



Application No: _____

Medical Marihuana Facility License Application

City of Douglas, Allegan County, Michigan

86 W. Center St., Douglas, Michigan 49406

Phone: (269) 857-1438 Fax: (269) 857-4751 Web: www.ci.douglas.mi.us

City Planner: Lisa Imus Email: limus@ci.douglas.mi.us

Please complete this form and submit it with all applicable materials to the City Clerk.

This application is for:

New License

Amendment to an existing license

Existing license number if amending: _____

I. APPLICANT INFORMATION

Applicant Name: _____

Doing Business As: _____

Individual Partnership Corporation LLC Individual Other _____

Applicant Contact: (Last) _____ (First) _____ (MI) _____

Title/Position: _____

Current Mailing Address: (Street) _____ (Apt./Ste.) _____

(City) _____ (State) _____ (Zip) _____

Phone Number: _____

Email: _____

Website Address: _____

List all owners, officers, directors, and managerial employees of the applicant and all persons who hold any direct or indirect ownership interest in the applicant: (Add additional pages as necessary)

II. BUSINESS/FACILITY INFORMATION**Business/Facility Name:****Location Address:** (Street) (Apt./Ste.)

(City) (State) (Zip)

Medical Marihuana Facility License Type: (check one) Provisioning Center Secure Transporter**Proposed Hours of Operation**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Closed							

*Note: Each application is good for one medical marihuana facility license only. Applicants pursuing more than one license will need a separate application for each license.***III. PROPERTY INFORMATION****Parcel Number:****Zoning District:****Legal Description:** (attach as a separate sheet if the legal description does not fit in the space provided)**Structure is a** **New Building** **or** **Existing Building?** **Will it Require Renovation** **Yes** **or** **No****IV. ATTACHMENTS**

	\$5,000 non-refundable Fee (established by the City of Douglas)
	Applicant's name, date of birth, physical address, including residential and any business address(es) attached to the applicant, a copy of government issued photo identification, email address, and one or more phone numbers, including emergency contact information, and, if applicable, Federal EIN.
	Owners, Officers, Directors, and Managerial Employees of the Applicant: the names, date of birth, physical address (including residential and any business address(es)), copy of government issued photo identification, email address, and one or more phone numbers of each individual, including designation of the highest ranking stakeholder and/or general partner as an emergency contact person and information for the emergency contact person, articles of incorporation/organization,

	assumed name registration documents, Internal Revenue Service SS-4, EIN confirmation letter(s), and a copy of the operating agreement of the applicant if a limited liability company; a copy of the partnership agreement if a partnership, or a copy of the by-laws or shareholder agreement if a corporation; its legal status, and proof of registration with, or a certificate of good standing from the State of Michigan, as applicable.
	One of the following: (a) proof of ownership of the entire premises; or (b) written consent from the property owner for use of the premises, along with a copy of the lease for the premises.
	The name and address of the proposed Medical Marihuana Facility and contact information.
	A description of the type of marihuana facility; and the anticipated or actual number of employees.
	Both an electronic copy and a "to scale" diagram of the proposed licensed premises.
	A comprehensive facility operation plan for the marihuana commercial entity, including organizational chart, security plan with details on cameras, storage safe, alarm system, lighting plan, disposal plan and emissions plan. Please also include a description of all toxic, flammable, or other regulated materials, including the location of such materials, and how such materials will be stored.
	Complete Site Plan Review Application (if required)

V. ACKNOWLEDGEMENTS

Applicant acknowledges and agrees that it is subject to the City of Douglas ordinances and all other statutes, laws and regulations.

VI. SIGNATURE

The undersigned affirms that he/she is the (circle one: **owner, employee, representative**) of the business involved in this application and that the foregoing answers, statements and information are in all respects true and, to the best of his/her knowledge, correct. The undersigned acknowledges that they shall comply with all statutes, laws, ordinances, and regulations that may apply to operating a medical marihuana facility. By making this application, the undersigned grants all officials, staff and consultants of the City of Douglas access to the subject property as required and appropriate to assess site conditions in support of a determination as to the suitability of the proposed project and/or current or future City of Douglas Medical Marihuana Licensing Ordinance compliance.

Signature

Date

FOR CITY USE ONLY

The proposed use is permitted by the City of Douglas Licensing of Medical Marihuana Facilities Ordinance 113, as amended: Yes No

Application No.:

Fee Tendered:

Filing Date:

Expiration Date:

Signature of City Employee who receives application: