

CITY OF FLINT

GROUP F MARIHUANA FACILITIES

SPECIAL REGULATED USE PERMIT/LICENSE APPLICATION

Pursuant to chapter 50-183 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 F (Growing) <div style="margin-left: 20px;"> <input type="checkbox"/> Class A (500 Plants) <input type="checkbox"/> Class B (1,000 Plants) <input type="checkbox"/> Class C (1,500 Plants) No. of Class C Permits Requested _____ </div>			
<input type="checkbox"/> Group F (Processing) <div style="float: right; text-align: right;"> <input type="checkbox"/> Group F (Safety Compliance) </div>			
<i>PLEASE CONTINUE TO THE NEXT SECTION OF THIS APPLICATION</i>			

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

Flint, MI 48502

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

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"/>		

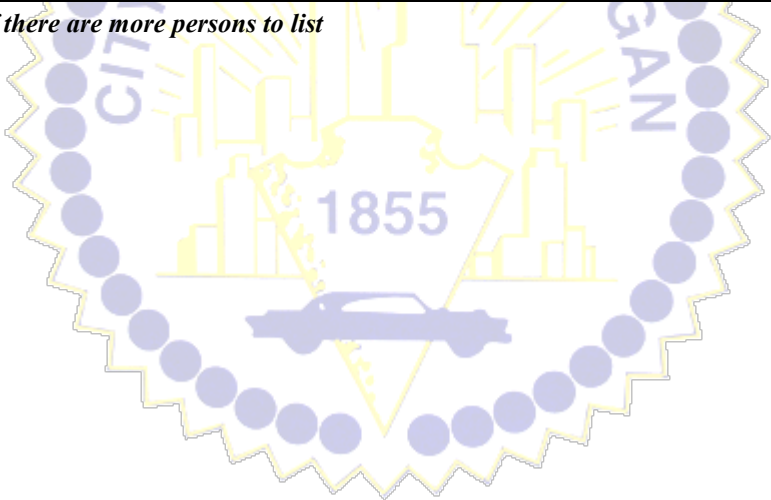
Stakeholder:		
DOB:		
Physical Address:		
City:	State:	Zip Code:
Primary Contact #:		Secondary Contact #:
Emergency Contact Information:		
Email Address:		
Copy of government issued photo identification included with application <input type="checkbox"/>		
Stakeholder:		
DOB:		
Physical Address:		
City: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

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:		
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***

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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

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1101 South Saginaw Street Rm. S110

Flint, MI 48502

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wvandercook@cityofflint.com

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 F 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 F (Growing)			
<input type="checkbox"/> Group F (Processing)			
<input type="checkbox"/> Group F (Safety Compliance)			
Business Owner			
Name:		Title:	
Home Address:			
City:	State:	Zip Code:	
Primary Contact #:		Secondary Contact #:	
Email Address:			

I have reviewed the locational limitations listen 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
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Signature of Applicant	Print Name	Date
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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: _____

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SPECIAL REGULATED USE APPLICATION
SUBMITTAL GUIDELINES MARIHUANA BUSINESSES

Group F

(Growing, Processing, and Safety Compliance)

Applicant is to submit the following:

1
COPY

Digital AND Physical FULL VERSION of application and its supplemental documents/materials

10
COPIES

Physical EXECUTIVE SUMMARIES of application and its supplemental documents/materials. (1 Digital copy)

1 Digital Full Version MUST be sent to the Zoning Coordinator - Bill Vandercook.

Once reviewed and approved by the Zoning Coordinator.

Hard copies of applications should be in three-ring binders with sections clearly separated.
Digital copies should be provided as a PDF and E-MAILED to Wvandercook@cityoffint.com



Full Packet Requirements

Executive Summary Requirements

☐

1. Fully completed Special Regulated Use Application

☐☐

2. Articles of incorporation

☐☐

3. Assumed named registration documents

☐☐

4. Internal revenue service SS-4 EIN confirmation letter.

☐☐

5. Copy of the operation agreement of the applicant

☐☐

6. If the applicant is a limited liability company: a copy of the partnership agreement if a partnership. Or, a copy of the bylaws or shareholder agreement if a corporation.

☐☐

7. Deed/Lease/Option agreement

☐☐

8. Proof of insurance. Please show the certificate page in the executive summary.

☐

1 page (max) excerpt
in executive summary

☐

9. Property owner's authorization (if applicable)

☐☐

10. Signed and notarized Acknowledgement of Federal Law and Release of Liability form. Copy is appropriate for executive summary.

☐

Full Packet Requirements



Executive Summary Requirements

☐

11. Proof of ownership of the entire premises wherein the marihuana facility is to be operated; or written consent from the property owner for use of the premises in a manner requiring licensure under this ordinance along with a copy of the lease for the premises.

☐☐

12. Proof of an adequate liability and casualty insurance policy in the amount not exceeding the requirements addressed in the Medical Marihuana Facilities Licensing Act, MCL 333.27101 et seq. ("MMFLA"); the Michigan Regulation and Taxation of Marihuana Act, MCL 333.27951 et seq. ("MRTMA"); or any other applicable state laws, , covering the marihuana facility and naming the city as an additional insured party, available for the payment of any damages arising out of an act or omission of the applicant or its stakeholders, agents, employees, or subcontractors. Please show the certificate page in the executive summary.

☐

1 page (max) excerpt
in executive summary

☐

13. A security plan for the marihuana facility that contains a comprehensive diagram, including, but not limited to, any lighting, alarms, barriers, recording/monitoring devices, and/or security guard arrangements proposed for the facility and premises. The security plan must contain the specification details of each piece of security equipment. Each marihuana facility must have a security guard present during business hours or alternative security procedures shall be proposed in the business plan. The security plans must include details on the location and number of security cameras located on the premises, both on the interior and exterior. At a minimum, security cameras must be installed to capture all entry and exit doors, public counters, and parking lots. Please show the comprehensive diagram in the executive summary.

☐

1 page (max) excerpt
in executive summary

☐

14. Floor plans of the marihuana facility, as well as a scale diagram illustrating the property upon which the marihuana facility is to be operated, including all available parking spaces, and specifying which parking spaces, if any, are handicapped-accessible.

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15. An affidavit that neither the applicant nor any stakeholder of the applicant is in default to the city. Specifically, that the applicant or stakeholder of the applicant has not failed to pay any property taxes, special assessments, fines, fee, or other financial obligations to the city.

☐☐

16. An affidavit that the transfer of marihuana to and from marihuana facilities shall be in compliance with the Medical Marihuana Facilities Licensing Act, MCL 333.27101 et seq. ("MMFLA"); the Michigan Regulation and Taxation of Marihuana Act, MCL 333.27951 et seq. ("MRTMA"); or any other applicable state laws.

☐☐

17. A staffing plan complete with an organizational chart listing all individuals that includes position descriptions and the names of each person holding each position. Please show the organizational chart in executive summary.

☐

1 page (max) excerpt
in executive summary

☐

18. Any proposed text or graphical materials to be shown on the exterior of the proposed marihuana facility.

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19. A business plan that includes a proposed marketing plan, scheduled tangible capital investment in the city including an explanation of the economic benefits to the city and job creation statistics. The plan should include both the short and long term goals and objectives of the business operation.

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3 page (max) excerpt
in executive summary

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20. A location area map of the marihuana facility and surrounding area that identifies the relative locations and the distances to any real property comprising a Pre K-12 school, a place of worship, or any dedicated public parks

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Full Packet Requirements



Executive Summary Requirements

- | | | |
|-----------------------|---|-----------------------|
| <input type="radio"/> | 21. A facility sanitation plan to protect against any marihuana being ingested by any person or animal, indicating how the waste will be stored and disposed of, and how any marihuana will be rendered unusable upon disposal. Disposal by onsite burning or introduction in the sewerage system is prohibited. | |
| <input type="radio"/> | 22. A description of procedures for testing of contaminants, including mold and pesticides. | |
| <input type="radio"/> | 23. A hazardous material plan, indicating what, if any, hazardous substances will be on the premises, in what quantities, the intended usage of such hazardous materials, and the plans for the disposal of such hazardous materials and/or their byproducts. All waste that has hazardous must be disposed of pursuant to part 111 of 1994 PA 451, hazardous waste management. | |
| <input type="radio"/> | 24. A proposed patient recordkeeping plan that will track quantities sold to individual patients and caregivers, and will monitor inventory. | |
| <input type="radio"/> | 25. A grower plan that includes at a minimum a description of the grower methods to be used, including plans for the growing mediums, treatments and/or additives. | |
| <input type="radio"/> | 26. A processing plan that includes at a minimum a description of the methods to be used. | |
| <input type="radio"/> | 27. A production testing plan that includes at a minimum a description of how and when samples for laboratory testing by a state approved safety compliance facility will be selected, what type of testing will be requested, and how the test results will be used. | |
| <input type="radio"/> | 28. An affidavit that all operations will be conducted, and the number of plants to be cultivated, shall be in conformance with state law. | <input type="radio"/> |
| <input type="radio"/> | 29. A chemical and pesticide storage plan that state the names of the chemicals and pesticides to be used in a growing or processing facility, and where and how pesticides and chemicals will be stored in the facility, along with a plan for the disposal of unused pesticides. | |
| <input type="radio"/> | 30. Guarantee that all growing and processing will be performed within an enclosed locked facility. | <input type="radio"/> |

An “excerpt” is defined as an identical copy of a page included in the full version. The content displayed in the excerpt of the executive summary is not to differ from the content in the full version. Tabs, tables of contents, or cover pages simply identifying the topic item are appropriate in the executive summary. The full version will be filed and kept in the Zoning Coordinator’s office and will be present at the Planning Commission meeting

Contact Information:

(810) 766-7426 Ext.3060
Email: Wvandercook@cityofflint.com

Reviewed By :

PC Case # :

Applicant :

For More Information on Marihuana Facilities

<https://www.cityofflint.com/planning-and-development-2/planning-and-zoning-2/marihuana-facilities/>