

# CITY OF FLINT GROUP E MARIHUANA FACILITIES SPECIAL REGULATED USE PERMIT/LICENSE APPLICATION

Pursuant to chapter 50-80 of the Flint City Code

FOR OFFICE USE ONLY	
Case number _____	
Date Rec'd _____	
Fee Rec'd _____	
Receipt # _____	
Hearing date _____	

APPLICATION INFORMATION		TYPE OR PRINT WITH BLUE OR BLACK INK	
<b>Business Information</b>			
Business Name: _____			
Address: _____			
City: _____	State: _____	ZIP Code: _____	Phone: _____
Business E-mail: _____		Business Website: _____	
<b>Name &amp; Location of Proposed Facility</b>		<b>Owned</b> <input type="checkbox"/>	<b>Leased</b> <input type="checkbox"/>
Facility Name: _____		Parcel No.: _____	
Address: _____		Zoning Classification: _____	
<b>Property Owner Information (all owners)</b>		If additional owners, include on separate page	
Name: _____		Phone: _____	
Address: _____		Email: _____	
Name: _____		Phone: _____	
Address: _____		Email: _____	
<b>Type of Facility (\$1,500.00 Non- Refundable)</b>			Check all that apply
<input type="checkbox"/> Group E (Provisioning Center, Retail, Secure Transport) <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical Marihuana Provisioning Center</li> <li><input type="checkbox"/> Adult Use Retail Facility</li> <li><input type="checkbox"/> Commercial Marihuana Secure Transport Facility _____</li> </ul>			
<i>PLEASE CONTINUE TO THE NEXT SECTION OF THIS APPLICATION</i>			

Applicant Information: (Person submitting application to Planning & Zoning Office)		
Name:	Title:	
DOB:		
Home Address:		
City:	State:	Zip Code:
Primary Contact #:		Secondary Contact #:
Emergency Contact Information:		
Email Address:		
Copy of government issued photo identification included with application <input type="checkbox"/>		

Applicant Information (If the applicant is not an individual)		
Name of highest ranking stakeholder:		
DOB:		
Physical Address:		
City:	State:	Zip Code:
Primary Contact #:		Secondary Contact #:
Emergency Contact Information:		
Email Address:		
Copy of government issued photo identification included with application <input type="checkbox"/>		
Stakeholder:		
DOB:		
Physical Address:		
City:	State:	Zip Code:
Primary Contact #:		Secondary Contact #:
Emergency Contact Information:		
Email Address:		
Copy of government issued photo identification included with application <input type="checkbox"/>		
Stakeholder:		
DOB:		
Physical Address:		
City:	State:	Zip Code:
Primary Contact #:		Secondary Contact #:
Emergency Contact Information:		
Email Address:		
Copy of government issued photo identification included with application <input type="checkbox"/>		

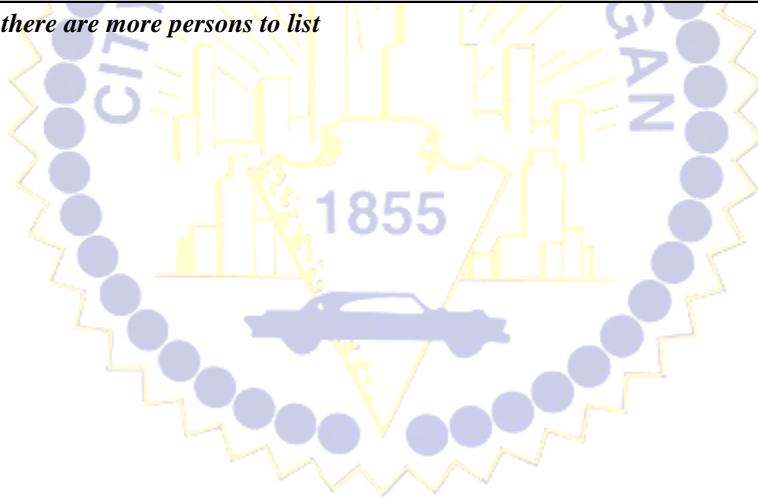
Stakeholder:		
DOB:		
Physical Address:		
City:	State:	Zip Code:
Primary Contact #:		Secondary Contact #:
Emergency Contact Information:		
Email Address:		
Copy of government issued photo identification included with application <input type="checkbox"/>		
Stakeholder:		
DOB:		
Physical Address:		
City:	State:	Zip Code:
Primary Contact #:		Secondary Contact #:
Emergency Contact Information:		
Email Address:		
Copy of government issued photo identification included with application <input type="checkbox"/>		
<b>ADDITIONAL DOCUMENTS REQUIRED – SEE THE APPLICATION SUBMITTAL GUIDELINES</b>		

<b>Manager/Employee Information</b>		
Name:		
DOB:		
Physical Address:		
City:	State:	Zip Code:
Primary Contact #:		Secondary Contact #:
Emergency Contact Information:		
Email Address:		
Copy of government issued photo identification included with application <input type="checkbox"/>		
Name:		
DOB:		
Physical Address:		
City:	State:	Zip Code:
Primary Contact #:		Secondary Contact #:
Emergency Contact Information:		
Email Address:		
Copy of government issued photo identification included with application <input type="checkbox"/>		

Name:		
DOB:		
Physical Address:		
City:	State:	Zip Code:
Primary Contact #:		Secondary Contact #:
Emergency Contact Information:		
Email Address:		
Copy of government issued photo identification included with application <input type="checkbox"/>		
Name:		
DOB:		
Physical Address:		
City:	State:	Zip Code:
Primary Contact #:		Secondary Contact #:
Emergency Contact Information:		
Email Address:		
Copy of government issued photo identification included with application <input type="checkbox"/>		
Name:		
DOB:		
Physical Address:		
City:	State:	Zip Code:
Primary Contact #:		Secondary Contact #:
Emergency Contact Information:		
Email Address:		
Copy of government issued photo identification included with application <input type="checkbox"/>		
Name:		
DOB:		
Physical Address:		
City:	State:	Zip Code:
Primary Contact #:		Secondary Contact #:
Emergency Contact Information:		
Email Address:		
Copy of government issued photo identification included with application <input type="checkbox"/>		

Name:		
DOB:		
Physical Address:		
City:	State:	Zip Code:
Primary Contact #:		Secondary Contact #:
Emergency Contact Information:		
Email Address:		
Copy of government issued photo identification included with application <input type="checkbox"/>		
Name:		
DOB:		
Physical Address:		
City:	State:	Zip Code:
Primary Contact #:		Secondary Contact #:
Emergency Contact Information:		
Email Address:		
Copy of government issued photo identification included with application <input type="checkbox"/>		

*Attach an additional sheet if there are more persons to list*



***ADDITIONAL DOCUMENTS REQUIRED – SEE THE GROUP E APPLICATION SUBMITTAL GUIDELINES***

**APPLICANT CONFIRMATION**

- I, the applicant, have read and am fully aware of all plans and details listed in this application, and have been provided the opportunity to discuss its contents with any applicable professionals, including but not limited to an attorney of my choosing.
- Neither I, the applicant, nor any “true party of interest” is in default to the City of Flint for any property tax, special assessment, utility charges, fines, fees, or other financial obligation owed to the City of Flint.
- Neither I, the applicant, nor any “true part 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, the applicant, guarantee that all growing and processing will be performed within an enclosed, locked facility.



**PROPERTY OWNER MUST ATTEND PLANNING COMMISSION MEETINGS OR BE REPRESENTED BY A PERSON WITH NOTORIZED LETTER OF REPRESENTATION TO ACT ON BEHALF OF OWNER.**

I hereby affirm that the above information is correct to the best of my knowledge and grant permission for City Officials and/or City Staff to conduct an on-site inspection.

---

Signature of Property Owner

Print Name

Date

---

Signature of Applicant

Print Name

Date

Department of Planning & Development  
1101 South Saginaw Street Rm. S110

(810) 766-7426 x3060  
wvandercook@cityofflint.com

Flint, MI 48502

**FOR OFFICE USE ONLY**

*Please conduct your review and forward your recommendation to the Zoning Coordinator.*

**CITY ATTORNEY**     Satisfactory     Unsatisfactory    Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

**POLICE DEPT.**     Satisfactory     Unsatisfactory    Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

**FIRE DEPT.**     Satisfactory     Unsatisfactory    Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

**P&D DEPT.**     Satisfactory     Unsatisfactory    Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

**BUILDING DIVISION**  Satisfactory     Unsatisfactory    Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

**CITY TREASURER**  Satisfactory     Unsatisfactory    Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

**(For Office Use Only)**

Date Planning Commission meeting is scheduled:

Date notice of Planning Commission meeting published:

Date notice of Planning Commission meeting was mailed to property owners/occupants within 300 ft:

# City of Flint

## Group E Marihuana Locational Limitation Review

Name & Location of Proposed Facility		Owned <input type="checkbox"/>	Leased <input type="checkbox"/>
Facility Name:		Parcel No.:	
Address:		Zoning Classification:	
Property Owner Information (all owners)		If additional owners, include on separate page	
Name:	Phone:		
Address:	Email:		
Name:	Phone:		
Address:	Email:		
Type of Facility		Check all that apply	
<input type="checkbox"/> Group E (Provisioning Center)			
<input type="checkbox"/> Group E (Adult-use Retail)			
<input type="checkbox"/> Group E (Secure Transport)			
Business Owner			
Name:		Title:	
Home Address:			
City:	State:	Zip Code:	
Primary Contact #:		Secondary Contact #:	
Email Address:			

I have reviewed the locational limitations listed in the Zoning Ordinance and I believe that the property listed above meets the locational limitations as required. Consideration is only taken when the complete application is submitted to the City of Flint and any required fees are paid in full. Application for a State operating license does not secure any position for locational limitations.

---

Signature of Property Owner Print Name Date

---

Signature of Applicant Print Name Date

### Office use only – Locational Limitation Review

Initial Review Date: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Use: \_\_\_\_\_

- Meets the required locational limitations
- Denied, does not meet the required locational limitations: \_\_\_\_\_