



CITY OF FLINT ANNUAL MARIHUANA RE-LICENSURE

APPLICANTS: Complete the top portion of this form ONLY and circulate to the appropriate departments.

Business Name: _____ License Type: _____

Location: _____ Parcel ID: _____

Applicant Name: _____ Phone: _____

- Submit this page (page 1 of 6) to the Department of Planning & Development:
 - Suzanne Wilcox: swilcox@cityofflint.com; (810) 766-7426
 - Bill Vandercook: wvandercook@cityofflint.com; (810) 766-7426
- Item (2) refers to obligations and/or conditions imposed by the Planning Commission when the license was originally granted; refer to meeting minutes if necessary.

PLANNING & DEVELOPMENT	
1. Changes since the initial or current application was filed _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Obligations to fulfill after initial license granted _____ _____	
• Obligations fulfilled	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Caps on above-listed license type	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Applicable ordinance is attached	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
• This facility is compliant with any applicable cap	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Zoning restrictions on above-listed location and/or facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Applicable ordinance(s) are attached	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No

Planning Department Verification

I, _____, have reviewed the above-listed application and find that it meets the **Planning Department** requirements for City re-licensure.

(Signature)

(Date)



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Business Name: _____ License Type: _____

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Applicant Name: _____ Phone: _____

- Submit this page (page 2 of 6) to Building & Safety Inspections (BSI) staff:
 - Mike Reiter – mreiter@cityofflint.com; (810) 766-7284
- Applicant must apply for an annual inspection and permit, submit any necessary site plans, arrange for an on-site inspection, and obtain copies of the final report and approval/denial.
- Substantial changes to site plans may require Planning Commission approval.

BUILDING & SAFETY INSPECTIONS	
➤	The above-listed property was inspected on _____ by _____ (date) (inspector name)
➤	Is the above-listed property currently compliant with the building code <input type="checkbox"/> Yes <input type="checkbox"/> No
➤	If no, existing violations are: _____ _____ _____
➤	CoA/CoO/MMJ survey approval provided to Applicant <input type="checkbox"/> N/A (not compliant) <input type="checkbox"/> Yes <input type="checkbox"/> No
➤	Copy of inspection report provided to Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No

BSI Verification

I, _____, have reviewed the above-listed application and find that it meets the **Building Department** requirements for City re-licensure.

(Signature) (Date)



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Business Name: _____ License Type: _____

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Applicant Name: _____ Phone: _____

- Submit this page (page 3 of 6) to Flint Fire Department staff:
 - Fire Marshall-Lieutenant Cochran: mcochran@cityofflint.com; (810) 762-7336
- Applicant must apply for an annual inspection, arrange for an on-site inspection; and obtain a copy of the final inspection report.

FIRE DEPARTMENT	
➤ The above-listed property was inspected on _____ by _____ (date) (inspector name)	
➤ The above-listed property is currently compliant with the fire code <input type="checkbox"/> Yes <input type="checkbox"/> No	
➤ If no, existing violations are: _____ _____ _____	
➤ Copy of fire inspection report provided to Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	

Fire Department Verification

I, _____, have reviewed the above-listed application and find that it meets the **Fire Department** requirements for City re-licensure.

(Signature)

(Date)



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Business Name: _____ License Type: _____

Location: _____ Parcel ID: _____

Applicant Name: _____ Phone: _____

- **CATT Eye:** Sergeant Booth – tbooth@cityofflint.com; (810) 237-6924
- **Inspections & Background Checks:** Captain Birnie – cbirnie@cityofflint.com; (810) 237-6952
 - Applicant must submit an ICHAT report (<https://apps.michigan.gov/>) **and** photocopy of state-issued identification for each employee hired within the last year

POLICE DEPARTMENT	
➤ Applicant compliant with CATT Eye program	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ CATT Eye compliance confirmed to Applicant in writing	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Background checks conducted for all employees	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Applicant satisfies employee-eligibility criteria	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, employees NOT eligible: _____	
➤ Employee-eligibility confirmed to Applicant in writing	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ The police department inspected and approves the above-listed property	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Number of inspections conducted within the last year: _____	
➤ Date(s) of inspection(s): _____	
➤ Incident report number(s) (if any): _____	

Police Department Verification

I, _____, have reviewed the above-listed application and find that it meets the **Police Department** requirements for City re-licensure.

(Signature) _____
(Date)



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Business Name: _____ License Type: _____

Location: _____ Parcel ID: _____

Applicant Name: _____ Phone: _____

Upon completing the steps identified above and receiving signed verification from all departments, Applicant must submit this entire form (pages 1 through 6) to the Director of Planning & Development for Final Verification: Suzanne Wilcox – swilcox@cityofflint.com; (810) 766-7426

FINAL VERIFICATION TO CITY CLERK

I, _____, have received pages 1-4 of this Annual Marihuana Re-Licensure form, verified the signatures of each department, and hereby authorize the Office of the Flint City Clerk to sign and notarize the attestation form for the above-listed Applicant.

(Signature – Director of Planning & Development)

(Date)

Once the above Final Verification is signed, Applicant must submit this page (page 6 of 6) to the Office of the City Clerk, along with a **blank** (unsigned) attestation form.