



Medical Marihuana Facilities Permit Application Part B

To be submitted for final MMF License after obtaining final MMF Operating License from the State of Michigan.

Applications must be submitted along with all required attachments in person by the Applicant or their State licensed attorney to:

City of Battle Creek Clerk's Office, 10 N. Division St., Room 111, Battle Creek, MI 49014 or cityclerk@battlecreekmi.gov

Business Information			
Business Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Business E-mail:	Business Website:	
Name & Location of Facility			
Facility Name:		Real Property ID #	
Address:		Personal Property ID #	
Property Owner Information (all owners) If additional owners, include on separate page			
Name:			
Address:			
Name:			
Address:			
Type of Facility		Check all that apply	
Grower: <input type="checkbox"/>	Class A (500 plants) x _____ # of licenses	<input type="checkbox"/>	Safety Compliance
<input type="checkbox"/>	Class B (1,000 plants) x _____ # of licenses	<input type="checkbox"/>	Processor
<input type="checkbox"/>	Class C (1,500 plants) x _____ # of licenses	<input type="checkbox"/>	Provisioning Center
		<input type="checkbox"/>	Secure Transporter
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 #:	
Business Facility Management Information			
List all Managers of the Facility			
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
Attach an additional sheet if there are more managers to list			

Documents Required for Final Approval of Medical Marihuana Facility Permit/License

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

- ___ Copy of the State of Michigan MMFL Operating License
- ___ Certificate of Occupancy for the premises
- ___ Copy of State Approved premises security plan
- ___ 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, as well as a copy of 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:
 1. 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
 2. 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; and (g) specific coverage amounts.
- ___ Copy of executed property Deed or lease which indicates use of site for subject permit
- ___ Completed List of Employees

***Note that the attached Attestation I, Confirmation of Sec. 205 Compliance form must be filled out and presented to the City Clerk to sign prior to submitting to the State of Michigan for License Qualification (step two)**

Term: One (1) year

Please submit your completed application, all additional required documents 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 833 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 Chapter 833 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 _____

FOR OFFICE USE ONLY

Please conduct your review for Final Approval and forward your recommendations to the Clerk's Office

Chief of Police ___ Approved ___ Denied Signature: _____

Comments: _____

Planning/Zoning ___ Approved ___ Denied Signature: _____

Comments: _____

Treasurer ___ Approved ___ Denied Signature: _____

Comments: _____

Inspections ___ Approved ___ Denied Signature: _____

Comments: _____

Risk Management ___ Approved ___ Denied Signature: _____

Comments: _____

Fire Department ___ Approved ___ Denied Signature: _____

Comments: _____



CITY OF BATTLE CREEK
Medical Marihuana Facilities
Financial Information Request

Pursuant to Chapter 833 Battle Creek, MI Code of Ordinances

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

Medical 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 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.

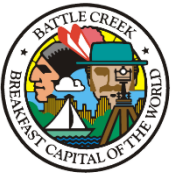
The Applicant is responsible for being sufficiently familiar with and having a working knowledge of the ordinance requirements. A copy of Chapter 833 is available on the City of Battle Creek website at www.battlecreekmi.gov.

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 Chapter 833 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: _____

FOR OFFICE USE ONLY

City Treasurer	Approved	Denied	Signature: _____
Comments: _____			
Income Tax	Approved	Denied	Signature: _____
Comments: _____			



Medical 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:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:		Race:
Contact Number:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:		Race:
Contact Number:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:		Race:
Contact Number:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:		Race:
Contact Number:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:		Race:
Contact Number:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Attach an additional sheet if there are more employees to list			

