



CITY OF PERRY

**MEDICAL MARIHUANA LICENSE APPLICATION
for Provisioning Center License
and**

Lottery System

203 W. Polly St.,
Perry, MI 48872
(517) 625-6155 phone
(517) 625-6157 fax
www.perry.mi.us

For Office Use Only		TYPE OF APPLICATION Provisioning Center (Dispensary) Check box below.	
Date Received		Initial Application Non-Refundable Fee \$5000*	Renewal Non-Refundable Fee \$3000.00
Payment Method (Guaranteed funds only)	Cashier Check No. Certified Check No. Money Order No.		
Time		<i>*Non-Refundable Fee if applicant is chosen in the lottery. Applicants not chosen in the lottery will receive a refund of \$2,500.</i>	
Received by			
Application Identifier			
Application Accepted or Denied			
Returned Application and Fee			

By signing below, applicant acknowledges application and fee have been returned to them.

Applicant's Signature _____

Date _____

BUSINESS INFORMATION:

Business Name: _____ Phone: _____

Business Address: _____ City: _____ State _____ Zip: _____

Business Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Parcel Number: _____ Zoning: _____

Square footage: _____

Number of Employees: _____ Hours of Operation: _____

APPLICANT INFORMATION: Highest level official or employee of business/cooperative such as Board President, Chief Executive Officer, Executive Director or comparable position.

Applicant Name: _____ Phone: _____

Applicant Address: _____ City: _____ State: _____ Zip: _____

Applicant Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Date of Birth: _____

- **Attachment A** - Provide state or federally issued photo identification.
- **Attachment B** – Provide State of Michigan Prequalification Status Letter.

OPERATOR INFORMATION: If different than the applicant, list the individual(s) responsible for day-to-day operations.

Operator Name: _____ Phone: _____

Operator Address: _____ City: _____ State: _____ Zip: _____

Operator Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Date of Birth: _____

Operator Name: _____ Phone: _____

Operator Address: _____ City: _____ State: _____ Zip: _____

Operator Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Date of Birth: _____

- **Attachment C** - Provide state or federally issued photo identification
- **Attachment D** – Provide State of Michigan Prequalification Status Letter

LICENSEE INFORMATION:

Has the applicant and/or operator been denied an application for a medical marihuana dispensary, growing facility or other related business from any jurisdiction?

YES NO

If yes, state when, where and why: _____

Has the applicant had a medical dispensary/grow facility license suspended or revoked by any jurisdiction?

YES NO

If yes, state when, where and why: _____

If yes, what was the next business activity or occupation of the occupant subsequent to such action of suspension or revocation? _____

PROPERTY OWNER INFORMATION:

Owner Name: _____ Phone: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Owner Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Does the Applicant have legal possession of the premises from the date that this license will be issued by virtue of ownership, lease, or other arrangement?

Ownership: Lease: Other: (explain in detail _____

- **Attachment E** – Provide proof of ownership or copy of the lease
- **Attachment F** – If premises are leased, attach written permission from the owner of the premises for the use specified in this application.

FACILITY INFORMATION:

Does the applicant have alarm system in place?

YES NO

If yes name of alarm company, contact name and number.

Alarm Company: _____

Contact Name: _____ Phone: _____

Does the Applicant propose to retail other merchandise on site?

YES NO

If yes, what items will be sold? _____

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- **Attachment G** – Evidence of a valid sales tax license for the business if such a license is required by state law.
 - **Attachment H** – Proof of insurance for fire damage in the amount of the value of the premises and liability insurance with the minimum limits of \$500,000, listing the City as an additional insured.
 - **Attachment I** – Describe storage facilities of all medical marihuana on site.
 - **Attachment J** – Describe the security plan for this facility included, but not limited to, any lighting, alarms, barriers, recording/monitoring devices, and/or security guard arrangements.
 - **Attachment K** – Full Site Plan Review – including area map drawn to scale, (indicating the proximity of the site to any school, defined by the State of Michigan definition of a school). Interior floor plan of the permitted premises and the permitted property signed and sealed by a Michigan registered architect, surveyor, or professional engineer.
 - **Attachment L** – Application for Sign Permit, if any sign is proposed.
 - **Attachment M** – A list of Material Safety Data Sheets for all nutrients, pesticides, and other chemicals proposed for use in the facility
 - **Attachment N** – A description and plan of all equipment and methods that will be used to stop any impact to adjacent uses, including enforceable assurances that no odor will be detectable from outside of the Permitted Premises.
 - **Attachment O** – A plan for the disposal of Marihuana and related byproducts that will be used at the facility.
 - **Attachment P** – A statement providing information regarding any other MMFL that the Applicant(s) is authorized to operate in any other jurisdiction within the State, or another State, and the Applicant(s) involvement in each Facility.

For Office Use Only	
Date Received	
Application Identifier	

Lottery System

3 DIGIT NUMBER				4 DIGIT NUMBER			
Select 3 numbers from 0 to 9. You can select the same number more than once. PLEASE PRINT LEGIBLY.				Select 4 numbers from 0 to 9. You can select the same number more than once. PLEASE PRINT LEGIBLY.			
0	1	2	3	0	1	2	3
4	5	6	7	4	5	6	7
8	9			8	9		



By signing, applicant acknowledges that the above 3- and 4-digit numbers were chosen by the applicant and will receive a copy of their selected numbers. The top portion only will be given to Lottery Committee.

Applicant's Signature

Date

Oath of Application

I declare, under penalty of perjury in the second degree, that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the City of Perry Municipal Code and all Rules and Regulations which govern my Provisioning Centers as well as those of the State of Michigan.

Authorized Signature	Title	Date

STATE OF MICHIGAN)
)ss.
COUNTY OF SHIAWASSEE)

Subscribed and sworn to before me a Notary Public on this _____ day of _____,
20___, by the above named _____, who has appeared before me and
presented photo identification and sworn that they have read the foregoing and says it is true to the
best of his/her knowledge.

_____, Notary Public
Shiawassee County, Michigan
My commission expires: _____

Release of Liability, Indemnification and Waiver

This Application or the granting of a license hereunder is not intended to grant, nor shall it be construed as granting, immunity from criminal prosecution for growing, sale, consumption, use, distribution, or possession of marijuana not in strict compliance with State or Federal law. Also, since Federal law is not affected by the State Act (Michigan Medical Marihuana Act, Initiated Law 1 of 2008), nothing in this license application, the granting of a license hereunder, or any City of Perry ordinance, policy or rule, is intended to grant, nor shall they be construed as granting, immunity from criminal prosecution under Federal law. The State Act, this license application or the issuance of a city license does not protect users, caregivers or the owners of properties on which the medical use of marihuana is occurring from Federal Prosecution, or from having their property seized by Federal authorities under the Federal Controlled Substances Act.

Upon issuance and acceptance of a Medical Marihuana License and/or renewal, the undersigned individually and on behalf of _____, as its duly authorized agent, hereby unconditionally and irrevocably waives, discharges, and releases the City of Perry its agents, employees and officials from any and all claims damages and liability in any way arising out of or related to the licensed premises including, but not limited to, issuance of a license to licensee and any and all acts, omissions damages or injuries to any person or property resulting from any act, omission, condition, occurrence or criminal act occurring upon or in relation to the licensed premises, and to indemnify, defend, and hold harmless the City of Perry including its agents, employees and officials to the fullest extent permitted by law and equity for any and all claims, damages, injuries or liabilities at law or equity in any way arising out of or related to any acts, omissions, activities, conditions or occurrences or incidents in any way related to the licensed premises.

Additionally, the applicant hereby agrees to not violate any of the laws of the State of Michigan or the ordinances of the City of Perry in conducting the business in which the license will be used, and that a violation on the premises may be cause for objecting to renewal of the license, or for requesting revocation of the license. As well, the applicant agrees to make the premises open for inspection upon request by the Building Official, the Fire Department and law enforcement officials for compliance with all applicable laws and rules, during the stated hours of operation/use and as such other times as anyone is present on the premises. The applicant agrees to quarterly inspections by the City Official's designee to confirm the dispensary is operating in accordance with applicable laws including, but not limited to, State Law and City Ordinances.

Authorized Signature	Title	Date
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For Department Use Only

Clerk's Office	Date Received:	<input type="checkbox"/> Oath of Application Complete
Planning/Zoning	Approved/Not Approved	Date:
Comments:		
Building Department Approval		Signed By:
Comments:		
Police Department Approval:		Signed By:
Comments:		
Fire Department Approval:		Signed By:
Comments:		
Treasurer's Approval		Signed By:
Comments:		
Assessor's Approval		Signed By:
Comments:		
City Attorney's Approval		Signed By:
Comments:		
City Official:	Final Approval:	Date:
Comments:		