

Marihuana Business Permit Application

Pursuant to Chapter 14, Article 12 - Portage, MI Code of Ordinances

ANNUAL LICENSE APPLICATION FEE: \$5,000.00 per license type (Non-refundable)

Application must be submitted in person - *MRA Pre-Qualification Required Prior to Submission*

APPLICATION CHECKLIST		
Item	Provided	Received
1. Proof of Property Ownership (Deed, lease, real estate contract, letter of intent by property owner)		
2. Certificate of Insurance		
3. MRA notice showing applicant pre-qualified		
4. Description of the type of marihuana facility applied for		
5. Security plan for the marihuana facility.		
6. HVAC plan for the marihuana facility		
7. Marihuana facilities plan to be submitted in connection with a state license application under the Medical Facilities Act for the marihuana business for which provisional approval was issued - OR - Marihuana establishment plan to be submitted in connection with a state license application under the Adult-use Act for the marihuana business for which provisional approval was issued as detailed in the City of Portage Code of Ordinances, Chapter 14, Article 12, Section 14-250.		
8. Floor plan of the facility		
9. Scaled conceptual plan		

SECTION A: Entity Information – Must be the same name as provided on MRA Prequalification Application

Entity Name:		Primary Contact:	
Address:			
City:	State:	ZIP Code:	Phone:
Entity E-mail:		Entity Website:	

NOTE: The above information will be used for the provision of all notices related to this application and any potential permit.

A.1 Name & Location of Proposed Facility Owned Option Leased

Facility Name:	Property ID Number:
Address:	Tax ID # (if applicable):

A.2 Property Owner Information (all owners) – Add separate page if necessary

Name:
Address:
Name:
Address:

A.3 Type of Facility (\$5,000.00 per license type Non refundable) Check all that apply

<input type="checkbox"/> Provisioning Center	<input type="checkbox"/> Retailer
Grower: <input type="checkbox"/> Class A (1,000 plants)	<input type="checkbox"/> Processor
<input type="checkbox"/> Class B (1,000 plants)	<input type="checkbox"/> Microbusiness
<input type="checkbox"/> Class C (1,500 plants)	<input type="checkbox"/> Safety Compliance
<input type="checkbox"/> Class C Stacked	<input type="checkbox"/> Secure Transporter

A.4 Person Completing Application

Name:	Title:	
Maiden Name or Aliases:	Home Address:	
City:	State:	Zip Code:
Email Address:	Phone:	

SECTION B: PRE-QUALIFICATION, COMPLIANCE AND OPERATING HISTORY

1. Please indicate all indictments, charges, arrests, convictions, guilty pleas or nolo contendere to, or forfeited bail concerning, a **felony** under the laws of this state, any other state, or the United States, or a controlled substance-related felony, within the past 10 years preceding the date of the application. If none, please indicate:

2. Please indicate all indictments, charges, arrests, convictions, guilty pleas or nolo contendere to, or forfeited bail concerning, a **misdemeanor** involving a controlled substance, theft, dishonesty, or fraud in any state or violations of a local ordinance in any state involving a controlled substance, dishonesty, theft, or fraud that substantially corresponds to a misdemeanor in that state within the past 5 years preceding the date of the application. If none, please indicate:

3. Has the applicant previously violated this article or a substantially similar ordinance in another municipality preceding the date of the application? YES NO

If YES, please explain:

4. Does the applicant have or will have lawful possession of the premises proposed for the marihuana facility? YES NO

If YES, please attach a copy of: deed, lease, real estate contract contingent upon successful licensing, or letter of intent by the owner of the premises indicating an intent to lease the premises to the applicant.

5. Does the applicant have an interest in any other marihuana facility under the Medical Marihuana Facilities Licensing Act? YES NO

If YES, please explain the type of facility, name, and location of the facility:

6. Has the applicant has ever applied for or been granted any commercial license or certificate issued by the Marihuana Regulatory Agency or any other jurisdiction concerning marihuana that has been denied, restricted, suspended, revoked, or not renewed? YES NO

If YES, please describe the facts and circumstances concerning the application, denial, restriction, suspension, revocation, or nonrenewal, including the licensing authority, the date each action was taken, and the reason for each action:

7. Does the applicant intend for a combination of marihuana businesses to operate as separate businesses at the same location? YES NO

If YES, please describe the types of marihuana businesses intended to be located at the same location:

8. Does the applicant intend that equivalent licenses will operate as separate businesses at the same location? YES NO

If YES, please describe the equivalent marihuana businesses intended to be located at the same location:

SECTION C: APPLICANT STATEMENTS

1. Please provide a statement that the applicant will not violate any of the laws of the state or the ordinances of the city in conducting the business in which the license will be used, and that a violation on the premises may be cause for nonrenewal of a permit issued under this article, or for revocation of the permit.

2. Please provide a statement that the applicant understands that the issuance of a marihuana business permit under this article is not intended to grant, nor shall be construed as granting, immunity from criminal prosecution for growing, sale, consumption, use, distribution, or possession of marihuana in any form or manner that is not in compliance with the Marihuana Act, the Medical Families Act, the Tracking Act, the Adult-Use Act, and all other applicable rules promulgated by the MRA, or from criminal prosecution or the seizure of property by federal authorities under the Federal Controlled Substances Act.

SECTION D: ADDITIONAL INFORMATION AND SIGNATURE

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

- A copy of the marihuana facilities plan to be submitted in connection with a state license application under the Medical Facilities Act for the marihuana business for which provisional approval was issued, OR a copy of the marihuana establishment plan to be submitted in connection with a state license application under the Adult-use Act for the marihuana business for which provisional approval was issued as detailed in the City of Portage Code of Ordinances, Chapter 14, Article 12, Section 14-250.
- Proof of applicant's ownership or legal possession of the premises. If not the owner of the property, provide written, notarized consent of the property owner where the facility is proposed to be located to operate a facility and lease agreement.
- Certificate of Insurance that complies with Portage Code of Ordinances Section 14-250(d)(17).
- Copy of MRA notice that applicant has been prequalified for a license
- Secure Transporter: Provide proof of auto insurance, vehicle registration, and registration as a commercial motor vehicle as applicable for any transporting vehicles used to transport marihuana product.

A NON-REFUNDABLE FEE of \$5,000 per facility type is required at time of application

Please submit your completed application, all required documents and required fees to:

City Clerk's Office
City of Portage
7900 South Westnedge Avenue
Portage, MI 49002

If you have any questions please contact the City of Portage Clerk's Office at (269) 329-4511 or via email at cityclerk@portagemi.gov.

NOTE: By submitting an application you:

1. **Authorize the City of Portage to conduct a background investigation for each person listed on the application including a criminal background check.**
2. **Grant the City of Portage access, and consent to a full and complete disclosure, of all financial records of the marihuana facility including but not limited to, records of receipts, disbursements, account balances, deposits, withdrawals and loans.**
3. **Agree as a condition of being issued a marihuana business permit to not violate any of the laws of the State of Michigan or the ordinances of the City of Portage in conducting the business in which the permit will be used, and acknowledge that a violation of state law or local ordinance on the premises may be cause for objecting to renewal of the permit, or for requesting revocation of the permit.**
4. **Acknowledge that you understand that the issuance of a marihuana permit by the City of Portage is not intended to grant, nor shall be construed as granting, immunity from criminal prosecution for growing, sale, consumption, use, distribution, or possession of marihuana in any form or manner that is not in compliance with the Michigan Medical Marihuana Act, MCL 333.26421 et seq., the Medical Marihuana Facilities Licensing Act, MCL 333.27101 et seq., the Marihuana Tracking Act, MCL 333.27901 et seq., and all other applicable rules promulgated by the state of Michigan, or from criminal prosecution or the seizure of property by federal authorities under the Federal Controlled Substances Act.**
5. **Acknowledge that you understand that a marihuana business permit is a revocable privilege granted by the City of Portage, is not a property right, and that granting a permit does not create or vest any right, title, franchise or other property interest.**
6. **Acknowledge that you are aware and understand that no marihuana business permit may be transferred, sold, or purchased without making application to and obtaining approval of the City Manager of the City of Portage.**
7. **Acknowledge that you understand that you have a continuing duty to provide the City of Portage with up-to-date contact information and that you are required to notify the City Clerk in writing of any changes to your mailing address, phone numbers, electronic mail address or other contact information you provide to the City.**
8. **Agree to completely release and forever discharge the City of Portage and its respective employees, agents, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which you may**

now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of your application for a marihuana facility permit and, if issued a permit, your operation of a marihuana facility.

I have read, understand, acknowledge and agree to the preceding statements: YES NO

The Applicant is responsible for being sufficiently familiar with and having a working knowledge of the ordinance requirements. A copy of Chapter 14 and 42 are available on the City of Portage website at www.portagemi.gov.

I hereby certify that the information provided herein is accurate to the best of my knowledge. I agree to operate the aforementioned business in compliance with the guidelines established pursuant to the Codified Ordinances of Portage, Michigan. In addition, I agree to cooperate with City of Portage staff assigned to screen this application.

Signature of Applicant _____ Date _____

Printed Name of Applicant _____

FOR OFFICE USE ONLY

Please conduct your review for **Conditional Approval** and forward your recommendations to the City Clerk's Office.

Department of Public Safety	Approved	Denied
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Signature: _____

Department of Community Development	Approved	Denied
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Signature: _____

Office of the City Clerk	Approved	Denied
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Signature: _____

Comments: _____



CONFIRMATION OF SEC. 205 COMPLIANCE

(To be signed by the municipal clerk or their designee and submitted by the applicant)
Do not sign until notary is present

PART A:

I, _____ (clerk/designee) of the City of Portage (municipality), hereby attest to the Bureau of Medical Marihuana Regulation (Bureau) that the applicant for a state operating license as named below in part B, is in compliance with the municipal ordinance requirement of section 205 of the Medical Marihuana Facilities Licensing Act, 2016 PA 281 (MMFLA) and as provided in the LARA-BMMR, Emergency Administrative Rules filed with the Secretary of State on December 4, 2017.

I further attest that:

1. The City of Portage has adopted Ordinance Section 42-129, 42-262, 42-280, and 42-281 (Land Development Regulations) and Chapter 14 - Article 12 (Businesses: Medical Marihuana Facilities) and a copy of the local ordinance is attached.
2. The City of Portage does not have an adopted ordinance which limits the number of any marihuana facilities at this time.
3. Adopted Ordinance Section 42-129, 42-262, 42-280, and 42-281 (Land Development Regulations) and Chapter 14 - Article 12 (Businesses: Medical Marihuana Facilities) apply to all proposed medical marihuana facilities within the City of Portage.
4. Attached is a description of any violation of the local ordinance or zoning regulations committed by the applicant named below, but only if those violations relate to activities licensed under this act or the Michigan medical marihuana act. (if applicable)

Has the applicant committed any violations of the local ordinance or zoning regulations related to activities licensed under the Michigan Medical Marihuana Act? Yes (see attached) No

Clerk (or designee) Municipality Date

Subscribed and sworn to by _____ before me on _____.
(Clerk or designee) (date)

Notary Public Signature Notary Public Printed Name

State of _____, County of _____. Acting in the County of _____,

My commission expires: _____.

PART B:

I, the applicant, understand that I am submitting this Attestation I in compliance with Section 205 of the Medical Marihuana Facilities Licensing Act and the Emergency Administrative Rules.

Applicant Signature Date

Title



ATTESTATION I

PERSON COMPLETING APPLICATION ATTESTATION & DISCLOSURE

(To be completed by person completing application if different than the entity or individual seeking licensure. If the person completing the application is the same as the entity or individual seeking license only Attestation III is necessary)

Do not sign until notary is present

I _____, being first duly sworn upon oath, affirmation, or depose state:

1. I am the individual responsible for submitting this application and have full authority to execute this attestation and disclosure.
2. I have no interest, unless otherwise indicated in this application packet.
3. I swear (or affirm) that the information contained in the application packet is true, complete, and accurate to the best of my knowledge and belief.
4. Except as reported in this application packet, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee or otherwise any interest in the application.
5. Except as reported in this application packet, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the interest in this application.

Person Completing Application Signature

Person Completing Application Printed Name

Title

Date

Subscribed and sworn to by _____ before me on _____.
(person completing form name) (date)

Notary Public Signature Notary Public Printed Name

State of _____, County of _____. Acting in the County Of _____,
(county) (state)

My commission expires: _____



ATTESTATION II

APPLICANT'S VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE

(To be completed and signed by entity/individual seeking licensure)

Do not sign until notary is present

1. I am the individual responsible for submitting this application and have full authority to execute this affidavit of full disclosure.
2. I authorize _____ to be the contact person to the City of Portage for the purposes of this licensure application.
3. I swear (or affirm) that the information contained in this application packet is true, complete, and accurate to the best of my knowledge and belief.
4. Except as reported in this application packet, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee or otherwise any interest in the application.
5. Except as reported in this application packet, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the interest in this application.

Applicant Signature

Title

Date

Subscribed and sworn to by _____ before me on _____.
(applicant name) (date)

Notary Public Signature Notary Public Printed Name

State of _____, County of _____. Acting in the County Of _____,
(county) (state)

My commission expires: _____