

CITY OF FLINT GROUP G 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		
Business Information			
Business Name: _____			
Address: _____			
City: _____	State: _____	ZIP Code: _____	Phone: _____
Business E-mail: _____		Business Website: _____	
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 (\$1,500.00 Non- Refundable)			Check all that apply
<input type="checkbox"/> Group G <ul style="list-style-type: none"> <input type="checkbox"/> Microbusiness (150 Plants) <input type="checkbox"/> Class A Marihuana Microbusiness (300 Plants) 			
Shall not be co-located on the same parcel with a Group E or Group F Special Regulated Use			
<p><i>PLEASE CONTINUE TO THE NEXT SECTION OF THIS APPLICATION</i></p>			

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"/>		

Manager/Employee Information		
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"/>		

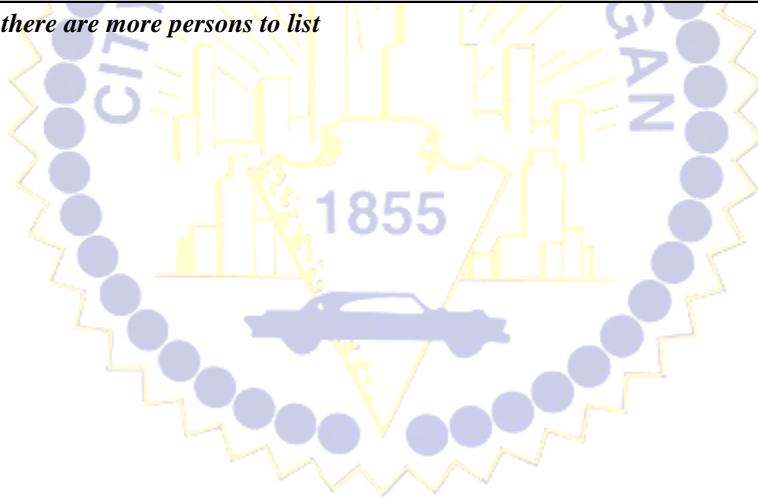
Name:		
DOB:		
Physical Address:		
City:	State:	Zip Code:
Primary Contact #:		Secondary Contact #:
Emergency Contact Information:		
Email Address:		
Copy of government issued photo identification included with application <input type="checkbox"/>		

Name:		
DOB:		
Physical Address:		
City:	State:	Zip Code:
Primary Contact #:		Secondary Contact #:
Emergency Contact Information:		
Email Address:		
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Name:		
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Physical Address:		
City:	State:	Zip Code:
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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 G 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 G 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 G (Microbusiness)			
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: _____