



# CITY OF BATTLE CREEK

## MARIHUANA Renewal Application

Adult ☐ Medical ☐

**Renewal \$5,000.00 per license type (Non-refundable)**

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 (\$5000.00 PER LICENSE TYPE – NON REFUNDABLE) CHECK ALL THAT APPLY  |   |                              |                             |
| <input type="checkbox"/> Adult Use Retailer  | <input type="checkbox"/> Medical Provisioning Center                          |                              |                             |
| <input type="checkbox"/> Processor   | Method of Extraction:   |                              |                             |
| <input type="checkbox"/> Microbusiness – ADULT USE ONLY  | Method of Extraction:   |                              |                             |
| GROWER   |   |                              |                             |
| <input type="checkbox"/> Adult Use Class A (100 Plants) X _____ # of Licenses  | <input type="checkbox"/> Medical Class A (500 Plants) X _____ # of Licenses   |                              |                             |
| <input type="checkbox"/> Adult Use Class B (500 Plants) X _____ # of Licenses  | <input type="checkbox"/> Medical Class B (1,000 Plants) X _____ # of Licenses |                              |                             |
| <input type="checkbox"/> Adult Use Class C (2,000 Plants) X _____ # of Licenses  | <input type="checkbox"/> Medical Class C (1,500 Plants) X _____ # of Licenses |                              |                             |
| Name & Location of Proposed Facility   |   |                              |                             |
| Facility Name:   |   | Real Property ID#:           |                             |
| Address:   |   | Personal Property ID#        |                             |
| State License Number:  |   | Expiration Date:             |                             |
| Does the applicant plan to cancel any Marihuana Permit?  |   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If YES, the permit holder must also complete the Withdrawal/Cancellation form to surrender their permit with this application.                   |   |                              |                             |
| Will any modifications be made to the subject property?  |   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If YES, contact the Planning Department and the Inspections Division to apply for and seek Site Plan Review and Building/Trade permit approvals. |   |                              |                             |



# CITY OF BATTLE CREEK

|                |                   |
|----------------|-------------------|
| FACILITY NAME: | FACILITY ADDRESS: |
|----------------|-------------------|

|  |                            |                                      |                                |
|--|----------------------------|--------------------------------------|--------------------------------|
| <b>Property Owner of Record Information (ALL OWNERS)</b> If additional owners, include on a separate page                                    |                            |                                      |                                |
| Name:  |                            |                                      |                                |
| Address:   |                            |                                      |                                |
| Facility Name:   |                            | Facility Address:                    |                                |
| <b>Authorization and Preferences</b>   |                            |                                      |                                |
| I prefer all correspondence and/or permits be sent by:   |                            | <input type="checkbox"/> Postal Mail | <input type="checkbox"/> 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? |                            | <input type="checkbox"/> YES         | <input type="checkbox"/> 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?  |                            | <input type="checkbox"/> YES         | <input type="checkbox"/> NO    |
| <b>Inspections:</b>  |                            |                                      |                                |
| What are the operating hour of this facility?  |                            |                                      |                                |
| Who is the contact person to schedule inspections?   |                            |                                      |                                |
| Name:  |                            | Title:                               | Phone:                         |
| <b>Ownership Type</b>  |                            |                                      |                                |
| <input type="checkbox"/>   | Individual/Sole Proprietor | <input type="checkbox"/>             | Partnership                    |
| <input type="checkbox"/>   | Sole Member LLC            | <input type="checkbox"/> Corporation | TYPE:                          |
| <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:                                 | 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: |                                |



# CITY OF BATTLE CREEK

|                |                   |
|----------------|-------------------|
| FACILITY NAME: | FACILITY ADDRESS: |
|----------------|-------------------|

|  |        |                 |        |
|--|--------|-----------------|--------|
| <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: |        |



# CITY OF BATTLE CREEK

## ADDITIONAL DOCUMENTS REQUIRED

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

- |   |
|---|
| Completed list of employees   |
| a. Copy of VALID Driver's License or photo ID for each employee listed.   |
| Complete Financial Information Request Form for each applicant, stakeholder & facility manager  |
| Completed Criminal History Disclosure and Background Record Authorization Form for each person listed on the Application  |
| Copy of Michigan ID or Driver's License for the applicant, all business owners and managers.  |
| Proof of payment of 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 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</i> |
| Copy of Executed Property Deed and/or lease which indicates use of site for subject permit.   |
| Property Owner Consent Form (if applicable)   |
| Entity Information  |
| a. Official registration document (articles of incorporation)   |
| b. Copy of bylaws or other governing documents  |
| c. Copy of Organizational Structure   |
| d. Authorizing resolution   |
| e. Certificate of assumed name (if applicable)  |
| Payment of \$5000.00 non-refundable fee   |
| State License   |

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

**Renewal application is due by NOVEMBER 1<sup>st</sup>. Any application received after November 1<sup>st</sup> will be subject to a late fee of \$250.00**

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 [jimclean@battlecreekmi.gov](mailto:jimclean@battlecreekmi.gov).

**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 and 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 Permit

### 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:<br><a href="#">City of Battle Creek</a><br><a href="#">Planning &amp; Zoning Rm. 117</a><br><a href="#">10 N. Division St.</a><br><a href="#">Battle Creek, MI 49014</a>  |        |                    |  |
| 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:jjmclean@battlecreekmi.gov">jjmclean@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:   |        |                    |  |



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



# CITY OF BATTLE CREEK

## Marihuana Permit

### 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/<br>Indictment/Conviction | Date | Arresting<br>Agency                      | Name & Location<br>of Court | Case Caption | Case/Docket<br>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: \_\_\_\_\_





# 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)**

Address of Property: \_\_\_\_\_

2). I, or the trust or business entity I represent, am aware that the applicant \_\_\_\_\_ if 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.

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

Date: \_\_\_\_\_

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

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

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

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