that the applicant cannot and shall not locate or operate a proposed establishment without obtaining all other permits and approvals required by all other applicable ordinances and regulations of the City of Lapeer.

FACILITY BUSINESS INFORMATION:

Name of Business (DBA): _____

Physical Address: _____

Mailing Address (if different from physical address): _____

Hours of operation: _____

Anticipated Number of Employees: _____

Telephone Number: _____ Fax Number: _____

MEDICAL MARIHUANA LICENSE INFORMATION:

Does the applicant currently hold an active medical marihuana facility license with the City?

- Yes City License #: _____
- No Must meet City and State of Michigan (SOM) requirements.

Does the applicant currently hold an active medical marihuana facility license with the SOM?

- Yes State License #: _____ **Attach a copy of the SOM licensure.**
- No Must meet SOM requirements. (City has no jurisdiction over SOM requirements.)

Is this application being filed in addition to other applications for medical marihuana licensure in the City of Lapeer (i.e., "stacked licenses")?

- Yes What license types? _____
- No

RECREATIONAL LICENSE INFORMATION:

Does the applicant currently hold an active recreational license with the City?

- Yes City License #: _____
- No Must meet City and State of Michigan (SOM) requirements.

Does the applicant currently hold or has applied for recreational licensure with the SOM?

- Yes License type? _____
If yes, has the applicant been approved by the SOM? Yes No Still pending State decision?
Attach a copy of any license approved by the SOM.
- No Must meet SOM requirements. (City has no jurisdiction over SOM requirements.)

OTHER INFORMATION:

Has the applicant been denied an application for a marihuana facility from any jurisdiction? Yes No

If yes, attach explanation of when, where and why entitled Other Information - Denial.

Has the applicant had a marihuana facility license suspended or revoked by any jurisdiction? Yes No

If yes, attach explanation of when, where and why entitled Other Information – Suspended/Revoked.

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.
- Copy of applicant’s valid and current government issued ID.

APPLICATION SIGNATURE SECTION:

Any person seeking to operate an authorized marihuana establishment as provided in Chapter 69, Section §69-03 B. and who has submitted an application for licensure to the Department, but the Department has failed to timely accept or process the applicant’s application as required by section 16 of the MRTMA, MCL 333.28066, then the applicant shall provide to the City the applicant’s entire application and provide all such information and submissions so as to provide the City with a complete application for review as required by section 9 of the MRTMA, MCL 333.27959. In such case, all provisions of the Act and the Rules promulgated by the Department shall be applicable to the applicant’s application, the application’s review and the operations of the applicant under any resulting municipal license issued by the City. The City shall have available to it all powers and authority reserved to the State of Michigan and the Department not otherwise applicable to the City had the Department issued the applicant a state license under the Act.

Except as provided by law, all materials submitted to the City of Lapeer as part of this application shall be exempt from disclosure under the Freedom of Information Act and exempt from disclosure pursuant to section 9 of the MRTMA, MCL 333.27959(7).

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 APPLICATION ASSESSMENT FOR RETAIL FACILITIES ONLY

Does the applicant currently hold an active Provisioning Center license with the City as authorized under Chapter 68 of the City of Lapeer General Ordinances and the Retail Facility **will be** co-located at the same address?

Yes City License #: _____
Address of active license location: _____

Proceed to end of application and sign.
Requirements of this step have been completed with the issuance of a Provisioning Center license in accordance with Chapter 68 of the City of Lapeer General Ordinances.

No **STOP. UNABLE TO PROCEED.**

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

Applicant Name: _____

Individual Partnership Corporation LLC Other _____

Doing Business As: _____

Mailing Address: _____

Physical Address: _____

(corresponds to the physical address within the City of Lapeer.)

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.

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 No

Renovation of existing building? Yes No

New building construction? Yes No

How many square feet?

Explain the structure layout:

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 for each Attachment 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

- 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

- 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.
 - o Includes personal or corporate litigation in which stakeholders were included.
 - 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

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

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:

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: _____.

STEP 2A

NEW APPLICATION REVIEW: **Box(s) will be checked if completed.**

FACILITY BUSINESS INFORMATION:

Date application was filed: _____

Name of Business (DBA): _____

Address Location: _____

CLERK REVIEW:

- 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.
- Application has been assessed, evaluated, scored and ranked in compliance with the requirements of Chapter 69.
- Information provided to the City Commission for awarding the six (6) Adult Use Marihuana Businesses and Facilities Application for a Retail Facility License. Date: _____.
- Business Registration Form and nonrefundable fee (\$50 new, \$10 annual).

OTHER DEPARTMENT REVIEW:

- Police Chief has reviewed the completeness and accuracy of the background information provided by the applicant.
- Fire Chief has inspected the proposed location for compliance with all applicable laws for which the Fire Department is charged with enforcement and for compliance with the requirements of Chapter 69.
- Building Inspector has inspected the proposed location for compliance with all applicable laws for which the Building Department is charged with enforcement and for compliance with the requirements of Chapter 69.
- Planner has confirmed the proposed location complies with the relevant provisions of the City of Lapeer Zoning Ordinance and Chapter 69.
 - Verified that the proposed site is outside the buffer zones stipulated in City Ordinance Chapter 7, Section 7.13.12(i).
 - 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.
- Treasurer has confirmed that the applicant and each stakeholder of the applicant are not in default to the City of Lapeer.

DEPARTMENTAL SIGN OFF / APPROVAL

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 COMMISSION APPROVED / DENIED:

City Commission Meeting Date: _____
 APPROVED DENIED Motion #: _____
If denied, reason for denial: _____

_____ LICENSE ISSUED: Yes No
(type of license)

City Clerk Signature

Date

STEP 3
ISSUANCE OF ADULT USE MARIHUANA
BUSINESSES AND FACILITIES LICENSE



ADULT USE MARIHUANA
BUSINESSES AND FACILITIES LICENSE

(According to the provisions of Initiated Law 1 of 2018,
the Michigan Regulation and Taxation of Marihuana Act and
City of Lapeer Ordinance: Chapter 69 and Related Requirements in Chapter 7)

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

The above Business is licensed with the City Clerk and is approved for an Adult Use Marihuana Businesses and Facilities License as a _____.
(type of facility)

Issued by: ROMONA SANCHEZ, 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.

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: _____.