



City of Battle Creek Medical Marihuana Facility Permit Part B

To be submitted for final MMF License after obtaining final MMF Operating License from the State of Michigan
Pursuant to Chapter 833 & 1299 Battle Creek, MI Code of Ordinances

Original applications must be submitted in person by the Applicant, their State Licensed Attorney or Authorized Agent

Business Information			
Business Name:			
Address:			
City:	State:	ZIP Code:	Phone:
Business E-mail:		Business Website:	
Name & Location of Facility			
Facility Name:			
Address:			
Applicant Information (person principally in charge of operation of business)			
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	DOB:
Michigan ID/Driver's License #:		Primary Contact #:	
Email Address:		Secondary Contact #:	
Type of Facility			Check all that apply
Grower:	<input type="checkbox"/>	Class A (500 plants) x _____ # of licenses	<input type="checkbox"/> Provisioning Center
	<input type="checkbox"/>	Class B (1,000 plants) x _____ # of licenses	<input type="checkbox"/> Safety Compliance
	<input type="checkbox"/>	Class C (1,500 plants) x _____ # of licenses	<input type="checkbox"/> Secure Transporter
Processor:	<input type="checkbox"/>	Method(s) of Extraction:	
Property Owner of Record Information (all owners)		If additional owners, include on separate page	
Name:			
Address:			
Facility Name:		Facility Address:	
Authorization and Preferences			
I prefer all Correspondence and/or Permits be sent by: ___ Postal Mail ___ Email			
Email or Mailing Address:			
Does any person other than the applicant(s) named in this application have authority to discuss this permit application with City staff? ___ Yes ___ No If "Yes" complete the following:			
Name:		Affiliation with Applicant:	
Address:			
City:	State:	Zip Code:	Phone:
Email:		Attorney License No: (if applicable):	
Is this person the main contact for all purposes pertaining to this permit application? ___ Yes ___ No			
Attach an additional sheet if there are more authorized contacts to list			

Facility Name:	Facility Address:
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Inspections:

Is this facility currently open under a AUME License? ___ Yes ___ No If yes, what are the operating hours?

Who is the contact person to schedule inspections?

Name:	Phone:
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Business Facility Management Information

List all Managers of the Facility

Name:	Title:
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Maiden Name or Aliases:	Home Address:
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City:	State:	Zip Code:	Phone:
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Business Email:	Personal Email:
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Name:	Title:
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Maiden Name or Aliases:	Home Address:
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City:	State:	Zip Code:	Phone:
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Business Email:	Personal Email:
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Name:	Title:
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Maiden Name or Aliases:	Home Address:
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City:	State:	Zip Code:	Phone:
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Business Email:	Personal Email:
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Name:	Title:
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Maiden Name or Aliases:	Home Address:
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City:	State:	Zip Code:	Phone:
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Business Email:	Personal Email:
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Name:	Title:
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Maiden Name or Aliases:	Home Address:
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City:	State:	Zip Code:	Phone:
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Business Email:	Personal Email:
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Name:	Title:
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Maiden Name or Aliases:	Home Address:
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City:	State:	Zip Code:	Phone:
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Business Email:	Personal Email:
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Name:	Title:
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Maiden Name or Aliases:	Home Address:
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City:	State:	Zip Code:	Phone:
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Business Email:	Personal Email:
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Name:	Title:
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Maiden Name or Aliases:	Home Address:
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City:	State:	Zip Code:	Phone:
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Business Email:	Personal Email:
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Name:	Title:
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Maiden Name or Aliases:	Home Address:
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City:	State:	Zip Code:	Phone:
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Business Email:	Personal Email:
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Attach an additional sheet if there are more facility managers to list

Facility Name:

Facility Address:

Additional Documents Required for Final Medical Marihuana Facility Permit

In order for this application to be complete, you must also submit the following documents:

- ___ Complete Financial Information Request for each applicant, stakeholders and facility managers listed on the application
 - ___ Complete Criminal History Disclosure and Background Record Authorization for each applicant, stakeholders and facility managers listed on the application
 - ___ Completed List of Employees
 - a. Copy of valid Driver's License or photo ID for each employee listed must be submitted
 - ___ Certificate of Occupancy for the premises
 - ___ Copy of the State of Michigan Marihuana Establishment Operating License
 - ___ Copy of a Valid Photo ID or Driver's License for the applicant, all business owners and managers of the facility
 - ___ Proof of payment of any outstanding taxes, utilities, liens, etc., as determined by the City Treasurer (if applicable)
 - ___ Evidence of valid and effective insurance policies signed by a qualified insurance agent,
 - a. Worker's compensation insurance in accordance with Michigan statutory limits and Employers Liability Insurance with a minimum limit of \$100,000.00 for each accident for any employee
 - b. Public liability and personal injury insurance with minimum limits of \$500,000.00 for each occurrence with respect to bodily injury liability and property damage liability, or both combined.
- Documentation must explicitly state the following: (a) the policy number; (b) name of insurance company; (c) name and address of the agent or authorized representative; (d) name and address of insured; (e) location of coverage; (f) policy expiration dates; (g) specific coverage amounts (h) City must be listed as a Certificate Holder and must include an endorsement placed on each policy requiring 10 days' notice by mail to the City before the insurer may cancel the policy for any reason*
- ___ Copy of executed property Deed and/or lease which indicates use of site for subject permit

Term: One (1) year: January 1 – December 31

Please submit your completed application, all additional required documents and required fees to:

City of Battle Creek
City Clerk's Office
10 N. Division Street, Room 111
Battle Creek, MI 49014

If you have any questions please contact the Battle Creek Clerk's Office at (269) 966-3348 or via email at cityclerk@battlecreekmi.gov.

***Applications will expire and be administratively closed if the application process has not been completed within 12 months from the date of application submittal.**

The City will not accept copied or electronic signatures and/or initials. Any application that is missing original signatures or initials on all required forms will be considered incomplete and will be rejected.

The Applicant is responsible for being sufficiently familiar with and having a working knowledge of the ordinance requirements. Copies of Chapters 833, 835 & 1299 are available on the City of Battle Creek website at www.battlecreekmi.gov.

I hereby certify that the information provided above is accurate to the best of my knowledge. I agree to operate the aforementioned business in compliance with the guidelines established pursuant to Chapter 833, 835 & 1299 of the Codified Ordinances of Battle Creek, Michigan. In addition, I agree to cooperate with the investigator/inspector assigned to screening this application.

Signature of Applicant _____ Date _____



CITY OF BATTLE CREEK
Marihuana Facility
Financial Information Request

Pursuant to Chapter 833, 835 & 1299 Battle Creek, MI Code of Ordinances

A separate form for each individual listed on the Permit application is required, including applicant, stakeholders and facility managers.

Marihuana Facility Business Information

Name of Company: _____

Federal Employer ID Number: _____

Business Address: _____

Parcel Property ID: _____

City: _____

State: _____

Zip: _____

Personal Property ID: _____

Phone: _____

Business Website: _____

Business Email contact: _____

Applicant Information

Name of Applicant: _____

Title: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Social Security Number: _____

Date of Birth: _____

Michigan ID/Driver's License Number: _____

Years of Residency: _____

Do you, or this business, owe the City of Battle Creek money for any reason? Yes No

If yes, please explain: _____

Name of any other City of Battle Creek area businesses or properties in which your ownership participation exceeds 25%: _____

Please submit this completed form to: City of Battle Creek
City Clerk's Office
10 N. Division Street, Room 111
Battle Creek, MI 49014

If you have any questions please contact the Battle Creek Clerk's Office at (269) 966-3348 or via email at cityclerk@battlecreekmi.gov.

The Applicant is responsible for being sufficiently familiar with and having a working knowledge of the ordinance requirements. A copy of Chapter 835 is available on the City of Battle Creek website at www.battlecreekmi.gov.

I hereby certify that the information provided above is accurate to the best of my knowledge. I agree to operate the aforementioned business in compliance with the guidelines established pursuant to Chapters 833, 835 & 1299 of the Codified Ordinances of Battle Creek, Michigan and all applicable ordinances, statutes, regulations, and laws. In addition, I agree to cooperate with the investigator/inspector assigned to screening this application.

Applicant's Signature: _____ Date: _____

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City Treasurer Approved Denied Signature: _____

Comments: _____

Income Tax Approved Denied Signature: _____

Comments: _____



CITY OF BATTLE CREEK

Marihuana Facility

**Criminal History Disclosure and
Background Record Authorization**

Pursuant to Chapter 833, 835 & 1299 Battle Creek, MI Code of Ordinances

As part of the Licensing Process, each person listed on the permit application must complete this form and submit with a copy of Valid Photo ID or Driver's License. All questions on this form must be answered completely and truthfully. Incomplete or omitted information may result in application delay or denial.

A separate form for each individual listed on the permit application is required, including applicant, stakeholders and facility managers.

Full Name:			
Maiden Name or Aliases:		Michigan ID or Driver's License Number:	
Home Address:		City:	State: Zip:
Phone:	Date of Birth:	Gender:	Race:

1. Has the applicant ever been arrested, charged, indicted or imprisoned for a felony involving controlled substances as defined under the Michigan Public Health Code, MCL 333.1101 et seq., the federal law, or the law of any other state? Yes No

2. Has the applicant ever been arrested, charged, indicted or imprisoned for any other type of felony under the law of Michigan, the United States, or any other state? Yes No

If you answered Yes to either or both of the above questions, the applicant must complete the following section.

Offense: Arrest/Charge Indictment/Conviction	Date	Arresting Agency	Name & Location of Court	Case Caption	Case/Docket Number	Disposition
Date of Conviction	Law under which the person was convicted					SID Number

I, _____ authorize the release of any and all information from any appropriate agency regarding my criminal conviction history to the City of Battle Creek Clerk's Office or City of Battle Creek Police Department. I understand that my ethnicity, date of birth, sex and age will not be made a part of my application and that none of these four (4) items will be considered in the review of my permit application.

I acknowledge that a complete background investigation, including, but not limited to, a State Police Criminal conviction Record Check will be done. In addition, I agree to cooperate with the investigator/inspector assigned to screening this application.

I further understand that the City of Battle Creek Clerk's Office has the right to deny my permit based upon the results of this investigation and I hereby certify that the information provided above is accurate to the best of my knowledge.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Chief of Police Approved Denied Signature: _____

Comments: _____



Marihuana Facility List of Employees

As part of the permit process, each person employed by the permit holder must be reported. The permit holder shall report new employees to the City of Battle Creek within seven (7) business days. A copy of valid picture identification for each employee listed must be submitted with this form.

Non-Refundable Fee for Each Employee Added after Annual Permit is issued: \$20.00

Facility Employee Information			
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:		Race:
Contact Number:	_____ Male	_____ Female	
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:		Race:
Contact Number:	_____ Male	_____ Female	
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:		Race:
Contact Number:	_____ Male	_____ Female	
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:		Race:
Contact Number:	_____ Male	_____ Female	
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:		Race:
Contact Number:	_____ Male	_____ Female	
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:		Race:
Contact Number:	_____ Male	_____ Female	
Attach an additional sheet if there are more employees to list			