

CITY OF FLINT MARIHUANA FACILITIES SPECIAL REGULATED USE PERMIT/LICENSE RENEWAL DATE CHANGE APPLICATION

Pursuant to chapter 50-183 of the Flint City Code

	FOR OFFICE USE ONLY Date Rec'd							
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APPLICATION INFORMATION			TYPE OR PRINT WITH BLUE OR BLACK INK					
Business Information								
Business Name:			111					
Address:	1		1771		14.0			
City:	5	State:	(/,¥I)	ZIP Code:		Phone:		
Business E-mail:	50		Busin	ess Website:		2		
Name & Location of Fac	ility			Owned		Leased		
Facility Name:				Parc	el No.:			
Address:		. ግሥ	Sec. 1	Zon	ing Classificati	on:		
Property Owner Inform	ation (all	l owners)		If	additional ow	vners, include on separa	ite page	
Name:				Phone:				
Address:				Email:				
Name:			3	Phone:				
Address:			No. X	Email:				
Applicant Information: (Person submitting application to Planning & Zoning Office)								
Name:		<u></u>	L-V-V	Title:				
DOB:								
Home Address:								
City:		State:		Zip Code:				
Primary Contact #:				Secondary Contact #:				
Emergency Contact Informa	tion:							
Email Address:								

Licenses and Prorated Renewal Date Calculation Sheet							
Proposed Renewal Date:							
License Type	Current Renewal Date	Prorated Calculation (Office Use)					
License 1:							
License 2:							
License 3:							
License 4:							
License 5:							
License 6:							
License 7:							
License 8:		_					
License 9:		4					
License 10:	INT.						
License 11:	FLINI, N						
License 12:		· C. O. L					
License 13:		, 72 Q L					
License 14:							
License 15:							
<u> </u>							
Total Prorated Cost (Office Use):							

APPLICANT CONFIRMATION



I hereby affirm that the above information is correct to the best of my knowledge.

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 x2751 mmenifee@cityofflint.com I, ______as a stakeholder of _______(facility name), have voluntarily requested a consolidation of the renewal dates for my approved City of Flint marihuana facility licenses where the annual renewal occurs on separate dates.

I understand that by making this request that ______ (facility name) has voluntarily agreed to pay a one-time adjusted pro-rata fee based on the difference between the annual renewal dates for each license.

I also understand that this is a convenience and not mandatory. Additionally, I agree that the pro-rata fee is not in violation of the Michigan Regulation and Taxation of Marihuana Act (MRTMA) or the Medical Marihuana Facilities Act (MMFLA) or any other state law pertaining to cannabis and assessed fees.

I further release, hold harmless and waive any liability of the City of Flint, its elected and appointed officers and officials, employees, agents, consultants, and volunteers from any claims arising out of and/or related to this voluntary Renewal Date Change application.

