



ADULT USE MARIHUANA ESTABLISHMENT PERMIT APPLICATION

Pursuant to Chapter 118 of the Saginaw City Code

City of Saginaw
Office of the City Clerk
1315 S. Washington Avenue
Saginaw, MI 48601

Print or Type

APPLICANT INFORMATION - Person submitting application

Full Name _____
Relationship to Business (ex. owner, manager, etc.) _____
Residence Address _____

City _____ State _____ Zip _____
Business Address _____
City _____ State _____ Zip _____
Telephone _____ Business Telephone _____
Date of Birth _____ E-mail _____

TYPE OF ESTABLISHMENT

Grower:

| | |
|------------------------------|----------------------------------|
| _____ Class A (100 plants) | _____ Retailer |
| _____ Class B (500 plants) | _____ Secure Transporter |
| _____ Class C (2,000 plants) | _____ Safety Compliance Facility |
| _____ Excess Grower | _____ Processor |

PROPOSED ESTABLISHMENT INFORMATION

Property Address _____
Parcel Number _____
Zoning District _____
Proposed Establishment Name _____
Manager (Full Name) _____

PROPERTY OWNER(S) INFORMATION

Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ E-mail _____

Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ E-mail _____

Are there additional property owners? _____ Yes _____ No
If yes, attach a separate sheet listing this information for each additional owner.

BUSINESS INFORMATION

Ownership Type:

_____ Individual/Sole Proprietorship _____ Partnership
_____ Sole Member Limited Liability Company _____ Corporation - Type: _____
_____ Limited Liability Company _____ Trust
_____ Other: _____

Official Business Name _____
Business Address _____
City _____ State _____ Zip _____
Business Phone _____ Business E-mail _____
Business Website _____
Federal Tax ID # (If applicable) _____

A. Individual or Sole Proprietorship.

Full Name _____
Residential Address _____
City _____ State _____ Zip _____
Business Address _____
City _____ State _____ Zip _____
Business Telephone _____ Date of Birth _____
Social Security # _____ E-mail _____

B. Spouse of Individual/Sole Proprietorship or Sole Member.

Full Name _____
Residential Address _____
City _____ State _____ Zip _____
Business Address _____
City _____ State _____ Zip _____
Business Telephone _____ Date of Birth _____
Social Security # _____ E-mail _____

C. LLC, Partnership, Corporation, Trust or Other complete for every "Applicant" as defined by the Michigan Regulation and Taxation of Marihuana Act and its corresponding administrative/emergency rules.

Full Name _____
Residential Address _____
City _____ State _____ Zip _____
Business Address _____
City _____ State _____ Zip _____
Business Telephone _____ Date of Birth _____
Social Security # _____ E-mail _____

Full Name _____
Residential Address _____
City _____ State _____ Zip _____
Business Address _____

City _____ State _____ Zip _____
Business Telephone _____ Date of Birth _____
Social Security # _____ E-mail _____

Full Name _____
Residential Address _____
City _____ State _____ Zip _____
Business Address _____
City _____ State _____ Zip _____
Business Telephone _____ Date of Birth _____
Social Security # _____ E-mail _____

Full Name _____
Residential Address _____
City _____ State _____ Zip _____
Business Address _____
City _____ State _____ Zip _____
Business Telephone _____ Date of Birth _____
Social Security # _____ E-mail _____

Are there additional Applicants? _____ Yes _____ No
If yes, attach a separate sheet listing this information for each additional Applicant.

ADDITIONAL DOCUMENTS REQUIRED

In order for this application to be complete, you must also submit the following documents, as applicable:

_____ PROOF OF CORPORATE/BUSINESS REGISTRATION, INCLUDING, BUT NOT LIMITED TO:
_____ ARTICLES OF INCORPORATION OR ORGANIZATION
_____ ASSUMED NAME REGISTRATION
_____ IRS EIN CONFIRMATION LETTER
_____ OPERATING/PARTNERSHIP/SHAREHOLDER AGREEMENT
_____ BYLAWS

_____ DEED/LEASE/REAL ESTATE CONTRACT/LETTER OF INTENT/OWNER AUTHORIZATION
_____ LIST OF ALL MARIHUANA PERMITS/LICENSES HELD BY APPLICANT
_____ CERTIFICATE OF OCCUPANCY/ZONING COMPLIANCE
_____ PROOF OF INSURANCE
_____ COMPLETE MARIHUANA ESTABLISHMENT PLAN/OPERATING PLAN AS SET FORTH IN §118.04(5)(e), THAT SHALL INCLUDE, AS MAY BE REQUIRED:
_____ DIAGRAM OF PROPOSED ESTABLISHMENT
_____ SECURITY PLAN
_____ VENTILATION SYSTEM PLAN
_____ STAFFING PLAN
_____ MARKETING PLAN

_____ A COMPLETE COPY OF ALL DOCUMENTS SUBMITTED TO LARA IN CONNECTION WITH THE APPLICATION FOR A STATE OPERATING LICENSE UNDER MRTMA (including documents submitted for prequalification and evidence of prequalification)

INFORMATION REGARDING MARIHUANA ESTABLISHMENTS - attach additional sheets as needed

A. Has the applicant or other persons included in the application ever applied for or have been granted any commercial license or certificate issued by LARA or any other jurisdiction concerning medical or adult use marihuana that has been denied, restricted, suspended, revoked or not renewed? _____ Yes _____ No

If yes, provide a statement describing the facts and circumstances concerning same, including the licensing authority, the date each action was taken, and the reason for each action.

B. Does the applicant or other persons included in the application have an interest in any other application for a license or approved license with the City of Saginaw? _____ Yes _____ No

If yes, provide the details concerning such application(s) and/or license(s).

C. Has the applicant or other persons included in the application previously violated Chapter 118 of the Saginaw Code of Ordinances or a substantially similar ordinance in another municipality? _____ Yes _____ No

If yes, provide a statement describing the facts and circumstances concerning such violation, including the date(s) of same and outcome.

D. Does the applicant or other persons included in the application have an interest in any other marihuana facility or establishment under the MRTMA or the MMFLA? _____ Yes _____ No

If yes, provide a statement describing the type of facility or establishment and its location.

E. Has the applicant or other persons included in the application ever been served with a complaint or other notice filed with any public body regarding the payment of any tax required under federal, state, or local law that has been delinquent for one or more years? _____ Yes _____ No

If yes, provide a statement describing the facts and circumstances concerning such complaint or notice, including the date(s) of same and outcome.

ATTESTATION

I, on behalf of myself and any other persons included in the application, understand that by signing this application, I am agreeing to not violate any of the laws of the State of Michigan or ordinances of the City of Saginaw in conducting the business in which the license will be used, and that such a violation may be cause of nonrenewal or revocation of such license.

I, on behalf of myself and any other persons included in the application, understand that the issuance of any license by the City of Saginaw is not intended to grant, nor shall be construed as granting, immunity from criminal prosecution for the growing, sale, consumption, use, distribution, or possession of marihuana in any form or manner.

I, on behalf of myself and any other persons included in the application, agree to be bound by the indemnification provisions found within Chapter 118 of the Saginaw City Code, and acknowledge that by accepting a license issued pursuant to Chapter 118, we agree to indemnify, defend and hold harmless the City of Saginaw, its officers, elected and appointed officials, employees, and insurers, against all liability, claims or demands arising out of, or in connection to, our operation of a marihuana establishment in the City of Saginaw.

I, on behalf of myself and any other persons included in the application, consent to representatives of the City of Saginaw having the ability to inspect our marihuana establishment as provided in Chapter 118 of the Saginaw City Code.

I, on behalf of myself and any other persons included in the application, acknowledge that any marihuana establishment we operate in the City of Saginaw shall at all times maintain in full force and effect insurance or bonds in an amount and coverage type required by Michigan Regulation and Taxation of Marihuana Act and its corresponding administrative/emergency rules.

Neither I, nor any other persons included in the application, is in default to the City of Saginaw for any property tax, special assessment, income tax, utility charges, fines, fees or other financial obligation owed to the City of Saginaw.

Neither I, nor any other persons included in the application, is ineligible from holding a license for any of the reasons set forth in the Saginaw City Code or the Michigan Regulation and Taxation of Marihuana Act or its corresponding administrative/emergency rules.

I, on behalf of myself and any other persons included in the application, hereby certify that all operations of the proposed establishment shall comply with Chapter 118 of the Saginaw City Code and the Michigan Regulation and Taxation of Marihuana Act and its corresponding administrative/emergency rules.

I hereby certify under the penalty of perjury that the statements made in this application, including all attachments hereto, are true. I further certify that I am an officer, director, or managerial employee of the Applicant or a person who holds a direct or indirect ownership interest in the Applicant, and I have the authority to sign this Application on behalf of the Applicant and the other persons included herein.

Signature: _____ Date: _____

CONTACT INFORMATION

Please provide your preferred contact information below for communications regarding this application and the requested license/permit(s), including information that may be time sensitive. Email is the primary communication method the City Clerk’s Office will use.

Name _____

Relationship to Business (ex. owner, manager, etc.) _____

Mailing Address _____

City _____ State _____ Zip _____

Business Telephone _____

Cell Phone _____

E-mail _____

- NON-REFUNDABLE FEE: \$4,000.00 per application.
- Payable to: City of Saginaw

- Final License is for a term of one year and must be renewed annually.

CITY CLERK’S OFFICE USE ONLY

Received by: _____ Date Received: _____

Fee paid: \$ _____ Date Paid: _____

City Clerk’s approval: _____ Date: _____

License/Permit #: _____ Date: _____