

**PART B**

# CITY OF BATTLE CREEK

## MARIHUANA PERMIT

**Adult Use  Medical** 

Pursuant to Chapter 835 & 1251.23 – 1251.31 Battle Creek, MI Code of Ordinances

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

<b>Business Information:</b>			
Business Name:			
Address:			
City:	State:	Zip:	Phone:
Business Email:		Business Website:	
<b>Applicant Information:</b>			
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip:	DOB:
Michigan ID/Driver's License #:		Primary Contact #:	
Email Address:		Secondary Contact #:	
<b>Name &amp; Location of Facility</b>			
Facility Name:			
Address:			
<b>Type of Facility (\$5,000.00 PER LICENSE TYPE – NON-REFUNDABLE) CHECK ALL THAT APPLY</b>			
ADULT USE RETAILER			
MEDICAL PROVISIONING CENTER			
PROCESSOR	Method of Extraction:		
MICROBUSINESS	Method of Extraction:		
SAFETY COMPLIANCE			
SECURE TRANSPORTER			
<b>GROWER</b>			
ADULT USE CLASS A (100 Plants) X _____	# of Licenses	MEDICAL CLASS A (500 Plants) X _____	# of Licenses
ADULT USE CLASS B (500 Plants) X _____	# of Licenses	MEDICAL CLASS B (1,000 Plants) X _____	# of Licenses
ADULT USE CLASS C (2,000 Plants) X _____	# of Licenses	MEDICAL CLASS C (1,500 Plants) X _____	# of Licenses

<b>Property Owner of Record Information ( ALL OWNERS) If additional owners, include on a separate page</b>			
Name:			
Address:			
Facility Name:	Facility Address:		
<b>Authorization and Preferences</b>			
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 the authority to discuss this permit application with City Staff?		YES	NO
If Yes, complete the following.			
Name:	Affiliation with Applicant:		
Address:			
City:	State:	Zip:	Phone:
Email:	Attorney License No. (if applicable)		
Is this person the MAIN contact for all purposes pertaining to this permit application?		YES	NO

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FACILITY NAME:	FACILITY ADDRESS:					
Inspections:						
Is this facility currently under a MMF License		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If Yes, what are the operating Hours?
Who is the contact person to schedule inspections:						
Name:		Phone:				

Ownership Type					
Individual/Sole Proprietor			Partnership		
Sole Member LLC			Corporation	TYPE:	
LLC			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:		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:			
Email:			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:		Phone:	
Business Email:			Personal Email:		
Name:			Title:		
Maiden Name or Aliases:			Home Address:		
City:	State:	Zip:		Phone:	
Business Email:			Personal Email:		
Name:			Title:		
Maiden Name or Aliases:			Home Address:		
City:	State:	Zip:		Phone:	
Business Email:			Personal Email:		



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FACILITY NAME:		FACILITY ADDRESS:	
D. Business Facility Management Information – <b>LIST ALL MANAGERS OF THE FACILITY</b>			
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip:	Phone:
Business Email:		Personal Email:	



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FACILITY NAME:		FACILITY ADDRESS:
ADDITIONAL DOCUMENTS REQUIRED		
In order for this application to be complete, you must also submit the following documents:		
	Complete FINANCIAL INFORMATION REQUEST for each applicant, stakeholder, and facility manager listed on the application.	
	Complete CRIMINAL HISTORY DISCLOSURE and BACKGROUND RECORD AUTHORIZATION for each applicant, stakeholder and facility manager on the application.	
	Completed List of Employees a. Copy of a VALID DRIVERS LICENSE OR PHOTO ID for each employee listed must be submitted	
	Certificate of Occupancy for the premises	
	A copy of the State of Michigan Marihuana Establishment Operating License	
	Copy of 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. Workers compensation insurance in accordance with Michigan statutory limits and Employers Liability Insurance with a minimum 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.	
	<i>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 and endorsement placed on each policy requiring 10 days' notice by mail to the City before the insurer may cancel the policy for any reason</i>	
	Copy of executed property Deed and/or lease which indicated use of site for subject permit	
	Copy of State Approved Security Plan	
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 Planning & Zoning 10 N. Division Street, Room 117 Battle Creek, MI 49014		
If you have any questions please contact the Battle Creek Cannabis Coordinator at (269) 966-3355 ext. 1513 or via email at <a href="mailto:jimclean@battlecreekmi.gov">jimclean@battlecreekmi.gov</a>		
<b>*Applications will expire and be administratively closed if the application process has not been completed within 12 months from the date of application submittal.</b>		
<b>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.</b>		
<b>The Applicant is responsible for being sufficiently familiar with and having a working knowledge of the ordinance requirements. Copies of Chapters 833, 835 &amp; 1251.23 – 1251.31 are available on the City of Battle Creek website at <a href="http://www.battlecreekmi.gov">www.battlecreekmi.gov</a>.</b>		
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 _____		
Print Name: _____		



# CITY OF BATTLE CREEK

## Adult Use Marihuana Establishment

### Financial Information Request

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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:		Personal Property ID:	
City:	State:	Zip:	Phone:
Business Website:		Business Email:	

Applicant Information			
Name of Applicant:		Title:	
Address:			
City:	State:	Zip:	
Social Security #:		Date of Birth:	
Michigan ID/Driver's License #:		Year of Residency:	
Do you, or this business owe the City of Battle Creek money for any reason?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain:			
Name of any other City of Battle Creek area businesses or properties in which your ownership participation exceed 25%:			
Please submit this completed form to: <b>City of Battle Creek</b> Planning & Zoning Rm. 117 10 N. Division St. Battle Creek, MI 49014			
If you have additional questions, please contact the City of Battle Creek Cannabis Coordinator at 269-966-3355 ext. 1513 or via email at <a href="mailto:jimclean@battlecreekmi.gov">jimclean@battlecreekmi.gov</a>			
<b>THE APPLICANT IS RESPONSIBLE FOR BEING SUFFICIENTLY FAMILIAR WITH AND HAVING A WORKING KNOWLEDGE OF THE ORDINANCE REQUIREMENTS. A COPY OF CHAPTER 833, 835, 1251.23-1251.31 IS AVAILABLE ON THE CITY OF BATTLE CREEK WEBSITE AT <a href="http://WWW.BATTLECREEKMI.GOV">WWW.BATTLECREEKMI.GOV</a></b>			
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 screen this application.			
Applicants Signature: _____		Date: _____	
Print Name: _____			



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# CITY OF BATTLE CREEK

## Marihuana Establishment

### Criminal History Disclosure & 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 AUME 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 AUME PERMIT APPLICATION is required and includes applicant, stakeholders and facility managers.

Full Name:

Maiden Name or Aliases:

Michigan ID or Driver's License #:

Address:

City:

State:

Zip:

Phone:

Date of Birth:

Gender:

Race:

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

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: \_\_\_\_\_

Print Name: \_\_\_\_\_



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# CITY OF BATTLE CREEK

## Marihuana Facility List of Employees

As part of the permit process, each person employed by the permit holder must be initially reported. The permit holder shall immediately update the statewide monitoring system with any changes or new employees. A copy of valid picture ID for each employee listed must be submitted with this form.

Business Information			
Facility Name:			
Facility Address:			
City:	State:	Zip:	
Contact Number:	Email Address:		
Facility Employee Information			
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:	State:	Zip:	
Date of Birth:	DL/State ID #:		
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:	State:	Zip:	
Date of Birth:	DL/State ID #:		
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:	State:	Zip:	
Date of Birth:	DL/State ID #:		
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:	State:	Zip:	
Date of Birth:	DL/State ID #:		
<b>Attach an additional sheet if there are more employees to list</b>			