CITY OF ALBION
City Clerk's Office
112 W. Cass Street
Albion, Michigan 49224

Phone: (517) 629-7864
Fax: (517) 629-2238
Email: jadomingo@cityofalbionmi.gov

Application for Medical Marihuana Facility

TYPE: PROCESSOR___ SAFETY___ SECURE TRANSPORTER___ (CHECK ONE ONLY)

Non-refundable application fee: $5,000.00 Date paid: _____

Application must be filled out in legible print or type using black or blue ink only.

Applicant

Name: _____ **Date of Birth:** _____.
Last *First* *Middle*

Physical Address:_____**City:** _____.

State:_____**Zip Code:**_____**Country:** _____.

Mailing Address if different then physical address: _____

City: _____**State:** _____**Zip Code:**_____

Country: _____

Copy of your government issued photo identification required to be submitted with application.

Contact information

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email address _____

Emergency contact information of highest rank Stakeholder, shareholder, member

Name: _____Phone number: _____
Last *First* *Middle*

Email: _____

Proposed Facility Information

Name of proposed facility: _____

Address of proposed facility: _____ **Parcel Number:** _____

Zoning of proposed facility site: _____

You must include additional stockholder/shareholder/member information on forms supplied by City Clerk.

Required Documentation

- Articles of incorporation,
- Assumed name registration documents,
- Internal Revenue Service SS-4 EIN confirmation letter,
- Copy of the operating partnership agreement, if a partnership,
- Copy of the by-laws or,
- Shareholder agreement, if a corporation or;
- The name and address of the proposed Medical Marihuana Facility.

Additional contact information if required by City Clerk: _____

_____

_____

Required

For each Stakeholder of the applicant, an affirmation under oath as to whether they are at least eighteen (18) years of age and have never been indicted for, charged with, arrested for, or convicted of, pled guilty or nolo contendere to, forfeited bail concerning, or had expunged 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 expunged, pardoned, reversed on appeal or otherwise, including the date, 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;

Number of Stakeholders: _____

Number of Shareholders: _____

Number of Members: _____

Applicant Signature: _____ **Date:** _____

Proposed Location: _____

City Use Only ADPS

1. A signed release authorizing the Albion Department of Public Safety to perform a criminal background check to ascertain whether the applicant, each Stakeholder of the applicant, each managerial employee and employee of the applicant meet the criteria set forth in this Ordinance;

Comment:
Date:
Name:

ADPS

2. An affidavit that the transfer of Marihuana to and from Medical Marihuana Facilities shall be in compliance with the MMMA and the Medical Marihuana Facilities Licensing Act or other applicable state laws.

Comment
Date:
Name:

ADPS

3. A description of the security plan for the Medical Marihuana Facility, including, but not limited to, any lighting, alarms, barriers, recording/ monitoring devices and/or security guard arrangements proposed for the facility and premises. The security plan must contain the specification details of each piece of security equipment.

Comment:
Date:
Name:

ADPS

4. An affidavit that the transfer of Marihuana to and from Medical Marihuana Facilities shall be in compliance with the MMMA and the Medical Marihuana Facilities Licensing Act or other applicable state laws.

Comment:
Date:
Name:

ADPS

5. A staffing plan.

Comment:
Date:
Name:

Proposed Location: _____

City Use Only

6. A facility sanitation plan to protect against any Marihuana being ingested by any person or animal, indicating how the waste will be stored and disposed of, and how an Marihuana will be rendered unusable upon disposal. Disposal by on-site burning or introduction in the sewerage system is prohibited.

ADPS - Planning

Comment:
Date:
Name:

7. A floor plan of the Medical Marihuana Facility, as well as a scale diagram illustrating the property upon which the Medical Marihuana Facility is to be operated, including all available parking spaces, and specifying which parking spaces, if any, are handicapped accessible.

ADPS - Planning

Comment:
Date:
Name:

8. A location area map of the Medical Marihuana Facility and surrounding area that identifies the relative locations and the distances (closest property line to the subject Medical Marihuana Facility's building) to the subject Medical Marihuana Facility to the closest real property comprising a public or private elementary, vocational or secondary school; and church or religious institution if recognized as a tax-exempt entity as determined by the City Assessor or County Assessor's office.

ADPS - Planning

Comment:
Date:
Name:

9. Any proposed text or graphical materials to be shown on the exterior of the proposed Medical Marihuana Facility.

Planning

Comment:
Date:
Name:

Proposed Location: _____

10. Proof of an adequate premise liability and casualty insurance policy in the amount not exceeding the requirements addressed in the Medical Marihuana Facilities Licensing Act or applicable state laws, covering the Medical Marihuana Facility and naming the City of Albion as an additional insured party, available for the payment of any damages arising out of an act or omission of the applicant or its stakeholders, agents, employees or subcontractors.

City Use Only Finance

Comment:
Date:
Name:

11. An affidavit that neither the applicant nor any Stakeholder of the applicant is in default to the City. Specifically, that the applicant or Stakeholder of the applicant has not failed to pay any property taxes, special assessments, fines, fee or other financial obligations to the City.

Finance

Comment
Date:
Name:

12. Verification, with copies of actual bank statements, showing that the applicant has liquid funds in the applicant's name in the amount needed to complete the Medical Marihuana Facility, but in no event less than $250,000.00, in immediate liquid, available funds.

Finance

Comment:
Date:
Name:

13. A business plan.

Finance

Comment:
Date:
Name:

Proposed Location: _____

14. Before hiring a prospective agent or employee of the applicant, and after, the holder of a license shall conduct a background check of the prospective employee. If the background check indicated a pending charge or conviction within the past ten (10) years for a controlled substance related felony, the applicant shall not hire the prospective employee or agent without written permission from the City Clerk.

15. One of the following: (a) proof of ownership of the entire premises wherein the Medical Marihuana Facility is to be operated; or (b) written consent from the property owner for use of the premises in a manner requiring licensure under this Chapter along with a copy of the lease for the premises.

16. An affirmation under oath as to whether the applicant has ever applied for or has been granted any commercial license 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.

City Use Only Clerk

Comment:
Date:
Name:

Clerk

Comment:
Date:
Name:

Clerk

Comment:
Date:
Name:

For City Clerk Use Only

Date Application Received: _____ **Received By:** _____

A.D.P.S. completed: _____ **Zoning reviewed:** _____

Finance completed: _____ **Site plan reviewed:** _____

Planning completed: _____ **Planning Commission:** _____

City Attorney: _____ **City Council:** _____

Comments: _____

_____

_____

Approved: ____ **Denied:** _____ **Conditions:** _____

Signature: _____ **Date:** _____

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Application for Medical Marihuana Facility

Stakeholder/Shareholder/Member Form

Application must be filled out in legible print or type using black or blue ink only.

Proposed Facility: _____

Address of proposed facility: _____

Name: _____ **Date of Birth:** _____.
Last *First* *Middle*

Physical Address:_____**City:** _____.

State:_____**Zip Code:**_____**Country:** _____.

Mailing Address if different then physical address: _____

City: _____**State:** _____**Zip Code:**_____

Country: _____

Copy of your government issued photo identification required to be submitted with application.

Contact information

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email address _____

Email: _____

Signature: _____ **Date:** _____