

**CITY OF LOWELL BUSINESS  
LICENSE APPLICATION**

**ADULT USE MARIHUANA ESTABLISHMENTS**

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**1. BUSINESS DATA**

Business Name (DBA or other names used): \_\_\_\_\_

Marihuana Establishment Type: \_\_\_\_\_

Business Location: \_\_\_\_\_  
(Street Number and Name, City, State, Zip Code)

Mailing Address: \_\_\_\_\_  
(P.O. Box or Street Number and Name, City, State, Zip Code)

Business Telephone: \_\_\_\_\_ Business FAX: \_\_\_\_\_

Business E-mail address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Contact person for Inspection: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Sales Tax License Number: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

**Manager or person principally in charge of operation of business**

Name & Title: \_\_\_\_\_

Other Names Used or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Fax: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_

**Individual in charge of Accounting Records (CEO, CFO, CCO)**

Date of Birth: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Other Names Used or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Fax: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**By checking the following boxes, you confirm:**

- ❖ A detailed plan (stamped or sealed 24x36 inch drawing) is included with the application including plans which address the provisions of Chapter 28 Adult Use Marihuana Establishments of the Code of the City of Lowell, including but not limited to type of marihuana establishment, security, lighting, all entryways and exits, loading zones, processing, regulated materials, electrical plans, proof of insurance, site plans, record-keeping, disposal, water/utility, ventilation, odor, and all areas in which marihuana will be stored, grown, manufactured, or dispensed.
- ❖ Evidence issued on a State of Michigan form of current and valid State of Michigan Prequalification is included.
- ❖ That the applicant is not currently in default/arrears on any taxes or fees otherwise due to the City.
- ❖ An affidavit is included indicating the applicant's history of criminal convictions/pleas, other than as specified by the MRTMA, MCL 333.27958.
- ❖ An affidavit is included indicating whether the applicant has ever applied for or has been granted any commercial license or certificate issued by a licensing authority in Michigan or any other jurisdiction, that has been denied, restricted,

suspended, revoked, or not renewed, or has proceedings pending related to such.

- ❖ An affidavit is included whether the applicant has filed, or had filed against it a proceeding for bankruptcy or been involved in any formal process to adjust, defer, suspend or otherwise work out payment of a debt in the past 7 years
- ❖ That the location will come into and remain in compliance with all City regulations, including zoning and land use regulations per the City of Lowell Zoning Ordinance.
- ❖ That a deed reflecting the applicant's ownership of, or lease reflecting the right of the applicant to possess, or an option reflecting the applicant's right to purchase or lease, the proposed licensed premises is included.
- ❖ Consent to a background investigation and other inspections as provided for by the Chapter 28.
- ❖ Consent to be governed by all applicable regulations including Chapter 28.
- ❖ That you understand that this license may be revoked pursuant Chapter 28.

## 2. OWNERSHIP TYPE

<b>Circle One:</b>	<b>Individual/Sole Proprietor</b>	<b>Sole Member LLC</b>	<b>Partnership</b>
	<b>Corporation</b>	<b>LLC</b>	<b>Other</b>

**Complete this section if you circled Partnership, Corporation, LLC or Other.**

Official Corporate Name: \_\_\_\_\_

Corporate Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Michigan Corporate/LLC ID #: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

LLC Qualification Date: \_\_\_\_\_

### List all Owners, Partners or Corporate Officers

1. Name & Title: \_\_\_\_\_

Other Names Used or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Fax: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Name & Title: \_\_\_\_\_

Other Names Used or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Fax: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Attach list if there are additional persons.**

**3. I hereby affirm that I have truthfully completed this application and all additional information and attachments hereto to the best of my knowledge; that I have read Chapter 28 of the City of Lowell City Code and all applicable City of Lowell ordinances; and that I agree to operate this business in accordance with all State and local laws, ordinances, rules and regulations.**

\_\_\_\_\_  
**Applicant's Printed Name**

\_\_\_\_\_  
**Applicant's Title**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Date**

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City Manager's Office     Approved     Disapproved

**DATE/TIME STAMP HERE**

\_\_\_\_\_  
**City Manager or designee**

\_\_\_\_\_  
**Date**

**City of Lowell**  
**Adult Use Marihuana Establishments Application – Part II**

**This form must be submitted with all license applications. Applicants are required to read and initial all sections below.**

Business Name: \_\_\_\_\_

I fully understand and have completed Part I of the application, and have read the appropriate ordinances for the license category I am applying for. I have completed the application myself or with the assistance of an interpreter, if applicable.

Initials \_\_\_\_\_

I understand that all fees are non-refundable and cover the cost of processing the application.

Initials \_\_\_\_\_

I understand the license year applicable to all licenses shall begin on the date of license issuance and shall expire 365 calendar days thereafter.

Initials \_\_\_\_\_

I understand that licensing fees are not pro-rated for a partial licensing year.

Initials \_\_\_\_\_

I understand that failure to disclose complete and accurate information is falsification of application. This is sufficient cause for immediate denial or revocation of a license.

Initials \_\_\_\_\_

I understand that other departments needing to make a recommendation on my application may require an inspection and I consent to such inspection at any time.

Initials \_\_\_\_\_

I understand the business property must have the proper zoning classification before a license can be issued.

Initials \_\_\_\_\_

I understand that a business license is issued to a specific business at a specific location and cannot be transferred to a new owner or new location.

Initials \_\_\_\_\_

If an interpreter was used, please provide their name and number below.

\_\_\_\_\_  
Name of interpreter (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date