



CITY OF HARTFORD APPLICATION FOR COMMERCIAL MEDICAL MARIHUANA FACILITY

Submit seven (7) copies of completed application and all the required materials to the City Clerk.

Application for (Check One):

- ☐ New permit for Commercial Medical Marihuana Facility ('CMMF')
- ☐ Renewal permit for Commercial Medical Marihuana Facility (CMMF)

Type of Commercial Medical Marihuana Facility (CMMF) (Check One):

- ☐ Grower Facility, Class A,
- ☐ Grower Facility Class B,
- ☐ Grower Facility Class C,
- ☐ Safety Compliance Facility
- ☐ Processor Facility
- ☐ Secure Transporter Facility
- ☐ Provisioning Center

Proposed Commercial Medical Marihuana Facility (CMMF) will operate within (Check One)

- ☐ A structure or structures pre-existing on the real property
- ☐ A structure or structures to be built pending issuance of a permit
- ☐ A combination of structures pre-existing on the real property and structures to be built pending issuance of a permit.

Applicant(s) Information*(In addition to the information required below, the names, home addresses, and personal phone numbers for all owners, directors, officers, and managers of the proposed CMMF are required and must be attached to this application)*

Name _____

Address _____

Phone _____ Email _____

Legal Interest in Premise Property to be Licensed _____

Premise Property Owner Name _____

Address _____

Phone _____ Email _____

Address of Real Property _____

Parcel Identification Number 80-52 _____

No Application will be considered for a CMMF Permit, until the Completed Application form, application fees and all of the following documentation has been attached:

Individual, Corporation, Limited Liability Company or any other entity other than a natural person, all of the following must accompany the application:

- **Documentation indicating Corporations legal status.**
- **Copy of all company formation documents (including amendments)**
- **Proof of registration with the State of Michigan**
- **Certificate of good standing.**
- **All documentation showing the proposed permit Holder's valid tenancy, ownership or legal interest in the proposed Permitted Property and Permitted Premises, if the applicant is not the owner of the proposed Permitted Property and Permitted Premises, a notarized statement from the owner of such property authorizing the use of the property for a CMMF.**
- **Copies of a valid, unexpired driver's license or state issued ID for all owners, directors, officers and managers of the proposed Facility.**
- **Copies of a valid, unexpired driver's license or state issued ID for all owners, directors, officers and managers of the proposed Facility.**
- **Evidence of a valid sales tax license for the business if such a license is required by state law or local regulations.**
- **Non-refundable Application fee.**
- **Business and Operations Plan, showing in detail for the CMMF's proposed plan of operation, including without limitation, the following:**
 - **A security Plan meeting the requirements of City of Hartford's Ordinance Authorizing and Permitting CMMFs.**
 - **A description of the type of Facility proposed and the anticipated or actual number of employees.**
 - **A certification letter from the bank showing that the applicant has liquid funds in the applicant's name in the amount needed to complete the Medical Marihuana Facility.**
 - **A description by category of all products to be sold.**
 - **A list of Material Safety Data Sheets for all nutrients, pesticides, and other chemicals proposed for use in the CMMF.**
 - **A description and plan of all equipment and methods that will be employed to stop any impact to adjacent uses, including enforceable assurances that no odor will be detectable from outside of the Permitted Premises.**
 - **A plan for the disposal of Marihuana and related byproducts that will be used at the Facility.**
 - **An identification of any business that is directly or indirectly involved in the growing, processing, testing, transporting or sale of Marihuana for the Facility.**
 - **A statement indicating whether any Applicant 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.**
- **A site plan and interior floor plan of the Permitted Premises and the Permitted Property signed and sealed by a Michigan registered architect, surveyor or professional engineer.**
- **A statement providing information regarding any other CMMF that the applicant(s) is authorized to operate in any other jurisdiction within the State, or another State, and the applicant(s) involvement in each facility.**

Applicant(s) and Owner(s) Certification:

Applicant(s) and owner(s) certify that the information submitted in and attached to this application is true and correct to the best of their knowledge. Applicant(s) and Owner(s) acknowledge and agree that: (1) They are required to supplement the information submitted in and attached to this application when required, and within (10) days, under the City of Hartford Ordinance Authorizing and Permitting CMMFs;

(2) It is their sole responsibility to comply with the requirements of any applicable City of Hartford Ordinance, notwithstanding the signature or approval of any City employee(s) or official(s);

(3) City of Hartford is not bound to recognize the approval or other action of any employee(s) or official(s) that is not in strict compliance with applicable Hartford City Ordinance; and

(4) The resulting permit does not give the Applicant(s) or Owner(s) any vested rights to any permit or any renewal.

Limitation of Liability – The City of Hartford shall not be liable to the registrant, its employees, agents, business invitees, licensees, customers, clients, family members or guests for any damage, injury, accident, loss, compensation or claim, based on, arising out of or resulting from registrant's participation in the State of Michigan's medical marijuana program, including but not limited to the following: arrest and seizure of persons and/or property, prosecution pursuant to federal laws by federal prosecutors, interruption in registrant's ability to operate its medical marijuana operation; any fire, robbery, theft, mysterious disappearance or any other casualty; the actions of any other registrants or persons within the operation. This Limitation of Liability provision shall survive expiration or the earlier termination of this permit if such registration is permit. Federal Prosecution - The United States Congress has determined that marijuana is a controlled substance and has placed marijuana in Schedule I of the Controlled Substance Act. Growing, distributing, and possessing marijuana in any capacity, other than as a part of a federally authorized research program, is a violation of federal laws. The State of Michigan's law authorizing the City of Hartford's medical marijuana program will not excuse any registrant from any violation of the federal laws governing marijuana or authorize any registrant to violate federal laws. I hereby certify that all of the information provided on this application is true and accurate to the best of my knowledge. I acknowledge receipt and advisement of the notices above, and I agree to and accept the limitation of liability against the City of Hartford. I assume any and all risk or liability that may result under the City of Hartford, State of Michigan or federal laws arising from the possession, use, or cultivation, administration, or dispensing of medical marijuana. I understand that the medical marijuana laws and enforcement thereof of the City of Hartford, State of Michigan and the Federal government are subject to change at any time. I sign this s attestation willingly and without reservation and am fully aware of its meaning and effect.

Signature: Print Name_____

Date

Signature: Print Name_____

Date

Signature: Print Name_____

Date

Signature: Print Name_____

Date

For Office Use:

Application received: _____ Fee Paid: _____

Application Reviewed by:

Attorney: _____ ***Date:*** _____

Police Chief: _____ ***Date:*** _____

Fire Chief: _____ ***Date:*** _____

Building Inspector: _____ ***Date:*** _____

Zoning Administrator: _____ ***Date:*** _____

City Treasurer: _____ ***Date:*** _____

Planning Commission: _____ ***Date:*** _____

On _____, 20__, the City of Hartford City Commission:

☐ Approved the application

☐ Approved the application subject to the following conditions:

☐ Denied the application for the following reason(s) _____

City Manager

Date

Witnessed by:

Date:

Copy of Completed Permit Application and, if issued, copy of Permit retained by or provided to:

☐ Applicant.

☐ Property Owner

☐ City Clerk