

SOCIAL EQUITY ELIGIBILITY APPLICATION MARIHUANA BUSINESS PERMITS

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

(Please Print)

BUSINESS INFORMATION – Must match the info on the Marihuana Business Permit Application

Ownership Type

- Individual/Sole Proprietorship Partnership
 Sole Member LLC Corporation Type: _____
 LLC 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 _____

If you marked LLC, Partnership, Corporation or Other in the “Business Information” section, complete this section for every person who has an ownership interest in the business, regardless of percentage. Make additional copies of this page as needed.

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

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

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Telephone _____ E-mail _____ Percentage Ownership _____

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Residence Address _____ City _____ State _____ Zip Code _____
Telephone _____ E-mail _____ Percentage Ownership _____

ADDITIONAL DOCUMENTS REQUIRED

For this application to be complete, you must also submit a SOCIAL EQUITY PROGRAM – PARTICIPANT’S PERSONAL INFORMATION FORM and supporting documents for every person who has an ownership interest in the business, regardless of the percentage of ownership.

Note: individuals or entities that have received fee reductions and/or reduced separation opportunities based on the social equity policy must provide proof of continued eligibility at time of City permit renewal. If eligible, they will receive fee reductions when renewing. If no longer eligible they will not receive fee deductions, and if the individual or entity received reduced separation opportunities, they would no longer be eligible to operate the business at that location. Existing businesses may submit documentation to apply for social equity fee reductions during the license renewal process.

The City of Kalamazoo’s Social Equity Policy provides fee reductions and reduced separation distance requirements for Marihuana Businesses where a majority of the ownership (51% or more) has lived in the Eastside, Edison, and/or Northside Neighborhoods (Census Tracts 1, 9, 10, 2.02 or 3) for the three years prior to applying for a Marihuana Business Permit; and/or who have lived anywhere in the City for the past 3 years and who have a marihuana related felony or misdemeanor conviction, not involving distribution to a minor. In addition, a discount is available if at least 10% of the ownership of the business was a registered caregiver for at least 2 years between 2008 and 2017.

This application can be submitted either *prior to* submission of the associated Marihuana Business Permit Application, or it can be submitted *with* the Permit Application. If this application is submitted prior to the Permit application, eligibility will be determined and the appropriate fee reductions will be applied at the time the Permit application is filed. If this application is submitted with the Permit Application, the applicant will need to pay the full amount of the fee(s) within the required timeframe. If the applicant is determined to be eligible for the social equity program the fee reduction(s) will be refunded.

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: _____

City Clerk’s approval: _____ Date: _____