City of Battle Creek
Medical Marihuana Facility Permit
Renewal Application

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

Applications must be submitted by November 1st by mail or 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		☐ **Owned**	☐ **Leased**
Facility Name:			
Address:			
Real Property ID #:		Personal Property ID #:	

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 ($5,000.00 per license Non Refundable)				Check all that apply
Grower:	☐	Class A (500 plants) x_____# of licenses	☐	Safety Compliance
	☐	Class B (1,000 plants) x_____# of licenses	☐	Secure Transporter
	☐	Class C (1,500 plants) x_____# of licenses	☐	Provisioning Center
Processer:	☐	Method(s) of Extraction:		

Property Owner of Record Information (all owners)	If additional owners, include on separate page
Name:	
Address:	
Name:	
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:

Inspections:

What are the operating hours for this facility?

Who is the contact person to schedule inspections?

Name:	Title:	Phone:

Ownership Type

☐ Individual/Sole Proprietor Sole ☐ Member LLC ☐ LLC	☐ Partnership ☐ Corporation Type:_____ ☐ Other (specify) _____

A. Complete this section if you marked Individual/Sole Proprietor or Sole Member LLC

Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Michigan Driver's License #:			Date of Birth:

B. Complete this section if you marked LLC, Partnership, Corporation or Other

Official Business Name:		
Business Address:		
City:	State:	ZIP Code:
E-mail:	Phone:	
Michigan Corporate/LLC ID #	Date of Incorporation/Qualification:	

C. Complete this section if you marked LLC, Partnership, Corporation or Other

List all Owners, Partners or Corporate Officers (Stakeholders)

Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
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 persons to list

D. 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:	
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 persons to list

Facility Name:	Facility Address:

Additional Documents Required

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

- ☐ **Completed List of Employees**
  - **a. Copy of valid Driver's License or photo ID for each employee listed must be submitted**
- ☐ **Completed Financial Information Request Form**
- ☐ **Completed Criminal History Disclosure and Background Record Authorization Form for each person listed on the Application**
- ☐ **Copy of a Michigan ID or Driver's License for the applicant, all business owners and managers of the facility**
- ☐ **Copy of the State of Michigan Marihuana Establishment Operating License**
- ☐ **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 $100,000.00 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**
- ☐ **Property Owner Consent Form (if applicable)**
- ☐ **Entity Information (if changes have been made)**
  - ☐ **Official Registration Document (e.g., Articles of Incorporation)**
  - ☐ **Copy of Bylaws or Other Governing Documents**
  - ☐ **Copy of Organizational Structure (if applicable)**
  - ☐ **Authorizing Resolution (if applicable)**
  - ☐ **Certificate of Assumed Name (if applicable)**

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

Renewal application is due by November 1st. Any application received after November 1st will be subject to a late fee of $200.00

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.

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 and 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 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 833 and/or 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:_____

FOR OFFICE USE ONLY

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 <u>Yes</u> to either or both of the above questions, the <u>applicant must complete the following</u> 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

☐ New Application ☐ Renewal Application ☐ New/Additional Employees ***please also provide a list of employees no longer employed (if applicable)***

Business Information		
Business Name:		
Facility Name:		
Facility Address:		
City:	State:	ZIP Code:
Contact Number:	Email Address:	

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
Attach an additional sheet if there are more employees to list		

CITY OF BATTLE CREEK

CITY CLERK

PROPERTY OWNER CONSENT FORM

I, _____, declare under penalty of perjury that:

1. For the property listed below, I am (choose one) ☐ the record title owner or ☐ a representative of a trust or business entity named _____ that owns the property and I have been duly authorized to represent such trust or business entity for purposes of executing this document. (must provide supporting documentation)

   _____

   _____

   Physical Address of Property

2. I, or the trust or business entity I represent, am aware that the applicant _____ is in the process of applying to the City of Battle Creek for a business permit to operate a marihuana facility on the property described above in conformance with all the provisions of Chapters 833, 835 and 1299 of the Codified Ordinances of Battle Creek, Michigan.
3. If such application is granted, I will allow the applicant to engage in the operation of the applied for marihuana business on the property.
4. I, or the trust or business entity I represent, understand that, as the owner of the parcel of the proposed marihuana business, I am required to sign this agreement in order for the applicant's application to go forward and understand that I may be liable under local, state, or federal law for the marihuana activities I am allowing on my property.

_____ _____

Property Owner Signature *Date*

Acknowledged by_____ before me on the_____ day of_____, 20_____

Signature_____ Printed name_____

Notary public, State of Michigan, County of _____

My commission expires_____