



# City of Battle Creek

## Adult Use Marihuana Establishment Permit

### Part B

To be submitted for final MMF License after obtaining final AUME License from the State of Michigan  
Pursuant to Chapter 835 & 1251.23-1251.31 Battle Creek, MI Code of Ordinances

**Original applications must be submitted by mail or in person by the Applicant, their State Licensed Attorney or Authorized**

Business Information			
Business Name:			
Address:			
City:	State:	ZIP Code:	Phone:
Business E-mail:		Business Website:	
Name & Location of Facility			
Facility Name:			
Address:			
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			Check all that apply
Grower:	<input type="checkbox"/>	Class A (100 plants) x _____ # of licenses	<input type="checkbox"/> Retailer
	<input type="checkbox"/>	Class B (500 plants) x _____ # of licenses	<input type="checkbox"/> Safety Compliance
	<input type="checkbox"/>	Class C (2,000 plants) x _____ # of licenses	<input type="checkbox"/> Secure Transporter
Processor:	<input type="checkbox"/>	Method(s) of Extraction:	
Microbusiness:	<input type="checkbox"/>	Method(s) of Extraction:	
Property Owner of Record Information (all owners)		If additional owners, include on separate page	
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			
<b>Attach an additional sheet if there are more authorized contacts to list</b>			

Facility Name: \_\_\_\_\_ Facility Address: \_\_\_\_\_

**Inspections:**

Is this facility currently open under an MMF License? \_\_\_ Yes \_\_\_ No If yes, what are the operating hours?

Who is the contact person to schedule inspections?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Ownership Type**

<input type="checkbox"/> Individual/Sole Proprietor Sole	<input type="checkbox"/> Partnership	Type: _____
<input type="checkbox"/> Member LLC	<input type="checkbox"/> Corporation	
<input type="checkbox"/> LLC	<input type="checkbox"/> 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:	

**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 facility managers to list**

Facility Name:

Facility Address:

**Additional Documents Required for Final Adult Use Establishment Permit**

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

- \_\_\_ Complete Financial Information Request for each applicant, stakeholders and facility managers listed on the application
- \_\_\_ Complete Criminal History Disclosure and Background Record Authorization for each applicant, stakeholders and facility managers listed on the application
- \_\_\_ Completed List of Employees
  - a. Copy of valid Driver's License or photo ID for each employee listed must be submitted
- \_\_\_ Certificate of Occupancy for the premises
- \_\_\_ Copy of the State of Michigan Marihuana Establishment Operating License
- \_\_\_ Copy of a Valid Photo ID or Driver's License for the applicant, all business owners and managers of the facility
- \_\_\_ 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 \$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; (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

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

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](mailto:cityclerk@battlecreekmi.gov).

**\*Applications will expire and be administratively closed if the application process has not been completed within 12 months from the date of application submittal.**

**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 & 1251.23-1251.31 are available on the City of Battle Creek website at [www.battlecreekmi.gov](http://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, 835 & 1251.23-1251.31 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 & 1251.23-1251.31 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.

**Adult Use Establishment 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](mailto: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 835 is available on the City of Battle Creek website at [www.battlecreekmi.gov](http://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 & 1251.23-1251.31 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 & 1251.23-1251.31 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 Yes to either or both of the above questions, the applicant must complete the following 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**

Business Information			
Business Name:			
Facility Name:			
Facility Address:			
City:		State:	ZIP Code:
Contact Number:		Email Address:	
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
<b>Attach an additional sheet if there are more employees to list</b>			