



CITY OF FLINT ANNUAL MARIHUANA RE-LICENSURE

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

Business Name / DBA: _____ License Type: _____
Business Address: _____ Parcel ID: _____
Email & / Phone #: _____ FEIN #: _____

- Submit this page (page 1 of 6) to the Department of Planning & Development:
 - MFLA-Zoning@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
5. Financial statement of the licensee's total operations received pursuant to MCL 333.27701	<input type="checkbox"/> Yes <input type="checkbox"/> No

Planning Department Verification

I, _____, have reviewed the above-listed application and find that it meets or does not meet the **Planning Department** requirements for City re-licensure.

(Signature)

(Date)



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- Submit this page (page 2 of 6) to Building & Safety Inspections (BSI) staff:
 - MFLA-BSI@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 ☐ Yes ☐ No
- If no, existing violations are: _____

- CoA/CoO/MMJ survey approval provided to Applicant ☐ N/A (not compliant) ☐ Yes ☐ No
- Copy of inspection report provided to Applicant ☐ Yes ☐ No

BSI Verification

I, _____, have reviewed the above-listed application and find that
it meets or does not meet the **Building Department** requirements for City re-licensure.

(Signature)

(Date)



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Business Name / DBA: _____ License Type: _____
Business Address: _____ Parcel ID: _____
Email & / Phone #: _____ FEIN #: _____

- Submit this page (page 3 of 6) to Flint Fire Department staff:
 - MFLA-Fire@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 or does not meet the **Fire Department** requirements for City re-licensure.

(Signature)

(Date)



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Business Name / DBA: _____ License Type: _____
Business Address: _____ Parcel ID: _____
Email & / Phone #: _____ FEIN #: _____

- Submit this page (page 4 of 6) to Flint Police Department staff:
 - CATT Eye: MFLA-Police@cityofflint.com Sergeant Booth - (810) 237-6924;
 - Inspections & Background Checks: MFLA-Police@cityofflint.com Sergeant Tefft - 810-237-6807; Supervisor Chimene Hill – (810) 237-6882
- Applicant must also submit the following to MFLA-Police@cityofflint.com:
 - Fill out the following form ([Police Criminal Background Checks](#)) with photocopies of state-issued identification for each employee hired within the last year. \$150.00 per employee background check. (Check to be submitted to Police Dept - Chimene Hill)
 - An ICHAT report per Employee (<https://apps.michigan.gov/>)

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 or does not meet the **Police Department** requirements for City re-licensure.

(Signature)

(Date)



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Business Name / DBA: _____ License Type: _____
Business Address: _____ Parcel ID: _____
Email & / Phone #: _____ FEIN #: _____

- Submit this page (page 5 of 6) to Treasury - Customer Service Center Div. staff:
 - MFLA-Treasury@cityofflint.com; (810) 766-7015
- All MFLA applicants for City of Flint, must remain current and not in default on any obligations related to taxes, fines, penalties, water service, licenses, or other forms of penalties. [Chapter § 50-183 - E(4)(i)]

TREASURY DEPARTMENT

➤ The above-listed property is current with Water Div. obligations	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ If no, please indicate the date, type, and amount of obligation: _____ _____ _____	
➤ The above-listed property is current with Property Taxes Div. obligations	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ If no, please indicate the date, type, and amount of obligation: _____ _____ _____	
➤ The above-listed property is current with Income Tax Div. obligations	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ If no, please indicate the date, type, and amount of obligation: _____ _____ _____	
➤ The above-listed property is current with Enforcement obligations	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ If no, please indicate the date, type, and amount of obligation: _____ _____ _____	

Treasury Department Verification

I, _____, have reviewed the above-listed application and find that it meets or does not meet the **Treasury Department** requirements for Planning Commission Permit Review.

(Signature)

(Date)



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Business Name / DBA: _____ License Type: _____
Business Address: _____ Parcel ID: _____
Email & / Phone #: _____ FEIN #: _____

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 Planning & Zoning for Final Verification via email: MFLA-Zoning@cityofflint.com; (810) 766-7426

FINAL VERIFICATION TO CITY CLERK

I, _____, have received pages 1 - 5 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.