

CITY OF MILAN MARIHUANA PERMIT PROCESS

1. APPLY FOR AND RECEIVE PREQUALIFICATION APPROVAL FROM THE STATE OF MICHIGAN



2. APPLY FOR MARIHUANA LICENSE AS SET FORTH IN THE CITY OF MILAN CODE OF ORDINANCES.

2A. APPLICANT MUST COMPLETE CITY APPLICATION

2B. TURN COMPLETED APPLICATION AND NON-REFUNDABLE APPLICATION FEE TO CITY CLERK.

2C. CLERK TO REVIEW APPLICATION AND CONTACT YOU WITH ADDITIONAL DOCUMENTATION REQUESTS WHICH MUST BE SUBMITTED BY THE CLOSING OF THE APPLICATION WINDOW.

3 THE CLERK WILL SEND YOU NOTIFICATION THAT YOUR APPLICATION HAS MOVED TO THE NEXT STEP



4. ONCE APPLICATION WINDOW CLOSES, ALL COMPLETED APPLICATIONS WILL BE SUBMITTED TO THE CITY ATTORNEY, CITY TREASURER, POLICE DEPARTMENT, FIRE DEPARTMENT, BUILDING DEPARTMENT, AND THE ZONING ADMINISTRATOR



4. AFTER ALL DEPARTMENTS SIGN OFF ON THE APPLICATION IT WILL BE SUBMITTED TO THE CITY ADMINISTRATOR FOR SCORING IF THE APPLICATIONS EXCEED THE NUMBER OF AVAILABLE LICENSES.



5.THE APPLICATIONS WILL BE RANKED BY SCORE (HIGHEST FIRST) AND SUBMITTED TO CITY COUNCIL FOR AWARDING OF PROVISIONAL LICENSE.



6. COUNCIL AWARDS MUNICIPAL MARIHUANA LICENSE AND APPLICANT CAN MOVE TO NEXT STEPS.

CITY OF MILAN MARIHUANA PERMIT PROCESS

7. APPLY FOR AND RECEIVE MARIHUANA SPECIAL USE PERMIT FROM THE CITY OF MILAN PLANNING COMISSION



8. APPLY FOR SITE PLAN APPROVAL (IF NECESSARY)



9. OBTAIN ALL REQUIRED BUILDING AND TRADES PERMITS FROM THE CITY OF MILAN BUILDING DEPARTMENT.



10. COMPLETE CONSTRUCTION OBTAINING ALL REQUIRED INSPECTIONS. SHOW ENERGY STAR RATING CERTIFICATE IF APPLICABLE



11. OBTAIN CERTIFICATE OF OCCUPANCY FROM BUILDING OFFICIAL.



12. COMPLETE APPLICATION AND RECEIVE STATE OF MICHIGAN OPERATING LICENCE.



13. BRING COPY OF STATE OPERATING LICENSE TO CLERK



14. COMMENCE OPENING AND OPERATING OF PERMITTED MARIHUANA ESTABLISHMENT



City of Milan

Municipal Marihuana License Application

Pursuant to the Milan City Code of Ordinances

Type of Establishment (\$5,000.00 non-refundable application fee per license type.)

Medical	Recreational
Secure Transporter	Safety Compliance
Retailer/Provisioning Center	Grower-Class A
Processor: Method(s) of Extraction:	Grower-Class B
	Grower-Class C

Applicant Information (Registered Agent. Please also complete this section for ALL stakeholders. Attach separate pages as necessary.)

Name:				
Date of Birth: (MM/DD/YYYY)				
E-Mail Address:			Business Phone Number:	
Business Type:	Sole Proprietorship	LLC	Corporation	Other:
<u>Business Address</u>				
Street:		City:	State:	Zip Code:
<u>Home (Residential) Address</u>		Length of time at this address: ____ years ____ months		
Street:		City:	State:	Zip Code:
<i>If you have resided at this address for less than 3 years, please provide your previous residential address.</i>				
Street:		City:	State:	Zip Code:
Length of time at this address: ____ years ____ months				

Facility Information

Name of Business/Facility:				
Address of Proposed Facility:				
Street:		City:	State:	Zip Code:
*Do you have proof of lawful possession of the premises proposed for the Marihuana Establishment for the period during which the Permit will be issued?				
			Yes	No

**Please provide either: (a) a copy of the deed reflecting ownership, (b) a copy of the lease reflecting right of possession and notarized statement from owner permitting operation of a Marihuana Establishment*

Notification (Mailing Address & E-Mail Address at which the Applicant desires to receive notification under this ordinance at the time of application.)

E-Mail Address:

Mailing Address

Street:

City:

State:

Zip Code:

I prefer all Correspondence and/or Permits be sent by (check one):

E-Mail

Mail

Employment History (List of business, occupation, or employment history for the past five years. If you require more space, please attach a separate sheet.)

1. Employer Name:

Position/Title:

Dates of Employment:

2. Employer Name:

Position/Title:

Dates of Employment:

3. Employer Name:

Position/Title:

Dates of Employment:

Please answer the following questions. (Circle/Check "yes" or "no.")

Have you ever been convicted of, pled guilty or nolo contendere to, or forfeited bail concerning, any offense that would disqualify you from being licensed by the State of Michigan for which the permit is requested within the past ten years?

Yes

No

If yes, please explain:

Are you currently under indictment or have you ever been convicted of, pled guilty or nolo contendere to, or forfeited bail concerning any criminal felony or controlled substance-related misdemeanor, not including traffic violations, under the laws of any jurisdiction?

Yes

No

If yes, please explain:

Have you ever violated this ordinance or a substantially similar ordinance in another municipality preceding the date of application?

Yes

No

If yes, please explain:

As the applicant, do you hold an elected office of a governmental unit of the state, another state, or the federal government; is a member of or is employed by a regulatory body of governmental unit in this state, another state, or the federal government; or is employed by a governmental unit of this state.

Yes

No

Has the Applicant ever applied for or been granted any commercial license or certificate issued by LARA, or any other jurisdiction, concerning marihuana that has been denied, restricted, suspended, revoked or no renewed?

Yes

No

If yes, please explain:

Has the Applicant or any Stakeholder has ever had a business or commercial license denied, restricted, suspended, revoked, or not renewed? <i>If yes, please include a statement describing the facts and circumstances concerning such application, denial, restriction, suspension, revocation, or nonrenewal, including the licensing authority and the date each action was taken</i>	Yes	No
Does the Applicant have any interest in any other Application for a Permit or approved Permit under this ordinance at the time of application?	Yes	No
Does the Applicant have any interest in any other marihuana facility under the MMFLA or Marihuana Establishment under MRTMA, and if so the type of facility/establishment, name, and location of the facility/establishment the Applicant has an interest in.	Yes	No
Has the Applicant or any Stakeholder filed, or been served with a complaint or other notice filed with any public body regarding the delinquency in the payment of or dispute over the filings concerning the payment of any tax required under federal, state, or local law? <i>If yes, please list the amount of any tax, taxing agency and time periods involved</i>	Yes	No

Additional Documents Required	
	Copy of the application submitted to the State of Michigan along with a copy of the prequalification letter from the State.
	Proof of the right to operate a Marihuana Establishment at the prospective Premises. Proof may consist of: a deed, a lease, a real estate contract contingent upon successful licensing, or letter of intent by the owner of the Premises indicating an intent to lease the Premises to the Applicant contingent upon the Applicant successfully obtaining a state operating license and permit, and in the case of a lease a notarized acknowledgment that the property owner is authorizing the contemplated use.
	If necessary, a statement describing the facts and circumstances concerning the application, denial, restriction, suspension, revocation, or nonrenewal, including the licensing authority, the date each action was taken, and the reason for each action.
	If necessary, a statement describing the facts and circumstances concerning any application, denial, restriction, suspension, revocation, or nonrenewal, including the licensing authority and the date each action was taken, for any business or commercial license you have held or applied for that has been denied, restricted, suspended, revoked, or not renewed?
	If necessary, the amount of any tax, taxing agency and time periods which gave rise to a complaint or other notice filed with any public body regarding the delinquency in the payment of or dispute over the filings concerning the payment of any tax required under federal, state, or local law
	If necessary, the details of any criminal felony or controlled substance-related misdemeanor, not including traffic violations, under the laws of any jurisdiction for which you are under indictment or have ever been convicted of, pled guilty or nolo contendere to, or forfeited bail.
	If necessary, a document describing the type of facility/establishment, name, and location of the facility/establishment the Applicant has an interest in.
	A statement that the applicant will not violate any of the laws of the State of Michigan or the ordinances of the City of Milan in conducting the business in which the permit will be used, and that a violation may be cause for nonrenewal of a Permit issued under the ordinance or for revocation of the Permit.
Additional Documents Required (Continued)	
	A statement that the Applicant understands that the issuance of a Permit under this chapter is not intended to grant, nor shall be construed as granting, immunity from criminal prosecution for growing, sale, consumption, use, distribution, or possession of marihuana in any form or manner that is not in

	compliance with the Michigan Medical Marihuana Act MCL 333.27101 et seq., the Marihuana Tracking Act, MCL 333.27951 et seq., and all other applicable rules promulgated by the State of Michigan, or from criminal prosecution or the seizure of property by federal authorities under the Federal Controlled Substances Act.
	A statement that the Applicant understands and agrees to be bound by the indemnification provision of this ordinance.
	A statement by the Applicant indicating acceptance of a permit from the City under this ordinance constitutes consent by the permittee. Owners, managers and employees to permit a representative from the City to conduct inspections of the Premises to ensure compliance with this ordinance.
	A statement by the Applicant indicating that all Stakeholders consent to criminal history investigations performed by the City Police Department. This includes signing the consent form for each individual stakeholder.
	Evidence of insurance in the form of a certificate of insurance evidencing the existence of a valid and effective policy, or, evidence that the Applicant is able to obtain such insurance and state the limits of each policy, the name of the insurer, the effective date and expiration date of each policy, policy number if known, and the names of additional insured which shall include the City of Milan, its officials and employees.
	If necessary, a statement describing the facts and circumstances concerning if the Applicant filed, or been served with, a complaint or other notice filed with any public body regarding the delinquency in the payment of or dispute over the filings concerning the payment of any tax required under federal, state, or local law, including the amount of any tax, taxing agency and time periods involved.
	A resume that includes any relevant experience of the Applicant and any stakeholder.
	With respect to a Marihuana Retailer or a Marihuana Microbusiness, a description of any drug and alcohol awareness programs that will be provided or arranged for by the Applicant and made available for the public including a description of how the public will be made aware of same.
	A written description of the training and education that the Applicant will provide to employees.
	If a co-location is proposed, provide an explanation of the integration of such businesses, including a drawing showing the relationship between the businesses being co-located, including square footages and the separation provided between such facilities, including identification of any points of entry, ingress or egress, and controls at each location.
	A detailed community involvement/volunteerism plan.
	A comprehensive operating plan for the Marihuana establishment for which the Application is being submitted. This plan shall include all of the information required for securing a State license pursuant to the Act, the operational standards in the ordinance per Section 7, and any plans related to the development or re-development of the property on which the Marihuana Establishment shall be located.
	Any additional information necessary to enable the City to subject the Application to competitive process outlined in the permit application evaluation section of Section 7 of the ordinance.
	A statement that the Applicant acknowledges they have a continuing duty to provide the City with up-to-date information and shall notify the City Clerk in writing of any changes to its mailing address, phone numbers, electronic mailing address or other contact information and changes to any other information the Applicant has provided to the City as a part of the Application within ten days of any such change occurring.

I hereby certify that the information provided above is accurate to the best of my knowledge. I agree to operate the aforementioned business in compliance with the guidelines established pursuant to the Milan City Code of Ordinances. In addition, I agree to cooperate with the investigator/inspector assigned to screening this application.

Signature of Applicant: _____ Date: _____



MILAN POLICE DEPARTMENT

35 NECKEL CT, MILAN MI 48160 • PHONE: (734) 439-1551 FAX (734) 439-1565

ADULT USE MARIJUANA ESTABLISHMENT CRIMINAL HISTORY DISCLOSURE APPLICANT BACKGROUND AUTHORIZATION & REPORT OF POLICE INVESTIGATION AND RECOMMENDATION

Pursuant to the Planning and Zoning Code of Milan, MI Code of Ordinances.

As part of the Licensing Process, each person listed on the municipal Marihuana License Application must submit this form with a copy of valid Government photo ID or drivers license. All questions on this form must be answered completely and truthfully. Incomplete or omitted information may result in application delay or denial.

Full Name:

Maiden Name or Aliases:

Drivers License #:

DL State:

Home Phone:

Cell Phone:

Date of Birth:

Sex:

Race:

Home Address:

City:

State:

Zip Code:

Have you ever been, or, are you now currently under indictment for or ever been arrested for, or convicted of, pled guilty or nolo contendere to, or forfeited bail concerning any criminal felony or controlled substance-related misdemeanor, not including traffic violations, under the laws of any jurisdiction?

Yes
 No

If you answered yes to the above question, you must complete the following section.

Arrests

Offense: Arrest / Charge/Indictment	Date	Arresting Agency	Court Name & Location	Case #	Case/Docket #	Disposition

Convictions

Date of Conviction	Law under which you were convicted	SID #

Use additional page or the back of this form if more room is needed.

I, _____ authorize the release of any and all information from any appropriate agency regarding my criminal history to the City of Milan Clerk's Office or City of Milan Police Department. I understand that my ethnicity, date of birth, sex, and age will not be made a part of my application and that none of these four (4) items will be considered in the review of my permit application.

I acknowledge that a complete background investigation, including, but not limited to, a State Police Criminal conviction Record Check will be done. In addition, I agree to cooperate with the investigator assigned to screening this application. I further understand that the City of Milan City Administrator has the right to deny my permit based upon the results of this investigation and I hereby certify that the information provided above is accurate to the best of my knowledge.

Signature: _____

Date : _____

FOR OFFICE USE ONLY

Chief of Police Recommendation: Approve Deny Signature: _____

Fingerprints Comments: _____



CITY OF MILAN

Adult Use Marihuana Establishment Financial Information Request

Pursuant to the Milan City Code of Ordinances.

A separate form for each individual listed on the Permit application is required, including applicant, stakeholders and facility managers.

Adult Use Establishment Business Information				
Name of Company:				
Federal Employer ID Number:				
Business Address:			Parcel Property ID:	
City:	State:	Zip:	Personal Property ID:	
Phone:	Business Website:	Business Email contact:		
Applicant Information				
Name of Applicant:			Title:	
Address:				
City:	State:	Zip Code:		
Social Security Number:		Date of Birth:		
Michigan ID/Driver's License Number:			Years of Residency:	
Do you, or this business, owe the City of Milan money for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain:				
Name of any other City of Milan area businesses or properties in which your ownership participation exceeds 25%:				
Please submit this completed form to: City of Milan City Clerk's Office 147 Wabash St Milan, MI 48160				
If you have any questions please contact the City Clerk's Office at (734) 439-1501 or via email at: lavonnaw@milanmich.org The Applicant is responsible for being sufficiently familiar with and having a working knowledge of the ordinance requirements. A copy of the Milan City Code of Ordinances is available on the website: www.milanmich.org				
I hereby certify that the information provided above is accurate to the best of my knowledge. I agree to operate the aforementioned business in compliance with the guidelines established pursuant to the Milan City Code of Ordinances and all applicable ordinances, statutes, regulations, and laws. In addition, I agree to cooperate with the investigator/inspector assigned to screening this application.				
Applicant's Signature: _____			Date: _____	
FOR OFFICE USE ONLY				
City Treasurer	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Signature: _____	
Comments: _____				