



Business License Application

BUSINESS DATA

Business Name (DBA or other names used): _____

Marihuana Facility Type (check a box):

Processor

Secure Transporter

Provisioning Center

Safety Compliance Center

Business Location: _____

(Street Number & Name, City, State, Zip Code)

Mailing Address: _____

(P.O. Box or Street Number & Name, City, State, Zip Code)

Business Telephone: _____

Business Fax: _____

Business E-Mail: _____

Website: _____

Contact Name for Inspection: _____

Phone Number: _____

Sales Tax License Number: _____

Fed ID #: _____

Manager or person principally in charge of operation of business:

Name & Title: _____

Other Names Used or Aliases: _____

Home Address: _____

(Street Number & Name, City, State, Zip Code)

Fax: _____

Home/Cell Phone: _____

E-Mail: _____

Driver's License #: _____

Last 4 digits of S.S. #: _____

Date of Birth: _____

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Individual in charge of accounting records (CEO, CFO, CCO)

Name & Title: _____

Other Names Used or Aliases: _____

Home Address: _____
(Street Number & Name, City, State, Zip Code)

Fax: _____ Home/Cell Phone: _____

E-Mail: _____ Driver's License #: _____

Last 4 digits of S.S. #: _____ Date of Birth: _____

By signing this application, I confirm that I have provided:

- A. If the Applicant is not the owner of the proposed Permitted premises, a notarized statement from the owner of such property authorizing the use of the property for a Marihuana Facility;
- B. A copy of any deed reflecting the Applicant's ownership of, or lease reflecting the right of the Applicant to possess, or an option reflecting the Applicant's right to purchase or lease, the proposed Permitted premises;
- C. Proof of receipt of pre-qualification as that term is defined by the State of Michigan Department of Licensing and Regulatory Affairs
- D. A digital and hard copy of stamped or sealed 24 inch by 36 inch drawings of the proposed Permitted premises showing, without limitation, building layout, all entryways and exits to the proposed Permitted premises, loading zones and all areas in which medical Marihuana will be stored, grown, manufactured or dispensed;
- E. A comprehensive Facility operation plan for the Marihuana Commercial Entity which shall contain, at a minimum, the following:
 - i. A security plan indicating how the Applicant will comply with the requirements of applicable ordinance and any other applicable law, rule, or regulation. The security plan shall include details of security arrangements and will be protected from disclosure as provided under the Michigan Freedom of Information Act, MCL 15.231 et seq.
 - ii. For processing facilities, a plan that specifies the methods to be used to prevent the growth of harmful mold and compliance with limitations on discharge into the wastewater system of the City;
 - iii. A lighting plan showing the lighting outside of the medical Marihuana Facility for security purposes and compliance with applicable City requirements;
 - iv. A plan for disposal of any medical Marihuana or medical Marihuana- infused product that is not sold to a patient or primary caregiver in a manner that protects any portion thereof from being possessed or ingested by any person or animal;
 - v. A plan for ventilation of the medical Marihuana Facility that describes the ventilation systems that will be used to prevent any odor of medical Marihuana off the premises of the business. For medical Marihuana facilities that grow medical Marihuana Plants, such plan shall also include all ventilation systems used to control the environment for the Plants and describe how such systems operate with the systems preventing any odor leaving the premises. For medical Marihuana businesses that produce medical Marihuana-Infused Products, such plan shall also include all ventilation systems used to mitigate noxious gases or other fumes used or created as part of the production process.
 - vi. A description of all toxic, flammable, or other materials regulated by a federal, state, or local authority that would have jurisdiction over the business if it was not a Marihuana business, that will be used or kept at the medical Marihuana business, the location of such materials, and how such materials will be stored.
 - vii. For processing facilities, an Applicant must submit electrical plans for load review to the City for a primary/secondary load study. After the load study has been conducted, Applicants must prepay all costs associated with overbuilds that are necessary to meet the Applicant's required load before construction is to

start. Associated costs may include:

1. Overbuild of primary/secondary utility lines and their supporting structures.
2. KVA cost (Transformer(s))
3. All labor and equipment cost.

- F. Prior to making a modification to a structure that would require a building permit or which would alter or change items required by this subsection, the Permittee shall submit to the City and have approved a completed application for modification of premises in the form provided by the City.
 - G. Proof of Insurance as required by ordinance.
 - H. Documentation regarding whether an Applicant or any Person having any ownership interest in or acting as an Authorized Person of the Applicant has been indicted for, charged with, arrested for, or convicted of, pled guilty or nolo contendere to, forfeited bail concerning any criminal offense under the laws of any jurisdiction, either felony or controlled-substance-related misdemeanor, not including traffic violations, regardless of whether the offense has been reversed on appeal or otherwise, including the date, the name and location of the court, arresting agency, and prosecuting agency, the case caption, the docket number, the offense, the disposition, and the location and length of incarceration.
 - I. Documentation regarding whether an Applicant or any Person having any ownership interest in or acting as an Authorized Person of the Applicant has ever applied for or has been granted any commercial Permit or certificate issued by a licensing authority in Michigan or any other jurisdiction that has been denied, restricted, suspended, revoked, or not renewed and a statement describing the facts and circumstances concerning the application, denial, restriction, suspension, revocation, or nonrenewal, including the licensing authority, the date each action was taken, and the reason for each action.
 - J. Documentation regarding whether an Applicant or any Person having any ownership interest in or acting as an Authorized Person of the Applicant has filed, or been served with, a complaint or other notice filed with any public body, regarding the delinquency in the payment of, or a dispute over the filings concerning the payment of, any tax required under federal, state, or local law, including the amount, type of tax, taxing agency, and time periods involved.
 - K. A description of the type of Marihuana Facility; and the anticipated or actual number of employees.
 - L. An acknowledgment and consent that the City may conduct a background investigation, including a criminal history check, and that the City will be entitled to full and complete disclosure of all financial records of the Marihuana Facility, including records of deposit, withdrawals, balances and loans
 - M. The required fee. **Non-refundable \$5,000 (check/money order made out to The City of Saline).**
 - N. Any additional information that the City reasonably determines to be necessary in connection with the investigation and review of the application.
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OWNERSHIP TYPE

Select one (check a box):

- Individual/Sole Proprietor Sole Member LLC Partnership
 Corporation LLC Other: _____

Complete this section if you circled Partnership, Corporation, LLC, or Other:

Official Corporate Name: _____

Corporate Address: _____
(Street Number & Name, City, State, Zip Code)

Phone: _____ Fax: _____ E-Mail: _____

Michigan Corporate/LLC ID #: _____ Date of Incorporation: _____

LLC Qualification Date: _____

List all Owners, Partners, or Corporate Officers:

Name & Title: _____

Other Names Used or Aliases: _____

Home Address: _____
(Street Number & Name, City, State, Zip Code)

Fax: _____ Home/Cell Phone: _____

E-Mail: _____ Driver's License #: _____

Last 4 digits of S.S. #: _____ Date of Birth: _____

Name & Title: _____

Other Names Used or Aliases: _____

Home Address: _____
(Street Number & Name, City, State, Zip Code)

Fax: _____ Home/Cell Phone: _____

E-Mail: _____ Driver's License #: _____

Last 4 digits of S.S. #: _____ Date of Birth: _____

Attach separate sheet if there are additional persons.

I hereby affirm that I have truthfully completed this application and all additional information and attachments hereto to the best of my knowledge; that I have read Article VI of Chapter 22 of the City of Saline City Code and all other applicable City of Saline ordinances; and that I agree to operate this business in accordance with all State and local laws, ordinances, rules and regulations.

Applicant's Printed Name

Applicant's Title

Applicant's Signature

Date of Birth

Date Signed

City Manager's Office: Approved Disapproved

City Manager or Designee

Date

City of Saline
Medical Marihuana Facility Application – Part II

This form must be submitted with all license applications.
Applicants are required to read and initial all sections below.

Business Name: _____

Initials _____ I fully understand and have completed Part I of the application and have read the appropriate ordinances for the license category I am applying for. I have completed the application myself or with the assistance of an interpreter, if applicable.

Initials _____ I understand that all fees are non-refundable and cover the cost of processing the application.

Initials _____ I understand the license year applicable to all licenses shall begin on **July 1st** of each year and shall end on **June 30th** of the following year.

Initials _____ I understand that licensing fees are not pro-rated for a partial licensing year.

Initials _____ I understand that failure to disclose complete and accurate information is falsification of application. This is sufficient cause for immediate denial or revocation of a license.

Initials _____ I understand that other departments needing to make a recommendation on my application may require an inspection and I consent to such inspection at any time.

Initials _____ I understand the business property must go through the special land use process and have the proper zoning classification and approvals before a license can be issued.

Initials _____ I understand that a business license is issued to a specific business at a specific location and cannot be transferred to a new owner or new location.

If an interpreter was used, please provide their name and number below.

Name of Interpreter (print)

Signature

Date