

# CITY OF FLINT

## MEDICAL 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	
<b>Business Information</b>			
Business Name: _____			
Address: _____			
City: _____	State: _____	ZIP Code: _____	Phone: _____
Business E-mail: _____		Business Website: _____	
<b>Name &amp; Location of Proposed Facility</b>		<b>Owned</b> <input type="checkbox"/>	<b>Leased</b> <input type="checkbox"/>
Facility Name: _____		Parcel No.: _____	
Address: _____		Zoning Classification: _____	
<b>Property Owner Information (all owners)</b>		If additional owners, include on separate page	
Name: _____		Phone: _____	
Address: _____		Email: _____	
Name: _____		Phone: _____	
Address: _____		Email: _____	
<b>Type of Facility (\$1,500.00 Non- Refundable)</b>		Check all that apply	
<input type="checkbox"/> Group E (Provisioning Center)			
<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)			
<input type="checkbox"/> Group G (Secure Transport) <input type="checkbox"/> Group G (Safety Compliance)			
<i>PLEASE CONTINUE TO THE NEXT SECTION OF THIS APPLICATION</i>			

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

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

Flint, MI 48502

Applicant Information: (Person submitting application to Planning & Zoning Office)		
Name:		Title:
DOB:		
Home Address:		
City:	State:	Zip Code:
Primary Contact #:		Secondary Contact #:
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 #:
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 #:
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 #:
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 #:

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 #:
Email Address:		
Copy of government issued photo identification included with application <input type="checkbox"/>		
<b>ADDITIONAL DOCUMENTS REQUIRED</b>		
<input type="checkbox"/> Articles of incorporation. <input type="checkbox"/> Assumed named registration documents. <input type="checkbox"/> Internal revenue service SS-4 EIN confirmation letter. <input type="checkbox"/> Copy of the operation agreement of the applicant. <input type="checkbox"/> If the applicant is a limited <u>liability company</u> : A copy of the partnership agreement, if a partnership, or a copy of the bylaws or shareholder agreement, if a corporation. <input type="checkbox"/> Deed/Lease/Option Agreement <input type="checkbox"/> Proof of Insurance <input type="checkbox"/> Property Owner's Authorization (if applicable) <input type="checkbox"/> Signed and Notarized Acknowledgement of Federal Law and Release of Liability Form (must be original, no copies)		

<b>Manager/Employee Information</b>		
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:		
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Physical Address:		
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Email Address:		
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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"/>		
<i>Attach an additional sheet if there are more persons to list</i>		



*THIS SECTION WAS LEFT BLANK INTENTIONALLY. PLEASE CONTINUE TO  
THE NEXT SECTION OF THIS APPLICATION*

## **ADDITIONAL REQUIRED MATERIALS**

- ☐ Proof of ownership of the entire premises wherein the medical 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.
- ☐ Proof of an adequate premises liability and casualty insurance policy in the amount not exceeding the requirements addressed in the Medical Marihuana Facilities Licensing Act or applicable state laws, covering the medical 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.
- ☐ A security plan for the medical 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 medical 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.
- ☐ Floor plans of the medical marihuana facility, 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.
- ☐ 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.
- ☐ An affidavit that the transfer of marihuana to and from medical marihuana facilities shall be in compliance with the MMMA and the Medical Marihuana Facilities Licensing Act or other applicable state laws.
- ☐ A staffing plan complete with an organizational chart listing all individuals that includes position descriptions and the names of each person holding each position.
- ☐ Any proposed text or graphical materials to be shown on the exterior of the proposed medical marihuana facility.
- ☐ 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.
- ☐ A location area map of the medical 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.
- ☐ 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.
- ☐ A description of procedures for testing of contaminants, including mold and pesticides.

- ☐ 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.
- ☐ A proposed patient recordkeeping plan that will track quantities sold to individual patients and caregivers, and will monitor inventory.

#### ADDITIONAL REQUIRED MATERIALS SPECIFIC TO GROWING OR PROCESSING

- ☐ 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.
- ☐ A processing plan that includes at a minimum a description of the methods to be used.
- ☐ 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.
- ☐ An affidavit that all operations will be conducted in conformance with the MMMA, the Medical Marihuana Facilities Licensing Act or other applicable state laws and such operations shall not be cultivated on the premises at any one time more than the permitted number of marihuana plants per the Michigan medical marihuana act, as amended, and the Medical Marihuana Facilities Licensing Act.
- ☐ 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.
- ☐ Guarantee that all growing and processing will be performed within an enclosed locked facility.

#### 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.

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**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. I further affirm that my application is complete and I understand that my application is final. I make no reliance on anything stated by City Staff with regard to the completeness of this application or any other communications not provided in writing.

Signature of Property Owner

Print Name

Date

Signature of Applicant

Print Name

Date

**FOR OFFICE USE ONLY**

*Please conduct your review for approval 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:

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# City of Flint

## Medical 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 <span style="float: right;">Check all that apply</span>			
<input type="checkbox"/> Group E (Provisioning Center)			
<input type="checkbox"/> Group F (Growing, Processing)			
<input type="checkbox"/> Group G (Secure Transport, Safety Compliance)			
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. If another application is scored higher than yours and falls within the 2,000' rule, priority will be given to the application that scores the highest in the merit review process. If the location falls within a 40' threshold of a locational standard, City Planning & Zoning staff may need 24 hours to confirm compliance.

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: \_\_\_\_\_