



FOR INTERNAL USE ONLY

Application #		Date & Time Received
Parcel number	Zoning	Receipt #
Section 1: Business information		
Entity Name:		
Principal Address:		
Responsible Party / Main Contact		
Full Name	Email Address	Phone Number:
Mailing Address (Street, Suite #, City / Twp., State, Zip) P.O. Box is not acceptable		
Business Facility Address (Street, Suite #, City / Twp., State, Zip) for which the Local Applicant is applying for a License Type.		
Marihuana Business Type: (circle one, both, or other)		
Adult - Use Retailer		
Medical Provisioning Center		
Other: Please describe		
Employer Identification Number		
State Sales Tax Number		
State of Michigan License / Prequalification #		
Seeking Co-Location of Premises?	(Circle Yes or No)	Yes No

Section 2: Building Information		
The building / property is: (circle ownership type)	Building Total Square Footage	Building Usable Square Footage: (or 70% of Total Square Footage)
Leased *		
Owned		
Owned, via Land Contract **		
Owned, via Purchase Agreement		
* If leased, Property Owner Information Section must be completed for current owner, and Consent signed by Owner		
** If Owned via Land Contract, Property Owner Information must be completed for current owner and Consent signed by Owner of Deed.		
		Circle the appropriate response
Has the building been vacant or underused (at least 50% vacant) for four (4) months or longer?	Yes	No
Does the marihuana business property immediately abut a residential property?	Yes	No
Does the property currently have, or will development provide, a public or private alleyway?	Yes	No
Will the proposed marihuana business be located within 1000 feet of a school?	Yes	No
Will the proposed marihuana business location displace an existing operational business?	Yes	No
Section 3: Property Owner Information		
Property Owner Name	Email Address	Telephone Number
Mailing Address (Street, Suite #, City / Twp., State, Zip)		Expiration Date of Lease: (dd/mm/yyyy)
		/ /

Property Owner Use Consent: For leased property or land contracts

I, _____ affirm
that I am the owner of the property at _____, and that I
have given expressed permission to my property's lessee or Land Contract
Vendee to operate a marihuana business establishment on my property.

Signature: _____
Date: _____

**Affidavit confirming Local Applicant nor any Stakeholder of the Local Applicant is in default to
the City of Belleville.**

I, _____ affirm
that I am the Local Applicant of the Provisional Business license to be
located at _____,
and that I am not in default to the City of Belleville. I also affirm that ZERO
Stakeholders of this Provisional Business License are in default to the City
of Belleville.

Signature: _____
Date: _____

Section 4: Parking Information		
Number of Proposed Parking Spaces	Peak Number of Employees for all shifts:	Number of Bicycle Racks:
Within 500 feet of Municipal Lot? (circle the appropriate response)	Shared Parking Agreement* (circle the appropriate response)	
Yes No	Yes No	
* Shared Parking Agreements must be attached to this application with information related to address of the shared lot, number of excess spaces to be utilized, any site maintenance agreements, etc.		
Description of Parking:		
Section 5: Owner Information		
<p>All individuals who own 10 percent or more stake in the business, or of a holding company which owns the business, must be disclosed. Complete in order of most ownership to least. If you need additional stakeholder disclosure pages, please attach information using this same format. Documentation of the Local Applicant's Stakeholders of being Individuals disproportionately Impacted by Marihuana Prohibition, if applicable, along with their respective ownership percentages. To verify proof of residency in a disproportionately impacted community as defined by the Agency, W-2 forms, mortgages, deeds, property tax documents, lease or rental agreements, insurance documents, voter registration, or other valid documentation may be used. To verify a marihuana-related conviction, a copy of judgment of sentence or other official documentation is required. To verify two (2) calendar years of caregiver experience, the Local Applicant must give authorization for the Agency to release relevant information under the MMMA or provide the appropriate supporting documentation.</p>		

Stakeholder 1		
% Ownership	Full Name: (First, M.I., Last)	Date of Birth
Home Address (City, State, Zip)	Email Address	Phone Number
Position:		
Years of Experience:		(Enter # of years of experience in these categories)
	Marihuana Operating	
	Belleville Business	
Other Relevant Experience: Please describe		

Stakeholder 2		
% Ownership	Full Name: (First, M.I., Last)	Date of Birth
Home Address (City, State, Zip)	Email Address	Phone Number
Position:		
Years of Experience:		(Enter # of years of experience in these categories)
	Marihuana Operating	
	Belleville Business	
Other Relevant Experience: Please describe		

Section 6: Onsite Manager Information

You must list all individuals who will function as a manager or managing decision maker of the marihuana business. If you need additional onsite manager disclosure pages, please attach a separate document utilizing this same format.

Onsite Manager 1

Full Name: (First, M.I., Last)		Date of Birth (dd/mm/yyyy)
Home Address (City, State, Zip)	Email Address	Phone Number
Title		
Planned Onsite Hours:		
Is this person also a stakeholder of this business? (Circle one)	Yes No	
Years of Experience:		(Enter # of years of experience in these categories)
	Marihuana Operating	
	Belleville Business	
Other Relevant Experience: Please describe		

Onsite Manager 2		
Full Name: (First, M.I., Last)		Date of Birth (dd/mm/yyyy)
Home Address (City, State, Zip)	Email Address	Phone Number
Title		
Planned Onsite Hours:		
Is this person also a stakeholder of this business? (Circle one)	Yes No	
Years of Experience:		(Enter # of years of experience in these categories)
	Marihuana Operating	
	Belleville Business	
Other Relevant Experience: Please describe		

Section 7: Acknowledgements (Date and Initial each acknowledgement)	
	Initials
I hereby represent and warrant that I am authorized to submit this application on behalf of the entity listed on the application because I am an owner of the entity or I have authority from the owners	
I hereby represent and warrant that all of the documents that I am submitting with application are true and accurate to the best of my knowledge and that all executed documents are valid and enforceable	
I hereby represent and warrant that I have read and understand all laws, rules and regulations, and policies and procedures associated with my application; that I fully understand the nature, meaning and content of such laws, rules and policies. I warrant and represent that I will abide by such laws, rules, and policies during the application process and after my license is issued, declined or revoked by the City of Belleville	
I hereby represent and warrant that I have conducted my own research and investigation regarding the compliance of my proposed location with state and local laws, including but not limited to proximity restrictions, zoning regulations, and address requirements. I further warrant and represent that the proposed location of my marihuana business license fully complies with such state and local laws.	
I understand that the City of Belleville may initiate disciplinary action on any license that results from this application, based upon any conduct associated with the license including conduct by any owners, stakeholders, managers or employees. I further understand that this license constitutes a revocable privilege and that I am liable for all actions associated with this license.	
I understand that this application is neither an entitlement nor a vested right, and I acknowledge that I must qualify for and obtain the license or license status that I am seeking prior to operating or otherwise claimant that I have any right to such.	

Section 7: Acknowledgements Continued (Date and Initial each acknowledgement)	
I understand that the City of Belleville will review the application for compliance with state and local laws, and criteria outlined as part of the selection process.	
I understand that should I receive a local license to operate a marijuana business establishment, I will be responsible for reapplying for licensure at the local level no less than thirty (30) days prior to the expiration of any active marihuana business license, and that failure to do so may result in the nonrenewal of my marihuana business license.	
I understand and consent that the City of Belleville's Police Department will require a criminal background check to ascertain whether any disclosed stakeholder or employee have any convictions involving dishonesty, theft, fraud, or controlled substances. I further understand that the presence of a history of any detrimental act to public good will be grounds for application denial.	
I understand that all fees associated with my Marihuana Business License - new License Applications are non-refundable.	
I understand that it is the responsibility of the applicant to represent all information outlined in the City of Belleville Code of Ordinances, Zoning and Building Code and the Marihuana Business License Application Evaluation System.	
I hereby acknowledge and consent that the City of Belleville may contact the current property owner in order to verify marihuana use consent.	
I hereby acknowledge and consent that the City of Belleville may contact any currently operational businesses that will be displaced by my marihuana business to determine whether the displaced business had prior intentions of vacating.	
<p>I, _____ swear or affirm that I have read these acknowledgements and advisement, that I have had the opportunity to consult with legal counsel, and that I am knowingly and voluntarily submitting my application in compliance with these acknowledgements and advisement and all applicable laws.</p>	
Signature of Affiant _____	Date (dd/mm/yyyy) _____

Section 8 Required Documents checklists for applicants
 (Please verify all documents are included in the application.)

Section 8A: Owner and Business Documents

	Place a check mark if included in the application
Resume for each disclosed stakeholder and managing stakeholder, including relevant experience for operating businesses and marihuana business. (Organize resumes in order of greatest ownership stake to least)	
Copy of Government issued Identification for each disclosed stakeholder	
Copy of State of Michigan Marihuana Business License or Prequalification Notice	
Copy of Deed, Signed Lease Agreement or Purchase Agreement (If leased, owner must complete Use Consent on Page 2)	
Bylaws, Articles of Incorporation or Organization, Operating Agreement, Partnership Agreement (as applicable)	
Copy of any pre-approved zoning or land-use documentation pertinent to your application, such as, but not limited to:	
Existing variances granted by the Zoning Board of Appeals (Height, setbacks, parking etc.) and if applicable.	
Approved Conditional Rezoning Ordinances granted by the City Council, including Conditional Rezoning Agreement signed and approved if applicable.	
Any tentative agreements with other tenants of multi-use spaces, including details on what the proposed use of other spaces will be, if applicable.	

Section 8B: Visual Concepts and Diagrams	
A digitally rendered floor plan of entire facility and premises which is designed by a professional is strongly recommended.	Place a check mark if included in the application
A location area map that identifies the relative location(s) of, and distance(s) from, the school(s) nearest to the Business Facility Address, including compliance with the MRTMA's requirement that the location of the Marihuana Establishment be at least one-thousand (1,000) feet away from a school.	
A scaled location area map of the Marihuana Business and surrounding area identifying the relative locations and distances to all surrounding property boundaries and buildings	
A site plan or preliminary sketch of the proposed facility, detailing the location of basic security features, entrances and exits, dimensions, and proposed layout of the Business Facility Address. This may include the square footage of the Business Facility Address and the location of any shared walls, bathrooms, doors, air ventilation systems, or facilities with non-marihuana businesses and the location of any Business Facility Adjacent Addresses. The applicant may note if they are applying to be a vertically integrated facility by noting other License Types that they are applying for at the Business Facility Address	
Physical layout of the establishment with the legibly labeled principal use of each room in the premises.	
Identification of all security measures, cameras and DVR Locations A site plan or preliminary sketch of the proposed facility, detailing the location of basic security features, entrances and exits, dimensions, and proposed layout of the Business Facility Address. This may include the square footage of the Business Facility Address and the location of any shared walls, bathrooms, doors, air ventilation systems, or facilities with non-marihuana businesses and the location of any Business Facility Adjacent Addresses. The applicant may note if they are applying to be a vertically integrated facility by noting other License Types that they are applying for at the Business Facility Address	

Section 8C: Detailed Plans WILL BE required under Zoning and Site Plan Approval ordinances	
Proposed Marihuana Business Plan, including:	
The ownership structure of the marihuana business	
The employee structure of the marihuana business including but not limited to:	
Organization Chart depicting supervisory relationship	
Details on which positions will be full-time and part-time	
If co-location of marihuana business types is proposed, provide an explanation and business plan of the integration of such business.	
List of proposed products that will be sold	
Any community outreach / education plans and strategies	
Any charitable plans and strategies	
Security Plan, as required for State of Michigan pre-qualification.	

<p align="center">Section 9: Commitment to Community Statement</p>	<p align="center">Circle appropriate response</p>
<p>A "Commitment to Community" statement that demonstrates the Local Applicant's intent to advance the broader interest and goals of the community through local investment. This Commitment to Community statement shall outline the Local Applicant's intentions regarding the hiring of local residents and the employment of local contractors and local workers for improvements to its Business Facility Address, and its intentions for re-developing vacant, blighted, underutilized, and abandoned property through investments in its Business Facility Address.</p>	<p align="center">Yes / No</p>
<p align="center">Section 10: Social Equity Plan</p>	<p align="center">Circle appropriate response</p>
<p>A "Social Equity Plan" that details how the Local Applicant plans on furthering the social equity objectives of this Ordinance in terms of promoting business and employment opportunities for communities that have been disproportionately impacted by marihuana prohibition, and its commitment to hiring Individuals Disproportionately Impacted by Marihuana Prohibition.</p>	<p align="center">Yes / No</p>
<p align="center">Section 11: Security Plan Checklist</p>	<p align="center">Circle appropriate response</p>
<p>Does the Local Applicant have a security plan to prevent minors from obtaining access to marihuana at the Business Facility Address? If so, provide supporting documentation.</p>	<p align="center">Yes / No</p>
<p>Does the Local Applicant have a security plan designed to deter potential robbery and theft from the Business Facility Address? If so, provide supporting documentation.</p>	<p align="center">Yes / No</p>
<p>Does the Business Facility Address of the Local Applicant meet the definition of a Stand Alone Business Facility Address and if so, does its security plan include the installation of physical security barriers to create a three hundred and sixty (360) degree perimeter surrounding its Stand Alone Business Facility Address for the purpose of deterring theft and crime? If so, provide supporting documentation.</p>	<p align="center">Yes / No</p>

<p align="center">Section 12: Public Health Plan Checklist</p>	<p align="center">Circle appropriate response</p>
<p>Will the Local Applicant require that the employees at its Business Facility Address wear Personal Protective Equipment, including gloves, when handling marihuana and marihuana products? If so, provide supporting documentation.</p>	<p align="center">Yes / No</p>
<p>Does the Local Applicant have a public health plan to educate its customers about the potentially harmful side-effects of using marihuana in combination with other substances and to warn its customers about potential negative health effects of individuals with specific health conditions from using marihuana? If so, provide supporting documentation.</p>	<p align="center">Yes / No</p>
<p>Does the Business Facility Address of the Local Applicant contain an existing ventilation system that is not also utilized by a non-marihuana establishment or other non-marihuana business and where the ventilation system directs air from the Marihuana Establishment to the outside of the building through a filtration system sufficient to remove visible smoke if applicable, consistent with all applicable building codes and ordinances and adequate to eliminate odor at the boundary line of the Business Facility Address? If so, provide supporting documentation.</p>	<p align="center">Yes / No</p>
<p>Does the Business Facility Address of the Local Applicant qualify as a Stand Alone Business Facility Address? If so, provide supporting documentation.</p>	<p align="center">Yes / No</p>
<p align="center">Section 13: Application Fee</p>	<p align="center">Check included</p>
<p>The City has established a nonrefundable Provisional License application fee to be paid upon filing any application for a Marihuana Establishment by a Local Applicant. The amount of the initial Provisional License application fee is set by Council resolution, and shall not exceed one hundred dollars (\$100), with a final application fee that does not exceed four thousand nine hundred dollars (\$4,900) to be paid to the City upon approval of a state operating license issue by the Agency for the License Type at the Business Facility Address.</p>	<p align="center">Yes / No</p>