

Marijuana Business Permit Renewal Application

Pursuant to Chapter 14, Article 12 - Portage, MI Code of Ordinances

A NON-REFUNDABLE FEE of \$5,000 per facility type is required at time of application.

CRA Prequalification Required Prior to Submission

Applicant must submit the following items:	Office Use Only
1. Completed Application and Permit Fee Payment method: <input type="checkbox"/> check <input type="checkbox"/> cash	
2. Proof of Property Ownership Copy of: <input type="checkbox"/> Deed <input type="checkbox"/> Lease <input type="checkbox"/> Real Estate Contract <input type="checkbox"/> Letter of Intent by Property Owner (if applicable)	
3. Certificate of Insurance <input type="checkbox"/> <i>Includes name of the insurer, effective date and expiration date, policy number, and names of additional insured which shall include the city, its officials, and employees.</i>	
4. Cannabis Regulatory Agency (CRA) notice showing applicant is prequalified for a license <input type="checkbox"/> <i>The applicant must be the same person who received pre-qualification from CRA.</i>	
All information must be updated and current. For items 5 – 10, complete the following and provide any updates to the original application:	
5. Description of the type of marijuana facility <input type="checkbox"/> Updated <input type="checkbox"/> No Changes Proposed contactless delivery method? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Security plan for the marijuana facility <input type="checkbox"/> Updated <input type="checkbox"/> No Changes	
7. HVAC plan for the marijuana facility <input type="checkbox"/> Updated <input type="checkbox"/> No Changes	
8. Marijuana Facility Plan A copy of the marijuana facility plan to be submitted in connection with a state license application under the Medical Facilities Act for the marijuana business for which provisional approval was issued. – or – A copy of the marijuana establishment plan to be submitted in connection with a state license application under the Adult-Use Act for the marijuana business for which the provisional approval as issued as detailed in the City of Portage Code of Ordinances, Chapter 14, Article 12, Section 14-250. <input type="checkbox"/> Updated <input type="checkbox"/> No Changes	
9. Floor plan of the facility <input type="checkbox"/> Updated <input type="checkbox"/> No Changes	
10. Scaled conceptual plan <input type="checkbox"/> Updated <input type="checkbox"/> No Changes	

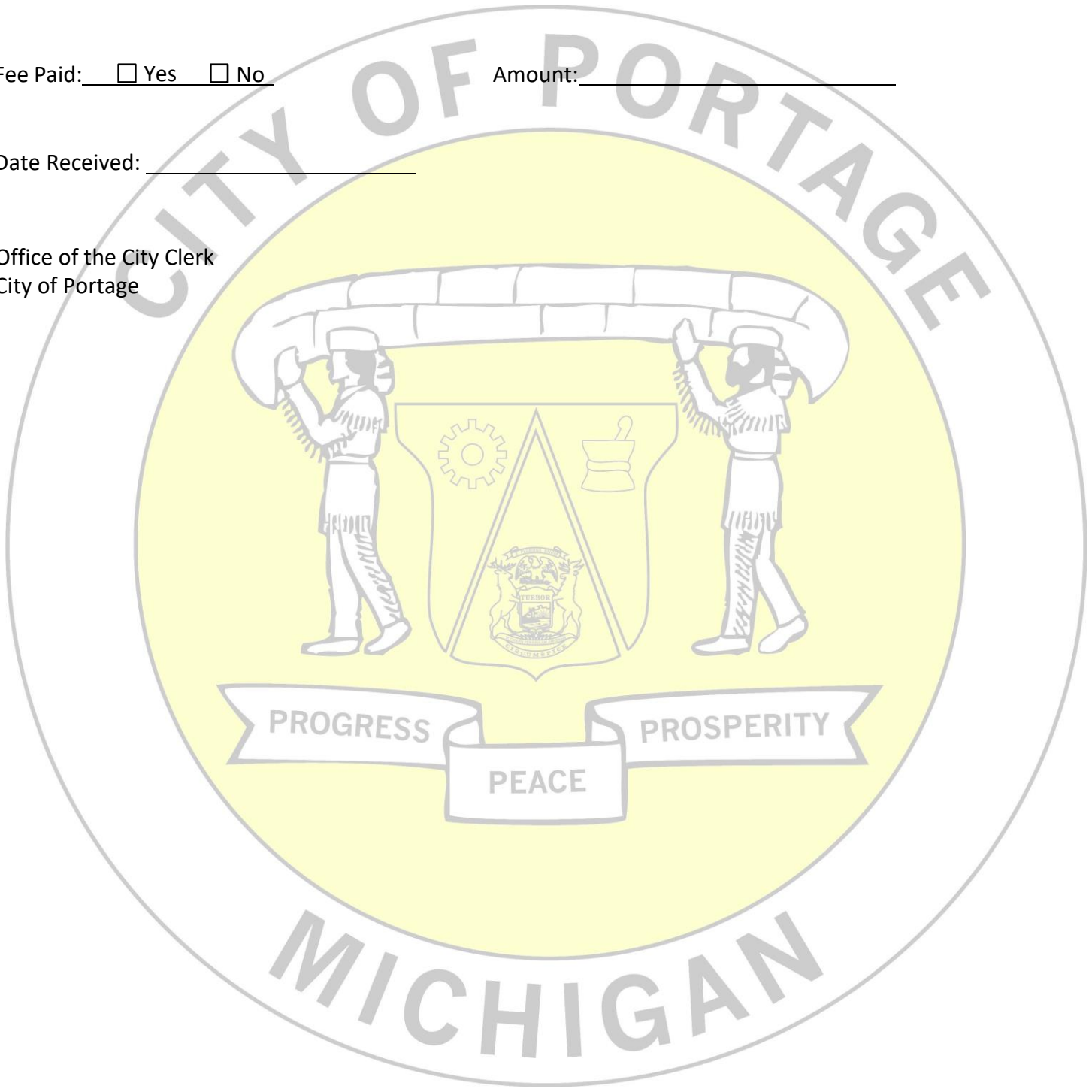
FOR OFFICE USE ONLY

Application Received by: _____

Fee Paid: Yes No Amount: _____

Date Received: _____

Office of the City Clerk
City of Portage



Section A Business Information - Must be the same name as provided on CRA Prequalification Application

Applicant Type: Individual/Sole Proprietorship Sole Member LLC LLC Partnership Corporation - Type: _____

Entity Name: _____

Business Address: _____ Business Phone: _____

Business Email: _____ Business Website: _____

Primary Contact: _____ Email: _____

Primary Address: _____ Phone: _____

The above information will be used for the provision of all notices and communications regarding this application and the requested permit(s).

The **“Applicant”** is responsible for being sufficiently familiar with and having a working knowledge of the ordinance requirements. A copy of Chapter 14 and 42 are available on the City of Portage website at www.portagemi.gov.

- Applicant means the person who applied for and received prequalification for a license under either the Marihuana Facilities Act or the Adult-Use Act, and who then applied for a marijuana business permit under this article or marijuana facilities permit under the previous version of this article.

A.1 Advertised Facility Name and Location

Facility Name: _____

Facility Address: _____

Property ID Number: _____ Tax ID# (if applicable): _____

A.2 Property Owner Information (all owners) – Add a separate page if necessary

Owned Leased Option _____

Name: _____ Address: _____

Phone: _____ Email: _____

Name: _____ Address: _____

Phone: _____ Email: _____

A.3 Person Completing Application:

Full Name: _____

Relationship to Business: _____

Home Address: _____

Email Address: _____ Phone: _____

A.4 Stakeholder / Owner Information	
Full Name:	
Address:	
Phone:	Email:
Full Name:	
Address:	
Phone:	Email:
Full Name:	
Address:	
Phone:	Email:
Are there additional Stakeholders? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, attach a separate sheet listing this information for each additional stakeholder or owner.</i>	

A.5 Facility Type – Check all that apply	
Adult-Use	
<input type="checkbox"/> Retailer <input type="checkbox"/> Processor <input type="checkbox"/> Secure Transporter <input type="checkbox"/> Microbusiness <input type="checkbox"/> Safety Compliance Facility	
<input type="checkbox"/> Grower: <input type="checkbox"/> Class A Grower (1,000 plants) <input type="checkbox"/> Class B Grower (1,000 plants) <input type="checkbox"/> Stacked License Class C Grower <input type="checkbox"/> Class C Grower (2,000 plants) How many licenses? _____	
Medical	
<input type="checkbox"/> Processor <input type="checkbox"/> Safety Compliance Facility <input type="checkbox"/> Provisioning Center <input type="checkbox"/> Secure Transporter	
<input type="checkbox"/> Grower: <input type="checkbox"/> Class A Grower (1,000 plants) <input type="checkbox"/> Class B Grower (1,000 plants) <input type="checkbox"/> Stacked License Class C Grower <input type="checkbox"/> Class C Grower (1,500 plants) How many licenses? _____	

Section B: Pre-Qualification, Compliance and Operating History

- 1 Does the business, applicant or stakeholder(s) intend for a combination of marijuana businesses to operate as separate businesses at the same location? Yes No
- 2 Does the business, applicant or stakeholder(s) intend that equivalent licenses will operate as separate businesses at the same location? Yes No

If yes, provide a description of the types of marijuana business or the equivalent marijuana businesses intended to be located at the same location:

3. Does the business, applicant or stakeholder(s) have an interest in any other marijuana facility in the State of Michigan under the Medical Marijuana Facilities Licensing Act or the Adult-Use Act?
 Yes No

If yes, please explain the type of facility, name, and location of the facility:

4. Has the business, applicant or stakeholder(s) ever applied for or been granted any commercial license or certificate issued by the Cannabis Regulatory Agency or any other jurisdiction concerning marijuana that has been denied, restricted, suspended, revoked, or not renewed? Yes No

If yes, please describe 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 the action:

5. Has the business, applicant or stakeholder(s) previously violated this article or a substantially similar ordinance in another municipality preceding the date of application? Yes No

If yes, please explain:

6. Does the applicant or stakeholder(s) have any indictments, charges, arrests, convictions, guilty pleas or nolo contendere to, or forfeited bail concerning a **misdemeanor** involving a controlled substance, theft, dishonesty, or fraud in any state or violations of a local ordinance in any state involving a controlled substance, theft, dishonesty, or fraud that substantially corresponds to a misdemeanor in that state within the past five (5) years preceding the date of the application? Yes No

If yes, please indicate:

7. Does the applicant or stakeholder(s) have any indictments, charges, arrests, convictions, guilty pleas or nolo contendere to, or forfeited bail concerning, a **felony** under the laws of this state, any other state, or the United States, or a controlled substance-related felony, within the past ten (10) years preceding the date of the application? Yes No

If yes, please indicate:

Section D: Applicant Statements and Attestations

By submitting this application you:

- Authorize the City of Portage to conduct a background investigation for each person listed on the application including a criminal background check.
- Grant the City of Portage access, and consent to a full and complete disclosure, of all financial records of the marijuana facility including but not limited to, records of receipts, disbursements, account balances, deposits, withdrawals, and loans.
- Agree as a condition of being issued a marijuana business permit to not violate any of the laws of the State of Michigan or the ordinances of the City of Portage in conducting the business in which the permit will be used, and acknowledge that a violation of state law or local ordinance on the premises may be cause for objecting to renewal of the permit, or for requesting revocation of the permit.
- Acknowledge and understand that the issuance of a marijuana permit by the City of Portage is not intended to grant, nor shall be construed as granting, immunity from criminal prosecution for growing, sale, consumption, use, distribution, or possession of marijuana in any form or manner that is not in compliance with the Michigan Medical Marihuana Act, MCL 333.26421 et seq., the Medical Marihuana Facilities Licensing Act, MCL 333.27101 et seq., the Marihuana Tracking Act, MCL 333.27901 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.
- Acknowledge and understand that a marijuana business permit is a revocable privilege granted by the City of Portage, is not a property right, and that granting a permit does not create or vest any right, title, franchise, or other property interest.
- Acknowledge and understand that no marijuana business permit may be transferred, sold, or purchased without making application to and obtaining approval of the City Manager of the City of Portage.
- Acknowledge and understand that you have a continuing duty to provide the City of Portage with up-to-date contact information and that you are required to notify the City Clerk in writing of any changes to your mailing address, phone numbers, electronic mail address or other contact information you provide to the City.
- Agree to completely release and forever discharge the City of Portage and its respective employees, agents, facilities, insurers, indemnnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses, and compensation of any nature whatsoever, whether based on a tort, contract, or other theory of recovery, which you may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of your application for a marijuana facility permit and, if issued a permit, your operation of a marijuana facility.

Furthermore:

- The permitted facility is not in default to the City of Portage for any property tax, special assessment, utility charges, fines, fees, or other financial obligations owed to the City.

- I am the individual responsible for submitting this application and have full authority to execute this application.

I have read, understand, acknowledge, and agree to the preceding statements: **Yes** **No**

The Applicant is responsible for being sufficiently familiar with and having a working knowledge of the ordinance requirements. A copy of Chapter 14, 42, and 24 are available on the City of Portage website at www.portagemi.gov

I hereby certify that the information provided herein is accurate to the best of my knowledge. I agree to operate the aforementioned business in compliance with the guidelines established pursuant to the Codified Ordinances of Portage, Michigan. In addition, I agree to cooperate with the City of Portage staff assigned to screen this application.

Signature of Applicant _____

Date _____

Printed Name of Applicant _____

Subscribed and sworn to by _____ before me on _____
Applicant NameDate

Notary Public Signature

Notary Public Printed Name

State of _____, County of _____ . Acting in the County of _____.

My commission expires: _____.