



City of Buchanan

Medical Marihuana Facility Permit Application

City of Buchanan
 302 N. Redbud Trail
 Buchanan, MI 49107
 269-695-3844
 www.cityofbuchanan.com

Date Received:

TYPE OF APPLICATION:

New Application

Date \$5,000 Permit Fee Paid: _____

Renewal Application

Permit Modification

TYPE OF LICENSES:

Grower, Class A*

Grower Class B*

Grower Class C*

Processor

Provisioning Center

Safety Compliance Facility

Secure Transporter

OWNER AND MANAGER INFORMATION:

1. If the applicant is an individual, the applicant's name, date of birth, SSN, physical address including residential and any business address(s) attached to the individual, copy of government issued photo identification, email address, and one or more phone numbers, including emergency contact information, and if applicable Federal EIN;

Applicant Name:	
Business Name:	
Phone Number:	Email Address:
Physical Address:	
Mailing Address:	

* additional information required

2. If the applicant is not an individual, the names, date of birth, SSN's, physical addresses, including residential and any business address(s), copy of government issued photo identification, email addresses, and one or more phone numbers of each stakeholder and/or general partners of the applicant, including designation of the highest ranking stakeholder and/or general partner as an emergency contact person and contain information for the emergency contact person, articles of incorporation, assumed name registration documents, Internal Revenue Service SS-4, EIN confirmation letter(s), and a copy of the operating agreement of the applicant, if a limited liability company copy of the partnership agreement, if a partnership, or a copy of the by-laws or shareholder agreement, if a corporation. **Include attachment and mark as 2.A. of past five (5) year residences for each person listed below.**

Primary Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Social Security Number						
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Social Security Number						
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Social Security Number						
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Social Security Number						
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Social Security Number						

Include additional pages if necessary

3. PROPERTY INFORMATION:

Business Site Address: _____	
Property Tax ID Number: _____	
<input type="checkbox"/> Owned <input type="checkbox"/> Leased	Date of Purchase: _____ Start Date: _____ End Date: _____
If Leased: Property Owner Name: _____ Phone: _____ Email: _____	
Will facility be in an existing structure? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many square feet?
Will a new structure or addition be built? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many square feet?
Is the parcel located within 1,000 feet of any educational institution or school, college or university, or 500 feet of any church, house of worship or other religious facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	

4. WATER AND WASTE WATER INFORMATION:

This information must include the business as well as the entire parcel.

Expected Level of Water Use (gal/day)	Expected Waste Water Discharge (gal/day)
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5. BUSINESS OPERATIONS:

Hours of Operation:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

6. ADDITIONAL INFORMATION REQUIRED: PLEASE ATTACH AND LABEL

A. For the applicant, for each stakeholder and/or general partner of the applicant, an affirmation under oath as to whether they are at least 18 years of age and have never been indicted for, charged with, arrest 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.

B. Before hiring a prospective agent or employee of the applicant, the holder of a Permit shall conduct a background check of the prospective employee. If the background check indicates 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 Commission.

C. A signed release authorizing the City of Buchanan Police Department 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, the cost of which will be charged to the applicant;

D. The name, date of birth, physical address (residential and any business address(s), copy of photo identification, and email address for any managerial employee or employee of the Medical Marihuana Facility, if other than the applicant;

E. An affirmation under oath as to whether the applicant or Stakeholder 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;

F. 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 a permit under this Ordinance along with a copy of the lease for the premises;

G. 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 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;

H. A detailed 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. Provide the name, address, telephone number, and business license number of the security company that will be used. NOTE: The company must have a valid business license in the State of Michigan.

I. A crisis response plan;

J. 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, and the location of the Material Safety Data Sheets and any chemical storage;

K. A list of any chemicals being stored on the premises;

L. 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;

M. 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;

N. A staffing plan;

O. Any proposed text or graphical materials to be shown on the exterior of the proposed Medical Marihuana Facility; (Must conform with the requirements of the City's Zoning Ordinance and Sign Ordinance)

P. A patient education plan where applicable;

Q. A business plan which contains but is not limited to the applicant's experience in operating other similarly permitted or licensed businesses and the applicants' general business management experience;

R. 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's Office;

S. 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 any Marihuana will be rendered unusable upon disposal. Disposal by on-site burning or introduction in the sewerage system is prohibited;

T. 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, in immediately available funds.

7. OTHER BUSINESS INFORMATION:

A. Provide a detailed description of the plan to dispose of any medical marijuana or product not sold in a manner that protects it from being ingested by an animal or person.

B. Provide a detailed description of the ventilation system used to prevent odor from leaving the building and how to mitigate noxious fumes or gases during the production process.

C. Provide a list of all personnel with access to the surveillance camera system to be used.

8. ADDITIONAL REQUIREMENTS FOR GROWER FACILITIES: the following additional items shall be required:

A. A grower plan that includes at a minimum a description of the Grower methods to be used, including plans for the growing mediums, treatments and/or additives;

B. A production testing plan that includes at a minimum a description of how and when samples for laboratory testing by a state approved Safety Compliance Facility will be selected, what type of testing will be requested, and how the test results will be used;

C. An affidavit that all operations will be conducted in conformance with MMMA, the Medical Marihuana Facilities Licensing Act or other applicable State laws and such operations shall not be cultivated on the premises at any one time more than the permitted number of Marihuana Plants per the Michigan Medical Marihuana Act, as amended, and the Medical Marihuana Facilities Licensing Act;

D. A chemical and pesticide storage plan that states the names of chemicals and pesticides to be used in the Grower and where and how pesticides and chemicals will be stored in the facility, along with a plan for the disposal of unused pesticides and chemicals;

NOTE: All Growing must be performed within an enclosed locked Facility.

BACKGROUND INFORMATION:

A. If you are currently licensed by any governmental agency to engage in any business, list each such license held, the city in which it is held and expiration date thereof.

B. Do you authorize the City of Buchanan to perform background checks?

Yes

No

OATH OF APPLICATION:

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that 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 the City of Buchanan Ordinances which govern my Permit.

Signature

Date

Printed Name

Title