



City of Hazel Park
111 E. Nine Mile Rd.
Hazel Park, MI 48030

CITY OF HAZEL PARK

APPLICATION FOR LICENSE FOR MEDICAL MARIHUANA FACILITY OR GROWING OPERATION

Pursuant to Title 5, Chapter 5.04 of the City of Hazel Park Municipal Code:

- Application must be fully and accurately completed, with all necessary attachments included.
- Initial application fee of \$1000 is non-refundable (if approved, \$4000 remainder of application fee due prior to issuance of license).
- If approved, license is valid for a period of one (1) year, from July 1st through June 30th.
- Medical Marihuana "Facility" means processor, secure transporter, provision center and/or safety compliance facility.

NAME OF OPERATION: _____

PROPOSED FACILITY/OPERATION ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER(S) FOR FACILITY: _____

HAS THE APPLICANT APPLIED FOR STATE LICENSURE? Yes ☐ No ☐

LICENSE TYPE:

- | | |
|---|---|
| <input type="checkbox"/> Processor | <input type="checkbox"/> Grower (Class must also be selected below) |
| <input type="checkbox"/> Provisioning Center | <input type="checkbox"/> Class A – up to 500 plants |
| <input type="checkbox"/> Safety Compliance Facility | <input type="checkbox"/> Class B – up to 1,000 plants |
| <input type="checkbox"/> Secure Transporter | <input type="checkbox"/> Class C – up to 1,500 plants |

- Is this application being filed in addition to other applications for Medical Marihuana licensure (i.e., "stacked licenses")? Yes ☐ No ☐

APPLICANT TYPE: *Documentation verifying Applicant's form of business entity attached ☐

- ☐ Individual
- ☐ Partnership
- ☐ Corporation
- ☐ Limited Liability Company
- ☐ Trust

SECTION A

APPLICANT INFORMATION:

***State-issued ID attached** ☐

Name:		Position:	
Residential Address:			
Mailing Address (<input type="checkbox"/> if same):			
Phone Number:		Email Address:	
Has the Applicant been granted MMFLA licensure by the State of Michigan? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, what date was it granted? _____ <i>* If yes, attach copy of State licensure</i> <input type="checkbox"/>			

SECTION B

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:

- If more owners must be listed, use the Addendum located at the end of this Application.

SECTION C

PROPERTY INFORMATION:

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

Address of proposed facility/operation: _____

Is structure an existing building? Yes ☐ No ☐

Renovation of existing building? Yes ☐ No ☐

New building construction? Yes ☐ No ☐

How many square feet? _____

Is the operation located within 500 feet of any K-12 public schools? Yes ☐ No ☐

- Property is **OWNED** by Applicant: Yes ☐ No ☐

Date of Purchase: _____

- ***If property is owned, proof of ownership 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 necessary attachments are as follows:**

- **1) Copy of the lease agreement.** ☐
 - **2) Written 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
Opening							
Closing							

SECTION D

1. List Applicant's business occupation or employment for the three (3) year period immediately preceding the date of this application: _____

2. List all Medical Marihuana facilities/operations owned or operated by Applicant (if more than three, use Addendum to complete): **Check if none** ☐
- Name: _____
 - Address: _____
 - Dates of Operation: _____ to _____
-
- Name: _____
 - Address: _____
 - Dates of Operation: _____ to _____
-
- Name: _____
 - Address: _____
 - Dates of Operation: _____ to _____
3. Has the Applicant ever had a Business License suspended or revoked? Yes ☐ No ☐
- If yes, explain: _____

4. Does the Applicant currently own any real property in the City of Hazel Park? Yes ☐ No ☐
- If yes, complete the information below (use Addendum if more than two):
 - Commercial Property ☐ Residential Property ☐
 - Address: _____
 - Dates of Operation: _____ to _____

 - Commercial Property ☐ Residential Property ☐
 - Address: _____
 - Dates of Operation: _____ to _____
5. Has the Applicant had filed, or been served with, a complaint or other notice filed with any public body, regarding delinquency in the payment of, or a dispute over the filings concerning the payment of, any tax required under federal, state, or local law? Yes ☐ No ☐
- If yes, explain: _____

6. Has the Applicant had any code violations issued for any property in Hazel Park? Yes ☐ No ☐
▪ If yes, explain: _____

7. Does the Applicant have liability and casualty damage insurance in the amount of One Million Dollars (\$1,000,000)? Yes ☐ No ☐
8. Has the Applicant filed for bankruptcy in the past seven (7) years? Yes ☐ No ☐
9. Provide the sources of Applicant's capitalization to build, operate, and maintain the proposed Medical Marihuana facility/operation: _____

_____ **Total Amount: \$** _____
10. Has the Applicant ever been criminally convicted? Yes ☐ No ☐
▪ If yes, state the nature of the charges, when and jurisdiction in which it occurred : _____

11. Does the Applicant have any history of noncompliance with federal, state or local regulatory requirements? Yes ☐ No ☐ If yes, explain: _____

12. At the time of this application, is the Applicant a defendant in any litigation involving its business practices? Yes ☐ No ☐ If yes, explain: _____

13. Is the Applicant applying for a **Grower's License**? Yes ☐ No ☐
▪ If yes, specify in detail how the Applicant intends to grow the Medical Marihuana (e.g., techniques, utilities, disposal of byproducts, etc.): _____

- ****A security and floor plan for indoor storage of chemicals must be provided for Grower's License Applicants.*** ☐
14. Describe how the confidentiality of Medical Marihuana patients will be protected: _____

15. Describe the Applicant's neighborhood compatibility plan in detail, including a consideration of the effects of the proposed facility/operation on nearby properties (include attached addendum if necessary): _____

16. Describe the Applicant's community involvement, including but not limited to, charitable contributions and volunteer work (include attached addendum if necessary): _____

17. Describe the Applicant's business plan in detail, considering business experience within the past ten (10) years, history of performance, and profit and loss statements for each business (include attached addendum if necessary): _____

18. Provide estimates of the proposed gross revenue to be generated from the facility/operation in the ensuing year (\$ _____), and the projected actual gross receipts (\$ _____).

SECTION E

REGISTERED CAREGIVER INFORMATION:

- ***Copy of Primary Caregiver Registry ID Card attached.** ☐

Name:		Position:
Residential Address:		
Mailing Address (<input type="checkbox"/> if same):		
Phone Number:	Email Address:	
Number of Years Caregiver has been Licensed:		

SECTION F

EMPLOYEE INFORMATION:

- **Actual or projected number of employees:** _____
- ***A copy of State-issued ID must be provided for every employee (secure Transporter Facility drivers must have Michigan Chauffeur's Licenses).**
- ***For each employee who is a Primary Caregiver, attach a copy of Registry ID Card issued by the Michigan Dept. of Community Health for Primary Caregiver.**
- **List all current and proposed employees below (use Addendum if necessary):**

Name:	Caregiver <input type="checkbox"/>	DOB:	ID <input type="checkbox"/> Reg. Card <input type="checkbox"/>
Name:	Caregiver <input type="checkbox"/>	DOB:	ID <input type="checkbox"/> Reg. Card <input type="checkbox"/>
Name:	Caregiver <input type="checkbox"/>	DOB:	ID <input type="checkbox"/> Reg. Card <input type="checkbox"/>
Name:	Caregiver <input type="checkbox"/>	DOB:	ID <input type="checkbox"/> Reg. Card <input type="checkbox"/>
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Name:	Caregiver <input type="checkbox"/>	DOB:	ID <input type="checkbox"/> Reg. Card <input type="checkbox"/>
Name:	Caregiver <input type="checkbox"/>	DOB:	ID <input type="checkbox"/> Reg. Card <input type="checkbox"/>

For the duration of the application and license periods, the Applicant is responsible for supplying State-issued ID and (if applicable) Registry Identification Cards to the City of Hazel Park for every new employee not listed above.

MEDICAL MARIHUANA LICENSE APPLICATION CHECKLIST

1. Fully completed and accurate *Application for License for Medical Marihuana Facility or Growing Operation*. ☐
2. Copy of receipt for \$1000 non-refundable application fee (receipt must be returned to the City Clerk's Office immediately upon payment following submission of Application). ☐
3. Documentation verifying Applicant's type of business entity (e.g., Co., Inc., LLC). ☐
4. State-issued ID for Applicant and all employees. ☐
5. Primary Caregiver Registry ID Card for Applicant and/or any employee(s). ☐
6. Proof of ownership of property **OR** copy of lease with documentation stating property owner consents to the lessee using the premises for Medical Marihuana purposes. ☐
7. Waste, Chemical & Plant Waste Disposal Plan. ☐
8. Certificate(s) of liability and casualty damage insurance. ☐
9. Copy of bond pursuant to Title 5, Chapter 5.04.050, City of Hazel Park Municipal Code. ☐
10. **Grower's License:** Security and floor plan for indoor chemical storage. ☐
11. **Provisioning Center:** Security and floor plan for indoor storage. ☐
12. Site Plan (**submitted to the Building Department**). ☐
13. Sign Permit Application (**submitted to the Building Department**). ☐
14. Special Use Permit Application (**submitted to the Building Department**). ☐

INSTRUCTIONS FOR SUBMISSION OF APPLICATION, SITE PLAN & PERMITS

- The *Application for License for Medical Marihuana Facility or Growing Operation* must be accompanied by the necessary attachments. **The Application shall be SEALED in a manila envelope that is labeled ONLY with the address of the proposed facility or growing operation.**
- A payment slip for the Application fee will be issued upon submission of the Application, which will be paid at the Treasurer's Office. The payment receipt shall be immediately returned to the Clerk's Office to confirm payment.
- **A separate SEALED manila envelope labeled ONLY with the address of the proposed facility or growing operation shall be submitted to the BUILDING DEPARTMENT at the time of application. The contents of this second envelope shall include a 1) Site Plan, 2) Sign Permit Application, and 3) Special Use Permit Application and payment of all fees.**
- For the initial licensing year, Applications **must be submitted no earlier than February 1, 2018 and no later than February 28, 2018.**

ACKNOWLEDGEMENT

I, the Applicant, declare that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that if the Medical Marihuana facility license is granted, it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Michigan Marihuana Facilities Licensing Act, Public Act 281 of 2016, and Hazel Park City Code Title 5, Business Licenses and Regulations, Chapter 5.04, Title 17, Zoning, Chapter 17.21, and any other ordinances which govern my license, business, or property. I acknowledge familiarity with said ordinances and hereby represent that I have knowledge of the contents in relation to the conduct of said business.

I understand that the \$1000 Application fee is nonrefundable, and that compliance with legal provisions and the requirements of this Application does not guarantee selection for the issuance of a license ____ (*Applicant must initial*).

Furthermore, I grant authorization for the City of Hazel Park, its agents and employees to seek information and investigate the truth of the statements set forth in this application and the qualifications of the applicant for the license. I also understand that the premises and surveillance camera recordings for the protection of public safety are subject to inspection for the purposes of determining compliance with state and local laws, without a search warrant.

Applicant's Signature: _____ **Date:** _____

Printed name: _____

FOR OFFICE USE ONLY

Date sent to Admin: _____	Returned by Admin: _____	Accepted: <input type="checkbox"/> Denied: <input type="checkbox"/>
Date sent to Fire Dept: _____	Returned by Fire Dept: _____	Accepted: <input type="checkbox"/> Denied: <input type="checkbox"/>
Date sent to Planning: _____	Returned by Planning: _____	Accepted: <input type="checkbox"/> Denied: <input type="checkbox"/>
Date sent to Police Dept: _____	Returned by Police Dept: _____	Accepted: <input type="checkbox"/> Denied: <input type="checkbox"/>
Date sent to Treasurer: _____	Returned by Treasurer: _____	Accepted: <input type="checkbox"/> Denied: <input type="checkbox"/>

ADDENDUM

Use the following addendum if additional space is required to complete one or more of the previous sections. If used, please label the information below with the section to which it refers.

[illegible]