



**City of Traverse City Application
for Adult Use Cannabis Facilities Permit**

Note: In addition to what is specified below, information requested in this application shall be provided for each Applicant as defined by Traverse City Ordinance

For any supplemental sheets attached to this application, please number them sequentially, beginning with "Page 15"

***Application must be submitted in electronic format
(Searchable PDF required with attachments labeled and bookmarked)***

- _____ New
- _____ Renewal (*Must be submitted 30-90 days before expiration of existing license*)
- _____ Amendment
- _____ Transfer of Fully Licensed Existing Establishment (i.e. Ownership, Location, etc)

CONTACT INFORMATION:

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

(Email address) (Phone)

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

Description of individual's role in this application:

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

Safety Compliance Facility

Retailer

Microbusiness

LICENSE OWNER:

(License Owner)

(Federal Tax Identification Number)

(Physical Address)

(City)

(State/Zip)

(Phone)

(Fax)

(Email)

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

FACILITY/PROPERTY LOCATION:

(Business Name)

(Email)

(Physical Address)

(City)

(State/Zip)

(Phone)

(Fax)

What interest does the applicant have in this facility? ___Ownership ___Lease Arrangement

FACILITY/PROPERTY OWNER, if different than license owner:

(Name)

(Email)

(Mailing Address)

(City)

(State/Zip)

(Phone)

(Fax)

FACILITY OR BUSINESS MANAGER:

(Name) _____ (Email) _____

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

(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.

EACH PERSON NAMED ON THE APPLICATION, INCLUDING ANY APPLICANT AS DEFINED BY TRAVERSE CITY ORDINANCE, MUST FILL OUT THE FOLLOWING QUESTIONS. PLEASE DUPLICATE THIS SECTION AS NEEDED. (PAGES 3-7)

(Name) _____ (Social Security #) _____ (Email) _____

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

(Phone) _____ (Fax) _____

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

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

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

Description of individual's role in this application:

Have you been convicted of, pled guilty or nolo contendere to, or forfeited bail concerning, any offense that would disqualify it from being licensed by the State of Michigan for the activity for which the permit is requested within the past ten years? Yes No

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

Have you ever been 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 that substantially corresponds to a misdemeanor in that state within the past five years?

Yes No

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

Please describe the offense of which you were convicted:

Have you ever been found guilty of violating an ordinance similar to the city's ordinances regulating adult-use Cannabis facilities? Yes No

If yes, provide detailed information here.

Have you ever applied for or been granted any commercial license or certificate issued by any governmental agency concerning adult-use Cannabis or Cannabis 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.

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.

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.

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

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

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.

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

(First, Middle, and Last Name or Company Name)

(Email address)

(Phone)

(Federal Tax ID Number if any)

(Mailing Address)

(City)

(State/Zip)

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 Cannabis 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

Transfers may ONLY occur of an existing, fully licensed premises.

LICENSE TRANSFEROR: CORPORATION, INDIVIDUAL OR PARTNERSHIP NAME: _____

(First, Middle, Last Name of Officers and/or Directors) (DOB) (Phone)

(Address) (Email)

(First, Middle, Last Name of Officers and/or Directors) (DOB) (Phone)

(Address) (Email)

(First, Middle, Last Name of Officers and/or Directors) (DOB) (Phone)

(Address) (Email)

(Current address of licensed premises being transferred – Registration will be mailed to this location if not changing)

I hereby certify and swear that I am not currently delinquent in the payment of any taxes, fees or other charges owed to or collected by the City. I further understand that in the event that I am delinquent in the payment of any taxes, fees or other charges owed to or collected by the City, such delinquency shall be grounds for denial.

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

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.

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

ATTACHMENTS:

For All:

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
 - Please make check payable to: “City of Traverse City”
 - 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.

- Proof of prequalification by the State of Michigan for a Cannabis facility state license.

- A copy of the application form, submitted to LARA for prequalification.

- 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.**

For Growers, Processors, Transporters, and Safety Compliance Facilities:

- A comprehensive operating plan as outlined in the city’s ordinance, which includes the following elements:
 - Type of Cannabis 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, and 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,
 - Cultivation plan;
 - Wastewater plan;

- Disposal plan;
- Mold/mildew/pest control prevention plan;
- Air quality plan;
- Electrical plan 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 as well as a certification from the electrical utility supplying electricity that the anticipated electric loads required will not exceed the capacity of the electrical supply system.
- For Processors,
 - Detailed description of products to be produced;
 - Comprehensive list of chemicals used on site;
 - Wastewater plan;
 - Plant waste disposal plan

For Retail Establishments and Microbusiness:

- Attachment A: Scoring Matrix Attestation
- A comprehensive operating plan as outlined in the city’s ordinance, which includes the following elements:
 - Type of Cannabis facility for which you are applying;
 - Description of products and services to be provided
 - Documentation providing evidence/affirmation of any and all items for which you are seeking points from the scoring matrix. **Note, for items that require approval or determination of another department, other than the City Clerk, include verification from that department indicating such approval.**
 - Security Plan with Police approval;
 - HVAC Plan;
 - Staffing Plan including:
 - Employee Salary and Benefits offered
 - Building Layout emphasizing Employee break and restrooms
 - Employment of non shareholders
 - Marketing and Outreach Plan including:
 - Evidence of Outreach in the vicinity of the proposed location
 - Evidence of utilization of locally-sourced services
 - Description of Drug and Alcohol Public outreach programs
 - Community Zoning Plan with Planning Director Approval including:
 - Traffic Management Plan
 - Parking Plan
 - Availability to Alternative Transportation
 - Utilization of Renewable, Sustainable, and Green Infrastructure emphasizing resource conservation and energy efficiency
 - 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 drainage).

- A building plan, professionally drawn, indicating the layout and size of the building, detailing public, private and secured areas, and 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.
- A declaration of any other past or present businesses or investments with the City
- Co-location Description (if applying for and holding medical cannabis license and adult use retail license at one location)
- A Comprehensive list of chemicals used on site
- Plant Waste Disposal Plan
- **Microbusinesses only:**
The operation plan shall include all information required of growers, processors and retail establishments

Contact Info:

City Clerk's Office	231-922-4486	lutzs@traversecitymi.gov
Planning/Zoning Department	231-922-4464	dweston@traversecitymi.gov
Traverse City Police Department	231-995-5155	jobrien@traversecitymi.gov

[This portion intentionally left blank; see next page]

I, the undersigned, have the authority to sign this application on behalf of _____ (“the Facility or Company”). 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

