

**City of Traverse City Application  
for Medical Marijuana Facilities Permit  
(TRAVERSE CITY ORDINANCE CHAPTER 834)**



*Note: In addition to what is specified below, information requested in this application shall be provided for each True Party of Interest as defined by Michigan Law*

- \_\_\_\_\_ New
- \_\_\_\_\_ Renewal (*Must be submitted 30-90 days before expiration of existing license*)
- \_\_\_\_\_ Amendment

**CONTACT INFORMATION:**

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(First, Middle, Last Name of Contact for this Application) (Title)

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(Email address) (Phone)

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(Mailing Address) (City) (State/Zip)

Description of individual's role in this application:

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**TYPE OF PERMIT REQUESTED:**

*Check only one – a separate application must be completed for each permit type.*

- Grower** – Maximum # of plants requested \_\_\_\_\_:
  - Class A     Class B     Class C
  
- Processor**
  
- Secure Transporter**
  
- Provisioning Center**
  
- Safety Compliance Facility**

**FACILITY LOCATION:**

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(Business Name) \_\_\_\_\_ (Email) \_\_\_\_\_

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(Physical Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State/Zip) \_\_\_\_\_

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(Phone) \_\_\_\_\_ (Fax) \_\_\_\_\_

**FACILITY OWNER:**

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(Facility Owner) \_\_\_\_\_

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(Federal Tax Identification Number) \_\_\_\_\_

- Self – Individual Owner**                       **Corporation\***  
 **LLC\***     **Partnership\***

\*For any other than “Self,” attach a separate sheet listing all information for directors, officers, members, partners and individuals

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(Physical Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State/Zip) \_\_\_\_\_

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(Phone) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Email) \_\_\_\_\_

**FACILITY OR BUSINESS MANAGER:**

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(Name) \_\_\_\_\_ (Email) \_\_\_\_\_

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(Mailing Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State/Zip) \_\_\_\_\_

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(Phone) \_\_\_\_\_ (Fax) \_\_\_\_\_

Are there other facility or business managers?  **Yes**                       **No**

If Yes, how many? \_\_\_\_\_

Attach a separate sheet listing contact information for all other facility or business managers.

## Chemical Survey

**Information:** This survey is requested to determine the quantity of specific chemical groups used, produced or stored in your facility. Fire Chiefs are required to collect chemical data under the Michigan Occupational Safety and Health Act (MIOSHA), PA 154 of 1974, as amended, and the Fire Prevention Code, PA 207 of 1941, as amended.

**Instructions:** Indicate below whether your site uses or produces any of the chemical types listed. Check all the categories that apply when a chemical has more than one characteristic, (example: both a Class 3 flammable and a Class 6 poison), see definitions. Each chemical group listed in this survey includes a specified quantity. Indicate the quantity category for each chemical group on your site. To complete this survey, you may need to reference Material Safety Data Sheets and SARA Title III reporting forms, along with the attached definitions.

**(Note: You *must* complete each line. Do not leave any blanks. If you do not use a chemical group listed, mark the "DO NOT HAVE" box.)**

When substantial changes occur in the quantity or type of chemical use, manufacture or related storage, a revised survey must be submitted to the Fire Chief. In addition, a revised survey will be requested periodically as the Fire Chief determines necessary, but a least once every five years.

This survey may be followed-up with a request for more detailed information. This may include a request for Material Safety Data Sheets, chemical lists maintained under the Employee Right to Know provisions of MIOSHA and other information.

Please return this questionnaire as indicated in the attached cover letter.

**This site is: (please circle one)**

**Chemical User** - (Chemicals used in activities on site)

**Chemical Producer** - (Chemicals manufactured at this site, includes packaging)

**Other** - Circle this if chemicals are used for incidental purposes only. (Examples: toilet cleaner, glass cleaner, etc.) Please specify type of business (Example: retail store)

Emergency Contacts: (Include Private Alarm/Security Companies)		
Name/Title	Business Telephone	Home Number

Respond based on the maximum quantity you would have on-site, including storage, at any one time during the year.

<b>Check 1 Box for Each Category</b>				
<b>Chemical type</b>	<b>Specified quantity</b>	<b>Have at or Above Specified Quantity</b>	<b>Have but Below Specified Quantity</b>	<b>Do Not Have</b>
<b>Class 1</b>				
Explosives & Blasting Agents (Not including Class C Explosives)	Any Quantity			
<b>Class 2</b>				
Poison Gas	Any Quantity			
Flammable Gas	100 gal. water capacity			
Non-Flammable Gas	100 gal. water capacity			
<b>Class 3</b>				
Flammable Liquid	1,000 gallons			
Combustible Liquid	10,000 gallons			
<b>Class 4</b>				
Flammable Solid (Dangerous when wet)	100 lbs.			
Flammable Solid	500 lbs.			
Spontaneously Combustible Material	100 lbs.			
<b>Class 5</b>				
Oxidizer	500 lbs.			
Organic Peroxide	250 lbs.			
<b>Class 6</b>				
Poison	500 lbs.			
Irritating Material: Liquid	1,000 gal.			
Irritating Material: Solid	500 lbs.			
<b>Class 7</b>				
Radioactive Material (Yellow III Label)	Any Quantity			
<b>Class 8</b>				
Corrosives: Liquid	1,000 gal.			
Corrosives: Solid	500 lbs.			
<b>No DOT Category</b>				
Known Human Carcinogen	Any Category			

**PROPERTY OWNER:**

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(Name)

(Email)

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(Mailing Address)

(City)

(State/Zip)

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(Phone)

(Fax)

Have you submitted an application for a similar license to the City of Traverse City?  Yes  No

Have you been indicted for, charged with, arrested for, convicted of, pled guilty 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 of this application?  Yes  No

If yes, provide detailed information here, including charges, dates, location, your plea, and the disposition of the matter.

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Do you owe city funds for delinquent taxes or utility bills?  Yes  No

Please list all residential addresses over the past three years (indicate timeframe you resided at each address).

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Indicate any businesses you have owned, your occupation and employer for the 5 years including and immediately preceding this application: (attach additional pages if necessary)

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**FELONY CONVICTIONS – EACH PERSON NAMED ON THE APPLICATION, INCLUDING ANY TRUE PARTY OF INTEREST AS DEFINED BY MICHIGAN LAW, MUST FILL OUT THE FOLLOWING STATEMENT. PLEASE DUPLICATE THIS SECTION AS NEEDED.**

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(First, Middle, and Last Name)

(Social Security Number)

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(Email address)

(Phone)

(Federal Tax ID Number if any)

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(Mailing Address)

(City)

(State/Zip)

Description of individual's role in this application:

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Have you ever been convicted of a felony involving a controlled substance as defined under any state statute in the United States or as defined by United States Federal Regulation?  Yes  No

If yes, what is the date of the conviction(s) and law(s) under which you were convicted?

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Please describe the offense of which you were convicted:

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Have you ever been convicted of any other type of felony under the law of Michigan, the United States, or another state?  Yes  No

If yes, what is the date of the conviction(s) and the law(s) under which you were convicted?

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Please describe the offense of which you were convicted:

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Have you been indicted for, charged with, arrested for, convicted of, pled guilty 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 of this application?  **Yes**     **No**

If yes, provide detailed information here, including charges, dates, location, your plea, and the disposition of the matter.

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Have you ever been indicted for, charged with, arrested for, convicted of, pled guilty or nolo contendere to, or forfeited bail concerning, a misdemeanor involving a controlled substance, theft, dishonesty, or fraud in any state or been found responsible for violating a local ordinance in any state involving a controlled substance, dishonesty, theft, or fraud?  **Yes**     **No**

If yes, provide detailed information here, including charges, dates, location, your plea, and the disposition of the matter.

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Have you ever violated, been accused by a municipality of violating, or been convicted of violating an ordinance similar to the city’s ordinances regulating medical marihuana facilities?  **Yes**       **No**

If yes, provide detailed information here.

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Have you ever applied for or been granted any commercial license or certificate issued by any governmental agency concerning medical marihuana or marihuana that has been denied, restricted, suspended, revoked or not renewed?  **Yes**       **No**

If yes, please attach a statement describing the facts and circumstances describing the application, denial, restriction, revocation, or nonrenewal, including the licensing authority, the date each action was taken and the reason for each action.

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Have you ever held an elective office of a governmental unit of this or any state in the United States of America, or are you employed by a regulatory body of a governmental unit in this state, another state or the federal government?  **Yes**       **No**

If yes, please provide relevant information, including the name of the agency, the office/position held, and dates held.

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Do you have any interest in any other application for a permit or approved permit under the City's ordinances?  **Yes**    **No**

If yes, please provide relevant information here.

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Do you have any interest in any other marihuana facility in Michigan?  **Yes**    **No**

If yes, please indicate the type of facility, name and location here.

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Have you ever filed, or been served with a complaint or other notice by 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?  **Yes**    **No**

If yes, please indicate the amount of any tax, the name of the taxing agency and the time periods involved.

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**Under oath, I swear or affirm, that the information provided in this application is true and correct. I agree to not violate any laws of the State of Michigan or ordinances of the City of Traverse City in conducting the business in which the permit will be used; and I understand that a violation may be cause for nonrenewal of the permit applied for, or for suspension or revocation of the permit. Further, I understand that the issuance of a permit by the City of Traverse City 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 any law of the State of Michigan, other applicable rules promulgated by the State of Michigan, or from criminal prosecution or the seizure of property by federal authorities under Federal Law. Further, I understand and agree to be bound by the indemnification provision of the City of Traverse City’s ordinances. I agree that acceptance of a permit from the City of Traverse City constitutes consent by the permittee, owners, managers and employees to permit the City Manager or designee to conduct inspections of the facility to ensure compliance with the City’s Ordinance and other relevant laws. Finally, I understand and agree and consent to criminal history investigations performed by the Traverse City Police Department or other law enforcement agencies.**

**Signature:** \_\_\_\_\_

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

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

To be completed by a notary:

I \_\_\_\_\_ personally observed \_\_\_\_\_ sign this document before me, a notary public on the following date: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Name of Notary Public

\_\_\_\_\_  
County

**\*\*END OF STATEMENT\***

## **ATTACHMENTS:**

*Please attach the following – and clearly label each required attachment so it is easily identified.*

- Application fee.
  - \$5,000 for all new and renewal applications
  - Amendments to applications will be charged for the City’s costs associated with review as determined by the City Clerk, not-to-exceed \$5,000.
  - Please make check payable to: “City of Traverse City”
  
- Proof of prequalification by the State of Michigan for a marihuana facility state license
  
- A copy of the application, including all attachments, submitted to LARA for prequalification.
  
- A comprehensive operating plan as outlined in the city’s ordinance, which includes the following elements:
  - Type of marihuana facility for which you are applying;
  - Security Plan;
  - HVAC Plan;
  - Staffing Plan;
  - Marketing Plan;
  - Inventory and Record Keeping Plan;
  - Description of the total amount of cannabis materials to be kept on location, including a description of where they will be kept.
  - Scaled Conceptual Site Plan (must show dimensions, physical address with lot lines, facility location on the lot, ingress and egress for vehicles, including Fire Department access, secured areas, closest fire hydrants, water/sewer utilities and stormwater runoff).
    - For growers, site plan must also show areas of outside grow locations, secured areas, outside high-pile or high-rack storage.
  - A building plan, professionally drawn, indicating the layout and size of the building, detailing public, private and secured areas, occupancy of the building per Michigan Building Code, path and location of egress, occupant loads, fire protection system control areas/rooms, areas with non-passive security systems. Plan shall indicate fire-resistance-rated construction.
  - Written policies and procedures for addressing concerns or complaints;
    - For growers, a cultivation plan; wastewater plan; disposal plan; mold/mildew/pest control prevention plan; and air quality plan;
    - For growers, an electrical plan and panel schedule as prepared by a licensed electrician and a certification from a licensed electrician that the premises are equipped to safely accept and utilize the required or anticipated electric load for the facility.
    - For growers, until December 31, 2021, a statement that the applicant or an active employee has a minimum of two years experience as a registered primary caregiver; include name of such individual, dates of experience and any other pertinent information.
    - For provisioning centers, a description of products and services to be provided, as well as a plant waste disposal plan;

- For processors, a detailed description of products to be produced, including a wastewater plan and plant waste disposal plan

- Proof of lawful possession of the premises (such as a lease, deed, purchase agreement)
- Proof of comprehensive general liability in the amount of \$1 million per occurrence, with a minimum \$2 million aggregate, including an endorsement to the policy naming the City of Traverse City as additional insured.

**I, the undersigned, have the authority to sign this application on behalf of \_\_\_\_\_ (“the Facility”). I have read all of the above answers, including all sheets and information provided in connection with this application and they are true and correct. The Facility agrees to comply with all terms and conditions of a permit as it may be issued. Finally, I understand that the Facility has a continuing duty to provide the City of Traverse City with current information and will notify the City Clerk in writing of any changes to the Facility’s mailing address, phone numbers, electronic mail address or other contact information as well as changes to any other information the applicant has provided to the City as part of the permit application within ten (10) days of any such change occurring. I acknowledge that the City of Traverse City may be required from time to time to release records in its possession. The applicant hereby gives permission to the City of Traverse City to release any records or materials received by the City from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.**

**Signature:** \_\_\_\_\_

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

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Business:** \_\_\_\_\_

To be completed by a notary:

I \_\_\_\_\_ personally observed \_\_\_\_\_ sign this document before me, a notary public on the following date: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Name of Notary Public

\_\_\_\_\_  
County

**Submit application to:**

Benjamin Marentette, MMC  
City Clerk – City of Traverse City  
400 Boardman Avenue, First Floor  
Traverse City, MI 49684