INSTRUCTIONS FOR SUBMISSION OF A NEW OR RENEWAL APPLICATION

For ease of processing all applications, we have put together the following list of submission requirements for the 2024/2025 Commercial Marihuana Facilities Permit application period. Your attention to these requirements is greatly appreciated.

1. The non-refundable $5,000 fee is applied for each permit type.
2. For new applicants you must submit either of the following: A letter from the State of Michigan showing pre-qualification status or a copy of a valid State License for your company (it cannot be a license from any other company.)
3. A copy of your State License must be included in your packet.
4. The **Personal Property ID** and the **Parcel Property ID** must be filled in on page 1 of the application. The application will be returned if they are missing.
5. Section A on page 1 should ONLY be completed if you are renewing your permit with the City.
6. If you are operating as a **DBA** you **MUST** include that on Page 2 of the application.
7. The items required on the Notarized Applicant Checklist should be included after the 8-page city application.
8. Please DO NOT submit any binders or tabs.
9. Digital copies may be submitted; however, a paper copy is still required.
10. No online payments can be accepted at this time.
11. If submitting digitally, the application will not be entered as being timely received until payment is made.
12. Applications can be mailed, with payment to the City of Adrian, City Clerk's Office at 135 E. Maumee Street, Adrian, Michigan, 49221.
13. Any outstanding utility, tax and inspection fees should be paid prior to submission of the application.
14. The Applicant Information on page 2 should list the company or person applying for the permit.
15. List a contact person that you would like the City to communicate with when additional information is required for the application.
16. Items on the Applicant Checklist should ONLY be checked off if you have **ACTUALLY** provided the information.
17. An incomplete application is subject to denial.

Any questions regarding the application process should be directed to the City Clerk at clow@adrianmi.gov or 517-264-4866.

Thank you

City of Adrian
Commercial Marihuana Facilities Permit
APPLICATION

Please return completed application and
$5,000 Non-Refundable permit fee to:

City Clerk's Office
135 East Maumee Street
Adrian, Michigan 49221

Date Submitted: _____

Application #: _____

☐ **NEW** ☐ **RENEWAL**

PERMIT TYPE: ☐ Medical Marihuana Permit ☐ Adult Use Permit

A $5,000 non-refundable fee applies for EACH type of permit requested.

MM - Medical Marihuana Permits	**AU - Adult Use Permits**	**Misc. Permits**
☐ MM Class A Grower - # of: _____	☐ AU Class A Grower - # of: _____	☐ Marihuana Secure Transporter
☐ MM Class B Grower - # of: _____	☐ AU Class B Grower - # of: _____	☐ Marihuana Safety Compliance Facility ☐ Medical ☐ Adult Use
☐ MM Class C Grower - # of: _____	☐ AU Class C Grower - # of: _____	
☐ MM Provisioning Center	☐ Excess Grower - # of: _____	☐ Processor ☐ Medical ☐ Adult Use
	☐ AU Retail Establishment	

A. Renewal Applicants Only - Compliance History – (New Applicants go to B.)
1. Have you ever received a citation for non-compliance of a local or state rule, regulation or law regarding your permit or license? Yes ☐ No ☐ If yes please explain:
2. Has your municipal Commercial and/or adult use permit ever been suspended or revoked? Yes ☐ No ☐ If yes, please explain:
3. Is your municipal Commercial and/or adult use permit currently in good standing? Yes ☐ No ☐ If no, please explain:
4. If applicable, has your state Commercial and/or adult use license ever been suspended or revoked? Yes ☐ No ☐ If yes, please explain:
5. If applicable, is your state Commercial and/or adult use license currently in good standing? Yes ☐ No ☐ If no, please explain:

B. Commercial Marihuana Facility Business Information		
Name of Company:		
Federal Employer ID Number:		Personal Property ID:
Business Address:		Parcel Property ID:
City:	State:	Zip Code:
Phone:	Fax:	Business Website:
Business Email Contact:		

City of Adrian
Commercial Marihuana Facilities Permit
APPLICATION

C.	**Applicant Information**	
Name of Applicant:		Title:
Address:		
City:	State:	Zip Code:
Michigan ID/Driver's License Number:		
Land Line:	Cell:	

APPLICANT (check one):

- ☐ Individual / Sole Proprietor
- ☐ Partnership
- ☐ LLC
- ☐ Corporation Type: _____
- ☐ D/B/A _____
- ☐ Other/Specify: _____

IF A CORPORATION OR DBA, name and address of registered agent for service of process:

_____

_____

If the proposed permit holder is a corporation, non-profit organization, limited liability company or any other entity other than a natural person it must state its legal status, attach a copy of all company documents (including amendments), proof of registration with the State of Michigan and a certificate of good standing along with the articles, resolutions and by-laws/operating agreements.

Each person listed on the application submitted to the State of Michigan must also be listed here.

D.	**List all Owners, Partners, Corporate Officers (Stakeholders), or Facility Managers**		
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:	
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			

City of Adrian
Commercial Marihuana Facilities Permit
APPLICATION

Commercial Marihuana Facilities
Criminal History Disclosure and Background Record Authorization

As part of the Licensing Process, each person listed on the information submitted to the State of Michigan must also complete this form and submit with a copy of a Michigan ID or Driver's License. All questions on this form must be answered completely and truthfully. A separate form for each individual listed is required.

A separate form for each individual listed on the CMF Permit application is required, including applicant, owners, partners, corporate officers (stakeholders.)
Full Name:
Maiden Name or Aliases:
Michigan ID or Driver's License Number:
Home Address: City: State: Zip:
Phone: Date of Birth: Gender:

I, _____, affirm that I am at least 18 years of age and have not been convicted of or pled guilty or no contest to a disqualifying felony.

I, _____, authorize the release of any and all information from any appropriate agency regarding my criminal conviction history to the City of Adrian, City Clerk's Office. I **understand that my race, color, sex, age, religion, national origin, height, weight, marital status, familial status, veteran status, citizenship, handicap/disability, gender identity, sexual orientation, genetic information, or as otherwise in accordance with all Federal or State law, or local regulations will not be made part of my application and that none of these 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.

Signature: _____ Date: _____

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 333.11041 et seq., the federal law, or the law of any other State? Yes ☐ No ☐

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 hereby certify that the information provided above is accurate to the best of my knowledge.

Signature: _____ Date: _____

City of Adrian
Commercial Marihuana Facilities Permit
APPLICATION

Commercial Marihuana Facilities
City Treasurer Request for Information

Each person listed on the application submitted to the State of Michigan must also complete this form.

Applicant Information		
Name:		
Home Address:		
City:	State:	Zip:
Phone:	Social Security Number:	
Driver's License Number:		Date of Birth:

Employer/Business Information		
Corporate Name:		
DBA:		
Address:		
City:	State:	Zip:
Business Phone:		
Federal Employer Identification :		

Do you, or any of these businesses, owe the City money for any reason? ☐ Yes ☐ No

If Yes, for what reason? _____

Name of any other Adrian area business in which your ownership participation exceeds 25%

_____

_____

_____ _____

Signature Date

City of Adrian
Commercial Marihuana Facilities Permit
APPLICATION

AFFIDAVIT OF AWARENESS
ARTICLE XI – COMMERCIAL MARIHUANA FACILITIES & ADULT USE ESTABLISHMENTS

***I affirm that I, the applicant or operator*:**

☐ **Have not had a commercial license or certificate by any licensing authority in Michigan or any other jurisdiction denied, revoked or suspended.**

☐ **Has had a commercial license or certificate by any licensing authority in Michigan or any other jurisdiction denied, revoked or suspended.**

☐ **Have not had a business license denied, revoked or suspended and if revoked or suspended, list the reason for such revocation or suspension.**

☐ **I, the applicant acknowledge that I am aware of local ordinance 46-505 (c) stating any application missing information in any required field will be deemed incomplete and is subject to denial of permit by the City Clerk.**

☐ **I, the applicant acknowledge that I am aware of local ordinance 46-502 (b) stating the issuance of any permit or renewal permit shall not confer any vested rights, property or other right, duty, privilege or interest in a permit of any kind or nature whatsoever including, but not limited to, any claim of entitlement or reasonable expectation of subsequent renewal on the applicant or permit holder and shall remain valid only for one year immediately following its approval.**

☐ **I further understand that no portion of my application fee of $5,000.00 will be refunded, even if my application is denied due to my failure to submit a "complete application"**

☐ **I, the applicant, acknowledge that I am aware and understand that all matters related to Marihuana, growing, cultivation, possession, dispensing, testing, safety compliance, transporting, distribution, and use are currently subject to state laws, rules and regulations, and that the approval or granting of a permit hereunder does not exonerate or exculpate the applicant from abiding by the provisions and requirements and penalties associated with those laws, rules and regulations or exposure to any penalties associated therewith; and further waive and forever release any claim demand, action, legal redress or recourse against the City of Adrian, its elected and appointed officials and its employees and agents for claims, damages, liabilities, causes of action, and attorney fees that applicant may incur as a result of violation by applicant, its officials, members, partners, shareholders, employees and agents, of those laws, rules and regulations and hereby waive and assume the risk of any such claims and damages and lack of recourse against the City of Adrian, its elected and appointed officials, employees, attorneys and agents.**

☐ **I, the applicant affirm that neither I nor any stakeholder is in default to the City of Adrian, specifically, that I, the applicant, have not failed to pay any property taxes, special assessments, fines, fees or other financial obligation to the City.**

☐ **I, the applicant acknowledge that I am aware of the local ordinance requirement that cultivation be performed in an enclosed building.**

Signature of Applicant **Signature of Co-Applicant**

City of Adrian
Commercial Marihuana Facilities Permit
APPLICATION

NOTARIZED APPLICANT CHECKLIST

Every applicant for a Marihuana facility, establishment, or other business permit shall complete and file the application form provided by the city clerk's office. Any application missing information in any required field will be deemed incomplete and is subject to denial of the permit by the city clerk. Each question in the application must be answered in its entirety and all the information requested and required by this article must be submitted with the application. Failure to comply with these rules and the application requirements in this article is grounds for denial of the application. An application for a Commercial Marihuana Facility Permit shall contain any information required by the Medical Marihuana Facilities Licensing Act, MCL 333.27101 et seq. and/or the Michigan Regulation and Taxation of Marihuana Act, MCL 333.27951 et seq., and shall also contain all of the following:

☐ All documentation showing approved pre-qualification status or the required valid State Marihuana License.
☐ If the proposed permit holder is an individual, the applicant's name, date of birth, physical address, email, one or more phone numbers, including emergency contact information, and a copy of a valid unexpired driver's license or State ID.
☐ If the applicant is not an individual, the names, dates of birth, physical addresses, email addresses, and one or more phone numbers of each stakeholder of the applicant, including designation of a stake holder as an emergency contact person and contact information for the emergency contact person, a copy of a valid unexpired driver's license or State ID for each proposed permit holder.
☐ Articles of incorporation of organization, internal revenue service SS-4 EIN confirmation letter, and the operating agreement or bylaws of the applicant, if a limited liability company are required.
☐ The name and address of the proposed Commercial Marihuana establishment and any additional contact information including name, address, and telephone number of the owner(s) of all real property where the facility is located.
☐ Proof of ownership of the entire premises wherein the Commercial Marihuana establishment is to be operated; or written consent from the property owner for use of the premises with a copy of any lease for the premises.
☐ A signed release permitting the city police department to perform a criminal background check.
☐ A signed acknowledgement that the applicant is aware and understands that all matters related to marihuana, growing, cultivation, possession, dispensing, testing, safety compliance, transporting, distribution, and use are currently subject to state laws, rules and regulations, and that the approval or granting of a permit hereunder does not exonerate or exculpate the applicant from abiding by the provisions and requirements and penalties associated with those laws, rules and regulations or exposure to any penalties associated therewith; and further the applicant waives and forever releases any claim demand, action, legal redress or recourse against the City, its elected and appointed officials and its employees and agents for any claims, damages, liabilities, causes of action, and attorney fees that applicant may incur as a result of a violation by applicant, its officials, members, partners, shareholders, employees and agents, of those laws, rules and regulations and hereby waives and assumes the risk of any such claims and damages and lack of recourse against the City, its elected and appointed officials, employees, attorneys, and agents.
☐ A signed acknowledgement that all cultivation must be performed in an enclosed building.
☐ An affidavit that the applicant nor any stakeholder of the applicant is not 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, fees or other financial obligation to the city.
☐ Proof of a surety bond for each permit type, in the amount of $100,000.00 with the City listed as the obligee to guarantee the performance by applicant of the terms, conditions and obligations of this article or in the alternative applicant can create an escrow account for the benefit of the city at a city-approved financial institution in the amount of $20,000.00.
☐ Proof of an insurance policy covering each facility and naming the City, its elected and appointed officials, employees, and agents, as additional insured parties, available for the payment of any damages arising out of an act or omission of the applicant or its stakeholders, agents, employees, or subcontractors, in the amount of (a) at least $1,000,000.00 for property damage: (b) at least $1,000,000.00 for injury to one person; and (c) at least $2,000,000.00 for injury to two or more persons resulting from the same occurrence. The insurance policy underwriter must have a minimum A.M. Best Company insurance ranking of B+, consistent with State law.
☐ If applicable, a copy of the social equity plan submitted to the State.

City of Adrian
Commercial Marihuana Facilities Permit
APPLICATION

NOTARIZED APPLICANT CHECKLIST
☐ Any other information deemed by the City to be required for consideration of a permit.
Please specify:
I,_____(applicant) intend to acquire and maintain a valid Marihuana Facility License from the State of Michigan and maintain a Marihuana Facility Permit. I understand and agree that in the event of a lapse in my state issued Commercial Marihuana Facility License, for any reason, I may not continue operation of any Marihuana Facility in the City of Adrian, unless and until a valid state license is reinstated or obtained. _____ _____ Signature Date

NOTARY SECTION
I, _____ acknowledge that the attached application is complete and in accordance with Article XI. – Commercial Marihuana Facilities Ordinance, Sec.46-505, and that all statements contained herein are truthful to the best of my knowledge.
Acknowledged before me in _____ County, Michigan, on _____ (the date), by _____ (name of signatory). _____ **Notary Public Signature** Print Name _____ My commission expires: _____ Acting in the County of _____

City of Adrian
Commercial Marihuana Facilities Permit
APPLICATION

AFFIDAVIT:

I (we) the undersigned affirm that the foregoing answers, statements, and information, and any attachments, are in all respects true and correct to the best of my (our) knowledge and belief. I the undersigned understand that this application is for approval to operate a Commercial Marihuana facility or facilities within the City of Adrian and that approved City application may be used as part of an application to the State of Michigan for a Commercial Marihuana Facility or Facilities to be operated within the City.

I, the undersigned, understand that if I am authorized by the City of Adrian but my application to the State of Michigan for a state operating license is denied, that the City Clerk will cancel any prior authorization and I will forfeit the initial application fee.

I understand that I do not have the right to a particular location or zoning district by making this application. I understand that I will be required to submit a separate zoning application, together with an application fee and escrow amount, to be utilized by the City in processing my zoning application; which is separate from the initial application fee that I have paid to the City as part of this application.

I will not operate a Commercial Marihuana facility or facilities within the City unless and until I have received approval for the location and site plan approval as required by the City Zoning Ordinance, and a state license for the facility or facilities.

I agree to report any changes to the information in this application to the City Clerk **within ten (10) business days**.

SUBMITTAL INSTRUCTIONS AND FEES

This application must be returned with a payment for the $5,000 non-refundable application fee to the following address:

Christy Low, Clerk
City of Adrian
135 East Maumee Street
Adrian, Michigan 49221
Telephone: 517-264-4866 Fax: 517-264-8016

The check for the application fee shall be made out to the City of Adrian.

The Applicant is responsible for being sufficiently familiar with and having working knowledge of the ordinance requirements. A copy of Article XI Commercial Marihuana Facilities, is available on the City of Adrian's website www.adriancity.com.

Applicant's Signature(s) **Date**

Co-Applicant's Signature(s) **Date**