

MEDICAL MARIHUANA FACILITIES PERMIT APPLICATION

Pursuant to Chapter 20B of the Kalamazoo City Code

**City of Kalamazoo
Office of the City Clerk
241 West South Street
Kalamazoo, MI 49007**

(Please Print)

APPLICANT INFORMATION (Person submitting application to Clerk's Office)

Full Name _____
Relationship to Business (ex. owner, manager, etc.) _____
Residence Address _____
City _____ State _____ Zip Code _____
Business Address _____
City _____ State _____ Zip Code _____
Telephone _____ Business Telephone _____
Date of Birth _____ E-mail _____

TYPE OF FACILITY

Grower:

Class A (500 plants)

Class B (1,000 plants)

Class C (1,500 plants) No. of Class C Permits Requested _____

Processor

Safety Compliance

Provisioning Center

Secure Transporter

PROPOSED FACILITY INFORMATION

Property Address _____
Real Property Parcel Number _____
Property Zoning District _____
Advertised Facility Name _____
Manager - Full Name _____

PROPERTY OWNER(S) INFORMATION

Name _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ E-mail _____

Name _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ E-mail _____

Are there additional property owners? Yes No

If **yes**, attach a separate sheet listing this information for each additional owner.

BUSINESS INFORMATION

Ownership Type

- Individual/Sole Proprietorship
- Sole Member LLC
- LLC

- Partnership
- Corporation Type: _____
- Other _____

Official Business Name _____

Business Address _____

City _____ State _____ Zip Code _____ Business Phone _____

Business E-mail _____ Business Website _____

Federal Tax ID # (If applicable) _____

If you marked Individual or Sole Proprietorship in the “Business Information” section, complete this section.

Full Name _____

Residence Address _____

City _____ State _____ Zip Code _____

Business Address _____

City _____ State _____ Zip Code _____

Business Telephone _____ Date of Birth _____

Social Security Number _____ - _____ - _____

E-mail _____

Spouse of Individual/Sole Proprietorship or Sole Member, if applicable

Full Name _____

Residence Address _____

City _____ State _____ Zip Code _____

Business Address _____

City _____ State _____ Zip Code _____

Business Telephone _____ Date of Birth _____

Social Security Number _____ - _____ - _____

E-mail _____

This section was left blank intentionally.
Please continue to the next section of this application.

If you marked LLC, Partnership, Corporation or Other in the “Business Information” section, complete this section for every “true party of interest” in the applicant or business as defined in MCL 333.27404. Make additional copies of this page as needed.

Full Name _____ Date of Birth _____
Residence Address _____ City _____ State _____ Zip Code _____
Telephone _____ E-mail _____

Full Name _____ Date of Birth _____
Residence Address _____ City _____ State _____ Zip Code _____
Telephone _____ E-mail _____

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Telephone _____ E-mail _____

Full Name _____ Date of Birth _____
Residence Address _____ City _____ State _____ Zip Code _____
Telephone _____ E-mail _____

ADDITIONAL DOCUMENTS REQUIRED

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

- _____ ATTACHMENT A – PROOF OF CORPORATION REGISTRATION (if applicable);
- _____ ATTACHMENT B – DEED/LEASE/OPTION AGREEMENT;
- _____ ATTACHMENT C – PROPERTY OWNER’S AUTHORIZATION (if applicable);
- _____ ATTACHMENT D – DIAGRAM OF PROPOSED LICENSED PREMISE;
- _____ ATTACHMENT E – LIGHTING PLAN;
- _____ ATTACHMENT F – PROOF OF INSURANCE;
- _____ ATTACHMENT G – STAFFING PLAN;
- _____ ATTACHMENT H – COMMUNITY BENEFITS STATEMENT;
- _____ ATTACHMENT I – CONTACT INFORMATION

- Neither I, the applicant, nor any “true party of interest” is in default to the City of Kalamazoo for any property tax, special assessment, utility charges, fines, fees or other financial obligation owed to the City of Kalamazoo.
- I the applicant have reviewed, and agree to conform its hiring and public accommodation practices to, the City of Kalamazoo’s anti-discrimination ordinance provisions.
- Neither I, the applicant, nor any “true party of interest” is ineligible from holding a license for any of the reasons set forth at Section 402 of the MMFLA, MCL 333.27402.
- I the applicant consent to inspections, examinations, searches and seizures required or undertaken pursuant to enforcement of this ordinance.

I hereby certify under the penalty of perjury that the statements made in this application, including all attachments thereto, are true. I further certify that I am an officer, director, or managerial employee of the applicant or a person who holds a direct or indirect ownership interest in the applicant.

Applicant Signature: _____ Date: _____

For Office Use Only

APPLICATION RECEIPT – CITY CLERK’S OFFICE

Application received by: _____ Date received: _____
 Fee paid: \$ _____ Date: _____
 City Clerk’s approval: _____ Date: _____
 License/permit number: _____

ATTACHMENT A

PROOF OF CORPORATION REGISTRATION

If the business is a LLC, Partnership, Corporation or other, please provide proof of registration with, or a certificate of good standing from, the Michigan Department of Licensing and Regulatory Affairs – Corporations, Securities, and Commercial Licensing Bureau.



ATTACHMENT B

DEED, LEASE, or OPTION AGREEMENT

Please attach one:

- A copy of any deed reflecting the applicant's ownership of the proposed licensed premises

OR

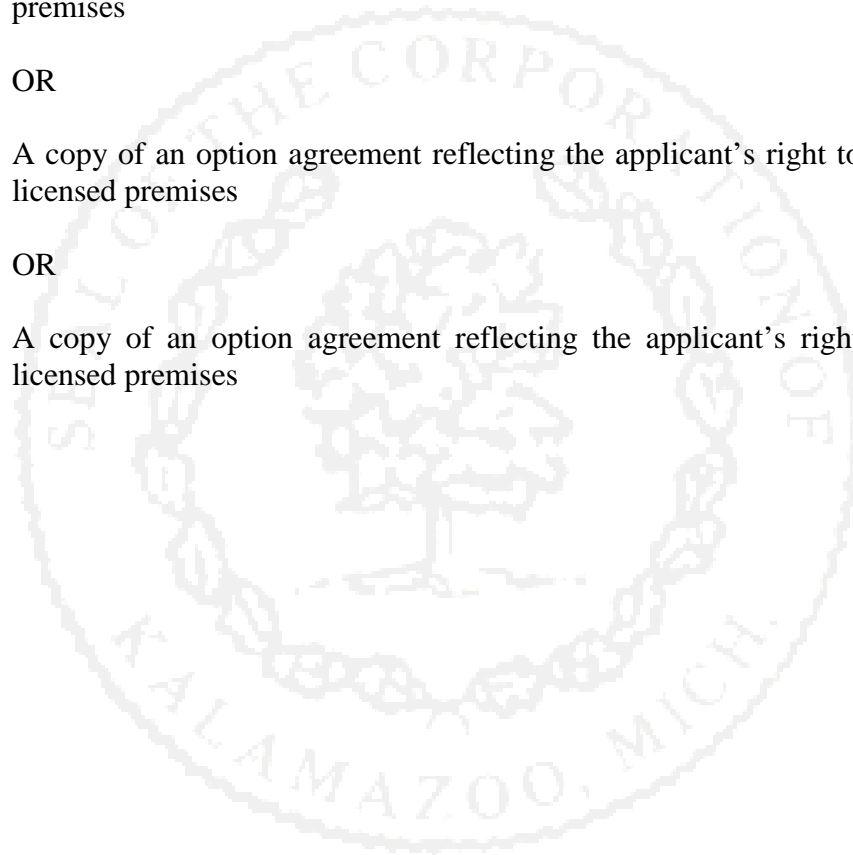
- A copy of a lease reflecting the right of the applicant to possess the proposed licensed premises

OR

- A copy of an option agreement reflecting the applicant's right to purchase the proposed licensed premises

OR

- A copy of an option agreement reflecting the applicant's right to lease the proposed licensed premises



ATTACHMENT C

PROPERTY OWNER'S AUTHORIZATION

A notarized statement from the owner of the property authorizing the use of the property for a marihuana facility.

NOTE: this attachment is necessary only if the applicant is **not** the owner of the proposed licensed premises.



ATTACHMENT D

DIAGRAM OF PROPOSED LICENSED PREMISE

A "to scale" diagram of the proposed licensed premises, no larger than eleven (11) inches by seventeen (17) inches, showing, without limitation, building floor plan and layout, all entryways, doorways, or passage ways, and means of public entry and exits to the proposed licensed premises, loading zones, available onsite parking spaces, fencing at the premises, and all areas in which medical marihuana will be stored, grown, manufactured or dispensed;



ATTACHMENT E

LIGHTING PLAN

A lighting plan showing the lighting outside of the medical marihuana facility for security purposes and compliance with applicable City outdoor lighting requirements.



ATTACHMENT F

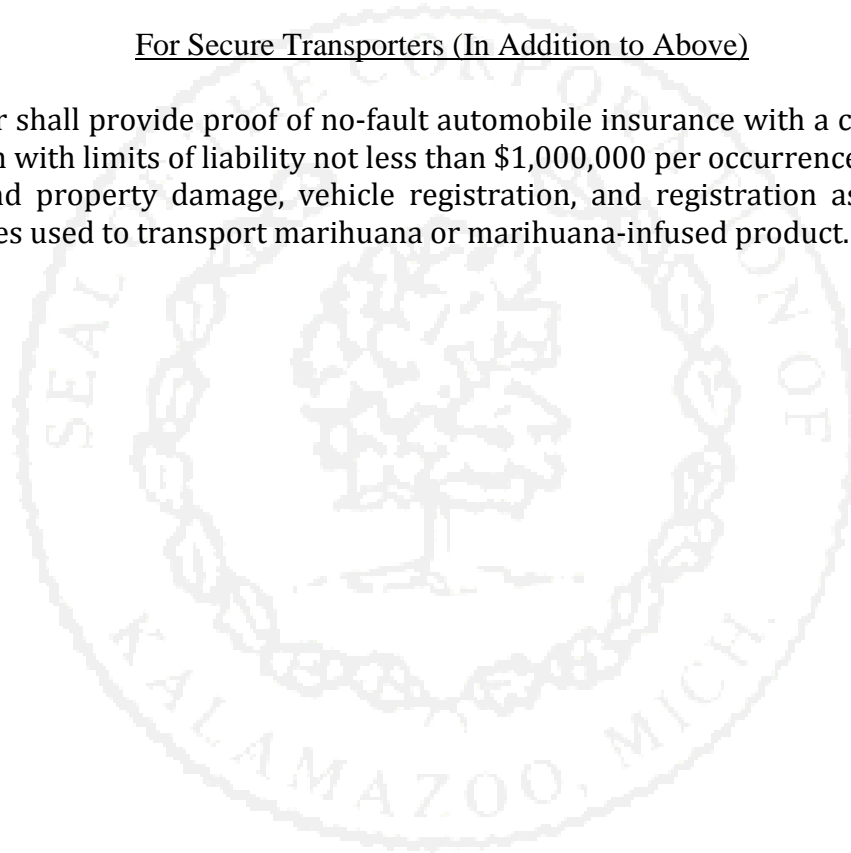
PROOF OF INSURANCE

For All Medical Marihuana Facility Types

General liability insurance with minimum limits of \$1,000,000 per occurrence and a \$2,000,000 aggregate limit issued from a company licensed to do business in Michigan having an AM Best rating of at least B++. The policy shall name the City of Kalamazoo and its officials and employees as additional insured to the limits required.

For Secure Transporters (In Addition to Above)

A secure transporter shall provide proof of no-fault automobile insurance with a company licensed to do business in Michigan with limits of liability not less than \$1,000,000 per occurrence combined single limit for bodily injury and property damage, vehicle registration, and registration as a commercial motor vehicle for all vehicles used to transport marihuana or marihuana-infused product.



ATTACHMENT G

STAFFING PLAN

Summary

Please indicate the number of employees who will be working at the proposed facility once the facility is operational:

Full-time employees (32+ hours per week) _____ Part-time employees (< 32 hours per week) _____

Position Types and Compensation

Please provide a description of the types of jobs the proposed facility is expected to create, along with the amount of compensation and benefits expected to be paid for such jobs:

Position Title: _____ Annual Average Compensation \$ _____
How many people will be employed in this position at the proposed facility? _____
Are health insurance benefits available for employees in this position? Yes _____ No _____
If yes, please indicate the employer contribution to health insurance costs: All _____ Partial _____ None _____

Position Title: _____ Annual Average Compensation \$ _____
How many people will be employed in this position at the proposed facility? _____
Are health insurance benefits available for employees in this position? Yes _____ No _____
If yes, please indicate the employer contribution to health insurance costs: All _____ Partial _____ None _____

Position Title: _____ Annual Average Compensation \$ _____
How many people will be employed in this position at the proposed facility? _____
Are health insurance benefits available for employees in this position? Yes _____ No _____
If yes, please indicate the employer contribution to health insurance costs: All _____ Partial _____ None _____

Position Title: _____ Annual Average Compensation \$ _____
How many people will be employed in this position at the proposed facility? _____
Are health insurance benefits available for employees in this position? Yes _____ No _____
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Position Title: _____ Annual Average Compensation \$ _____
How many people will be employed in this position at the proposed facility? _____
Are health insurance benefits available for employees in this position? Yes _____ No _____
If yes, please indicate the employer contribution to health insurance costs: All _____ Partial _____ None _____

Please provide information on any benefits other than health insurance that are offered to all employees:

Attach additional pages as necessary.

ATTACHMENT H

COMMUNITY BENEFITS STATEMENT

Please attach an explanation, with supporting factual data, of the economic benefits to the City and the job creation for local residents to be achieved by the facility, including plans for community outreach and worker training programs, through the grant of a medical marihuana facility license. Attach additional pages as necessary.



ATTACHMENT I

CONTACT INFORMATION

Please provide your preferred contact information below for communications regarding this application and the requested permit(s), including information that may be time sensitive. Email is the primary communication method the City Clerk's Office will use. All email communications regarding this application will come from the following email address: cokcityclerk@kalamazoo.org. Please "whitelist" this address in your email contacts to ensure timely delivery of messages.

Name _____

Relationship to Business (ex. owner, manager, etc.) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____

Cell Phone _____

Business Telephone _____

E-mail _____

