

CITY OF FLINT MEDICAL MARIHUANA FACILITIES CHANGE IN OWNERSHIP

Pursuant to chapter 50-183 of the Flint City Code

FOR OFFICE USE ONLY
Case number _____
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: _____
Type of Ownership Change	
<input type="checkbox"/> Original owner is retains partial ownership.	
<input type="checkbox"/> Ownership transferred completely with no alterations to approved site plans/floor plans.	
<input type="checkbox"/> Ownership transferred completely and alterations to approved site plans/floor plans.	
Applicant Information: (Person submitting application to Planning & Zoning Office)	
Name: _____	Title: _____
DOB: _____	
Home Address: _____	
City: _____	State: _____
Zip Code: _____	Secondary Contact #: _____
Primary Contact #: _____	Secondary Contact #: _____
Email Address: _____	
Copy of government issued photo identification included with application <input type="checkbox"/>	

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

Flint, MI 48502

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

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

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

New Secondary Owners

Name:

DOB

Physical Address:

City:	State:	Zip Code:
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Primary Contact #:	Secondary Contact #:
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Email Address:

Copy of government issued photo identification included with application

Name:

DOB

Physical Address:

City:	State:	Zip Code:
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Primary Contact #:	Secondary Contact #:
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Email Address:

Copy of government issued photo identification included with application

Name:

DOB

Physical Address:

City:	State:	Zip Code:
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Primary Contact #:	Secondary Contact #:
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Email Address:

Copy of government issued photo identification included with application

Name:

DOB

Physical Address:

City:	State:	Zip Code:
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Primary Contact #:	Secondary Contact #:
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Email Address:

Copy of government issued photo identification included with application

Name:

DOB

Physical Address:

City:	State:	Zip Code:
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Primary Contact #:	Secondary Contact #:
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Email Address:

Copy of government issued photo identification included with application

Any other individuals with ownership stake not previously listed

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

ADDITIONAL DOCUMENTS REQUIRED

- Copy of the operation agreement of the applicant.
- A staffing plan complete with an organizational chart listing all individuals that includes position descriptions and the names of each person holding each position.
- 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.
- Property Owner’s Authorization (if applicable)
- Floor plans of the medical marihuana facility as previously approved by the planning commission, as well as a scale diagram illustrating the property upon which the medical marihuana facility is to be operated, including all available parking spaces, and specifying which parking spaces, if any, are handicapped-accessible.
- Proof new owners applied for a background check.
- Locational map with the property outlined.

APPLICANT CONFIRMATION

- I, the applicant, have read and am fully aware of all plans and details listed in this application, and have provided read the opportunity to discuss its contents with any applicable professionals, including but not limited to an attorney of my choosing
- The new ownership team fully understands they have six (6) months to obtain conformity under the new MMFLA license, or they risk losing their license.
- I understand that any alteration to the floor plans or site plans require approval from the Planning Commission.
- 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 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

Office use only

Initial Review Date: _____ BSI Inspection Date: _____ P&Z Inspection Date: _____

- All facility plans are in possession of the City of Flint zoning office.
- BSI and Planning & Zoning staff have inspected both the exterior and interior of the facility and they align with what is on file (engineered plans/drawings.)

