



PART A

# CITY OF BATTLE CREEK

## Process to Apply for a City of Battle Creek Marihuana Permit

1. APPLY FOR AND RECEIVE PRE-QUALIFICATION APPROVAL FROM THE STATE OF MICHIGAN
2. APPLY FOR CITY MMF or AUME PERMIT – MMF or AUME Permit Application – Part A
  - a. For new stand-alone Provisioning Centers, Microbusiness or Retailers, the applicant will first visit Planning/Zoning in Rm 117 with completed application and site pick list (required, even if no selections have been made). Planning admin staff will stamp bottom of site pick list, make a copy of it for applicant, and keep a copy.
  - b. Applicant shall submit a completed application and fee (including stamped site pick list, if applicable) to the [Planning/Zoning in Rm 117](#).
  - c. The City has up to ten (10 business days to review submitted documentation. If approved by all departments, a Conditional Approval MMF or AUME Permit is issued by the [Cannabis Coordinator](#).
3. APPLY FOR AND RECEIVE SITE PLAN REVIEW APPROVAL and BUILDING/TRADE PERMITS.  
Once a Conditional Permit is issued, the applicant has 90 days to obtain approval of site plan review and building/trade (including police and fire alarm) plans.<sup>1</sup>  
Application for site plan approval and local permits must be submitted at least 10 days before the expiration date.
4. CONSTRUCTION – After approval of site plan and permits, the City will issue a Continuation of the 90 Day Conditional Approval Permit and the applicant shall commence with construction for facility, following required inspection process throughout construction.
5. CERTIFICATE OF OCCUPANCY - After construction is complete, request and receive Certificate of Occupancy from the City Inspections Department.
6. APPLY FOR AND RECEIVE STATE OPERATING LICENSE FROM THE STATE OF MICHIGAN
7. APPLY FOR FINAL CITY MMF or AUME PERMIT
  - A. To apply for final MMF or AUME Permit, the applicant shall submit to the Clerk's Office:
    - Completed MMF or AUME Permit Application Packet- Part B
    - Copy of the State operating license
    - State approved premises securities plan
    - Proof of insurance – Liability and Worker's Compensation
    - Executed property Deed and/or lease which indicates use of site for subject permit
    - Completed list of employees
    - Copy of valid Driver's License or photo ID for each employee listed
  - B. The City will review items submitted for final approval, including perform any final inspections required.
  - C. If approved, the final Marihuana Facility and/or Adult Use Establishment Permit will be issued by [Cannabis Coordinator](#).
8. FACILITY MAY OPEN AND START OPERATIONS

\*If application for site plan approval and local permits as outlined above were made but are not obtained within 90 days, the Conditional Approval Permit shall expire and a new permit application shall be submitted pursuant to chapters 833.06 and/or 835.06

Extensions may be approved by the [Cannabis Coordinator](#) based on substantial work having been completed as determined by the City and at the request of the applicant 30 days prior to the expiration of the Conditional Approval Permit.

If no site plan or building plans have been submitted for permits within the 90 days, the Conditional Approval Permit expires, and an applicant will be required to wait 30 days before submitting a new application



# CITY OF BATTLE CREEK

**PART A**

## Marihuana Facility Provisioning Center, Retailer, and/or Microbusiness Pick List

This document is required for any and all applicants applying for a City of Battle Creek Marihuana (MMF or AUME) Permit for the operation of a new Provisioning Center, Retailer, or Microbusiness in the C-2, C-3, C-4, C-5, C-6, and C-7 Commercial zoning districts.

This document will only be used to evaluate multiple permit applications for Provisioning Centers, Retailers, or Microbusinesses that are received on the same business day, between 8am and 3pm, if competing applications are submitted for locations within 1,000 feet of each other. In these circumstances, competing applications will be evaluated based upon evaluation and comparison of the completed pick list. Each element listed is of equal value, and the application with the highest number of checked elements will receive site precedence. In case of a tie, the application submitted first as documented by the date/time stamp will receive site precedence.

An applicant who does not gain an approved site precedence shall have up to seven (7) calendar days to submit a new pick list for a new location. If by this deadline a new property location and pick list is not submitted to the Planning Division, the Marihuana Permit application will be denied, and a new application and fee will be required.

The checking of any elements on the pick list are voluntary, however, once the pick list has been submitted, all elements selected on the pick list will be required to be implemented into the final project. The selected elements will be required to be shown on any/all required plans including the site plan and building/trade permit application and plans. If the checked elements are not shown on the applicable plans, the City may not grant approval of said plan/permits. Additionally, throughout construction and/or inspection subject to an approved permit, a City Inspector and/or Planner shall confirm fulfillment of the selected elements. Failure to comply may result in the denial of a Certificate of Occupancy and in all cases will result in the denial of the final permit.

By signing below, the applicant acknowledges that they have read and understand all information contained herein regarding the use and purpose of this document. The applicant understands that this is a legally binding document and failure to comply shall result in the denial of plan approvals, permit issuance, inspection approvals, and/or the denial of a Certificate of Occupancy.

**Facility Address:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

**Print Name** \_\_\_\_\_

For Office Use Only



PART A

# CITY OF BATTLE CREEK

Check and **initial** any of the following elements you, as applicant, voluntarily will include within the scope of the project.  
Submit any supplemental documentation to this picklist as required below.

## 1) Improved Aesthetics

The project includes, provides, or meets any of the following:

Applicant Initial	Applicant ✓	ELEMENT TO BE INCLUDED IN PROJECT:
		A 25% increase in landscaping beyond the minimum CH. 1285 landscaping requirement
		A 3ft tall decorative fence along edge of parking lot where facing a right-of-way (Non-sight obscuring)
		The parking lot is only located to the side of the building and is screened from the nearest street by a 3 foot tall evergreen shrub, or sight-obscuring fence or wall. (Screening material must be located to the side of the building)
		All building exteriors consist, or will consist, of at least 80% brick, stone, stucco, fiber cement siding, transparent glass, or combination thereof.
		A façade fronting a street that consists, or will consist of at least 35% windows.
		A façade facing the public entrance to the building that consists, or will consist of at least 35% windows.

## 2) Increased Energy Efficiency Design/Operations

The project includes, provides, or meets any of the following:

Applicant Initial	Applicant ✓	ELEMENT TO BE INCLUDED IN PROJECT:
		Entire building meets or will meet the most current adopted version of the Michigan Energy Code for Commercial buildings.
		ENERGY STAR certified water heater or tank less water heater
		ENERGY STAR certified appliances (oven, refrigerator, freezer)
		ENERGY STAR certified heating and cooling systems (furnace, air conditioning)
		ENERGY STAR lighting/fan fixtures
		ENERGY STAR certified exterior doors
		ENERGY STAR certified TVs, DVDs, Blu-Ray Players, Phones, Speaker Systems, Computers, etc. associated electronics
		Water Sense labeled lavatory fixtures
		Carbon filter/scrubber for odor control



PART A

# CITY OF BATTLE CREEK

## **3) Impacts to City Services (storm water, transportation)**

The project includes, provides, or meets any of the following:

Applicant Initial	Applicant ✓	ELEMENT TO BE INCLUDED IN PROJECT:
		Ability to hold and treat at least 20% more storm water than the required a minimum through rain gardens, underground basins, or other methods approved by the City Department of Public Works.
		A roof garden covering at least 50% of the total square feet of the roof area of the principle building, or 2,000 square foot of area, whichever is less. The rood garden shall be designed and installed by a qualified entity. A plan(s) for the design, installation, and 2 year maintenance must be submitted with building permit application/plans to fulfill this element.
		The parking lot is only located to the side of the building and is screened from the nearest street by a 3 foot tall evergreen shrub, or sight-obscuring fence or wall. (Screening material must be located to the side of the building)
		All building exteriors consist, or will consist, of at least 80% brick, stone, stucco, fiber cement siding, transparent glass, or combination thereof.
		A façade fronting a street that consists, or will consist of at least 35% windows.

## **4) Increased efficiency of property**

The project includes, provides, or meets any of the following:

Applicant Initial	Applicant ✓	ELEMENT TO BE INCLUDED IN PROJECT:
		The project involves re-using an existing building
		Re-using or re-occupying a building or portion of a building which has been vacant for at least 1 year. (Submit realtor/lender data of days listed)
		Demolition of an existing building and rebuilding on the same lot. (Except in a Historic District).

## **5) Low impact to adjacent property value**

The site will or currently meets any of the following:

Applicant Initial	Applicant ✓	ELEMENT TO BE INCLUDED IN PROJECT:
		Is not abutting Residential Zoning District (Submit Zoning Map.)
		Is not abutting a property with a Residential Use. (Submit map and photos.)
		Is located at least 1,000 feet away from a Residential use or Residential Zoning District in the city or surrounding jurisdictions. (Submit map and photos.)
		The main entrance is not facing a Residential Zoning district or residence. (Submit map and photos.)



**PART A**

# CITY OF BATTLE CREEK

## **6) Ownership/ Business Establishment**

The applicant has met any of the following at the time of filing the Marihuana Facility permit:

Applicant Initial	Applicant ✓	ELEMENT TO BE INCLUDED IN PROJECT:
		Within the last 10 years, the applicant has at least 5 years being an owner/co-owner of a retail business anywhere in the State of Michigan. (Submit copy of state business license establishing years.)
		The building or property is owned by the applicant at the time of filing the subject Marihuana Facility Permit. (Submit a recorded Deed or similar legal document which affirms ownership by applicant.) <i>Land contracts do not satisfy this item.</i>
		Demolition of an existing building and rebuilding on the same lot. (Except in a Historic District).

## **7) Accessibility**

The project includes, provides, or meets any of the following:

Applicant Initial	Applicant ✓	ELEMENT TO BE INCLUDED IN PROJECT:
		All public entrances provide barrier-free accommodations and complies with current ADA requirements. (Only eligible if compliance is not required due to the existing development conditions*.)
		Building and property provides full compliance with the Americans with Disabilities Act Amendment Act of 2008 (ADAA) meeting ANSI A117.1 [*Meeting this also meets the item above.]



PART A

## CITY OF BATTLE CREEK

### Marihuana Facility - Zoning Assurance Letter

By initialing each section and signing below, I acknowledge the following to be true:

I have reviewed and understand applicable zoning regulations pertaining to the permitted uses, locations, and restrictions for marihuana facilities in the city of Battle Creek, and that if the property identified with this application does not meet said regulations, the application will be denied.

I understand that approval of a Conditional Marihuana Permit only provides zoning approval regarding the location of the proposed facility as it relates to the type of facility, zoning district, and buffer requirements outlined in the zoning ordinance.

I understand that the property is subject to other regulations of the zoning ordinance, and any use, occupancy, and/or development of a property will need to be in compliance with all regulations of the zoning ordinance, including but not limited to:

Ch. 1214 Schedule of Regulations for Height, Yard, Building Coverage, Lot Area and Width Regulations

Ch. 1261 Parking, Loading, and Access Management

Ch. 1262 Landscape and Screening

Ch. 1281.04 Site Plan Review

Ch. 1263 Signs

Ch. 1251.23-1251.31 Marihuana Standards and Regulations

I understand that if I receive conditional permit approval, I may proceed with site plan review, building permit applications and plans, and that until such time, the City will not provide an in depth review of the proposed facility as it relates to a specific property. I acknowledge that my project may be denied for failure to comply with all zoning regulations or the inability to come into compliance. Further, the conditional permit may expire if complete Site Plan Application and Building permits are not submitted at least 10 business days before the 90-day conditional deadline date.

I understand that any approval obtained for this Marihuana Facilities Application is for requirements and/or ordinances set forth by the City of Battle Creek only and does not imply approval for any private deed covenants, conditions, and restrictions (CCRs). I acknowledge that it is my responsibility to review the property deed and/or any real estate disclosures to determine if any deed restrictions apply to the subject property and to comply with any and all restrictions that may exist.

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Facility Name and Address

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Print Name

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Signature of Applicant

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Date

**PART A**

# CITY OF BATTLE CREEK

## MARIHUANA PERMIT

**Adult  Medical** 

Pursuant to Chapter 833, 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

**Business Information:**

Business Name:

Address:

City:

State:

Zip:

Phone:

Business Email:

Business Website:

**Applicant Information:**

Name:

Title:

Maiden Name or Aliases:

Home Address:

City:

State:

Zip:

DOB:

Michigan ID/Driver's License #:

Primary Contact #:

Email Address:

Secondary Contact #:

**Type of Facility (\$5,000.00 PER LICENSE TYPE – NON-REFUNDABLE) CHECK ALL THAT APPLY**

RETAILER

PROCESSOR

MICROBUSINESS

SAFETY COMPLIANCE

SECURE TRANSPORTER

**GROWER**

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

**Name & Location of Proposed Facility****OWNED****LEASED**

Does the applicant/entity hold an ACTIVE MARIHUANA PERMIT of any kind at this address?

If YES, complete section A below. If NO, skip to section B

 YES NO**A**

State License Number:	Expiration Date:
Does the applicant plan to operate with MEDICAL & ADULT USE licenses at this location:	
If Yes, are all employees over the age of 21?	
If No, modifications must be made to completely partition the medical marihuana facility from the proposed adult-use establishment. (YOU MUST CHECK YES BELOW FOR MODIFICATIONS)	
Will any modifications be made to the subject property?	
If Yes, the applicant will need to contact the Planning Department and the Inspections Division to apply for and seek Site Plan Review and Building/Trade permit approvals. Continue to the next section – “Property Owner of Record Information”	
Does the applicant plan to cancel any Marihuana Permits?	
<b>If Yes, the permit holder must also complete the Withdrawal/Cancellation form to surrender their permit with the PART B application.</b>	

**PART A**

# CITY OF BATTLE CREEK

FACILITY NAME:

FACILITY ADDRESS:

**B**Has the subject property ever been used a marihuana facility?  YES  NO  DO NOT KNOWIs this application part of a transfer ownership?  YES  NO

If Yes, you must include an INTENT TO TRANSFER LETTER FROM THE CURRENT LICENSE HOLDER (SELLER)

Will any modifications be made to the subject property?  YES  NO

If YES, contact the Planning Department and the Inspections Division to apply for and seek Site Plan Review and Building/Trade permit approvals.

Property Owner of Record Information ( ALL OWNERS) If additional owners, include on a separate page

Name:

Address:

Facility Name:

Facility 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 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**Attach an additional sheet if there are more authorized contacts.**

Ownership Type

Individual/Sole Proprietor	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
Sole Member LLC	<input type="checkbox"/>	Corporation	<input type="checkbox"/> TYPE:
LLC	<input type="checkbox"/>	Other (specify)	<input type="text"/>

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:



PART A

# CITY OF BATTLE CREEK

FACILITY NAME:	FACILITY ADDRESS:		
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<b>C. Complete this section if you marked LLC, Partnership, Corporation or Other</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:	

<b>D. Business Facility Management Information – 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:	



# CITY OF BATTLE CREEK

PART A

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.**

**Complete Zoning Assurance Letter**

**Retailers and Microbusiness ONLY: Completed Pick List**

**State of Michigan Licensing and Regulatory Affairs Department's Prequalification Letter**

**Copy of Valid Photo ID or Driver's License for the applicant, all business owners and managers of the facility.**

**Proof of applicant's ownership or legal possession of the premises**

**PROPERTY OWNERS CONSENT FORM (If not the legal owner of the property at the time of the application)**

### Entity Information

**Official Registration Document (e.g. Articles of Incorporation)**

**Copy of Bylaws, Operating Agreement or Other Governing Documents**

**Copy of Organizational Structure (If applicable)**

**Authorizing Resolution (if applicable)**

**Certificate of Assumed Name (if applicable)**

**Payment of the non-refundable application fee of \$5000.00 per facility license type**

**Withdrawal/Cancellation form (if applicable)**

**Intent to transfer letter (if applicable)**

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

NON-REFUNDABLE fee: **\$5,000.00 per facility license type (Cash, Credit or Cashier's Check made payable to the City of Battle Creek only. The City will not accept personal checks and additional fees may apply for credit cards)**

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 Cannabis Coordinator at (269) 966-3355 ext. 1513 or via email at [ijmclean@battlecreekmi.gov](mailto:ijmclean@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 \_\_\_\_\_

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



PART A

# CITY OF BATTLE CREEK

## Adult Use Marihuana Establishment 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:		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: City of Battle Creek 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:			



PART A

# CITY OF BATTLE CREEK

## Adult Use 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 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 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/Dock et 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 Cannabis Coordinator 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's Cannabis Coordinator 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: \_\_\_\_\_



PART A

# CITY OF BATTLE CREEK

## PROPERTY OWNER CONSENT FORM

I, \_\_\_\_\_ declare under penalty of perjury that:

1. For the property listed below, I am (choose one) \_\_\_\_\_ the record title owner or \_\_\_\_\_ a representative of a trust or business entity named \_\_\_\_\_ that owns the property and I have been duly authorized to represent such trust or business entity for purposes of executing this document. (You must provide supporting documentation)
2. I, or the trust or business entity I represent, am aware that the applicant \_\_\_\_\_ is in the process of applying to the City of Battle Creek for a business permit to operate a marihuana facility on the property described above in conformance with all the provisions of Chapters 833, 835, 1251.23-1251.31 of the Codified Ordinances of Battle Creek, MI.
3. If such application is granted, I will allow the applicant to engage in the operation of the applied for marihuana business on the property.
4. I, or the trust or business entity I represent, understand that, as the owner of the parcel of the proposed marihuana business, I am required to sign this agreement in order for the applicant's application to go forward and understand that I may be liable under local, state, or federal law for the marihuana activities I am allowing on my property.

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Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Acknowledged by \_\_\_\_\_ before me on the \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_\_

Signature \_\_\_\_\_  
name \_\_\_\_\_

Printed

Notary public, State of Michigan, County of \_\_\_\_\_

My commission expires \_\_\_\_\_