



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 _____	
Fee Rec'd _____	
Receipt # _____	

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 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: _____	
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: _____			

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.

