

# MEDICAL MARIHUANA FACILITIES PERMIT APPLICATION

Pursuant to Chapter 20B of the Kalamazoo City Code

**City of Kalamazoo  
Office of the City Clerk  
241 West South Street  
Kalamazoo, MI 49007**

(Please Print)

## APPLICANT INFORMATION (Person submitting application to Clerk's Office)

Full Name \_\_\_\_\_  
Relationship to Business (ex. owner, manager, etc.) \_\_\_\_\_  
Residence Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ E-mail \_\_\_\_\_

## TYPE OF FACILITY

Grower:  Processor  Provisioning Center  
 Class A (500 plants)  Safety Compliance  Secure Transporter  
 Class B (1,000 plants)  
 Class C (1,500 plants) No. of Class C Permits Requested \_\_\_\_\_

## PROPOSED FACILITY INFORMATION

Property Address \_\_\_\_\_  
Real Property Parcel Number \_\_\_\_\_  
Property Zoning District \_\_\_\_\_  
Advertised Facility Name \_\_\_\_\_  
Manager - Full Name \_\_\_\_\_

## PROPERTY OWNER(S) INFORMATION

**Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
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
- Sole Member LLC
- LLC

- Partnership
- Corporation Type: \_\_\_\_\_
- Other \_\_\_\_\_

**Official Business Name** \_\_\_\_\_

Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Business Phone \_\_\_\_\_  
Business E-mail \_\_\_\_\_ Business Website \_\_\_\_\_  
Federal Tax ID # (If applicable) \_\_\_\_\_

**If you marked Individual or Sole Proprietorship in the “Business Information” section, complete this section.**

Full Name \_\_\_\_\_  
Residence Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
E-mail \_\_\_\_\_

**Spouse of Individual/Sole Proprietorship or Sole Member, if applicable**

Full Name \_\_\_\_\_  
Residence Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
E-mail \_\_\_\_\_

This section was left blank intentionally.  
Please continue to the next section of this application.

**If you marked LLC, Partnership, Corporation or Other in the “Business Information” section, complete this section for every “Applicant” as defined in Code of Ordinances §20B-3 [cf. MCL 333.27102(c)]. Make additional copies of this page as needed.**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

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Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

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Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

**ADDITIONAL DOCUMENTS REQUIRED**

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

- \_\_\_\_\_ ATTACHMENT A – PROOF OF CORPORATION REGISTRATION (if applicable);
- \_\_\_\_\_ ATTACHMENT B – DEED/LEASE/OPTION AGREEMENT;
- \_\_\_\_\_ ATTACHMENT C – PROPERTY OWNER’S AUTHORIZATION (if applicable);
- \_\_\_\_\_ ATTACHMENT D – DIAGRAM OF PROPOSED LICENSED PREMISE;
- \_\_\_\_\_ ATTACHMENT E – LIGHTING PLAN;
- \_\_\_\_\_ ATTACHMENT F – STAFFING PLAN;
- \_\_\_\_\_ ATTACHMENT G – COMMUNITY BENEFITS STATEMENT;
- \_\_\_\_\_ ATTACHMENT H – CONTACT INFORMATION

- Neither I, nor any “Applicant” is in default to the City of Kalamazoo for any property tax, special assessment, utility charges, fines, fees or other financial obligation owed to the City of Kalamazoo.
- I the applicant have reviewed and agree to conform its hiring and public accommodation practices to the City of Kalamazoo’s anti-discrimination ordinance provisions.
- Neither I, nor any “Applicant” is ineligible from holding a license for any of the reasons set forth at Section 402 of the MMFLA, MCL 333.27402.
- I the applicant consent to inspections, examinations, searches and seizures required or undertaken pursuant to enforcement of this ordinance.

I hereby certify under the penalty of perjury that the statements made in this application, including all attachments thereto, 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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

**APPLICATION RECEIPT – CITY CLERK’S OFFICE**

Application received by: \_\_\_\_\_ Date received: \_\_\_\_\_  
 Fee paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_  
 City Clerk’s approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 License/permit number: \_\_\_\_\_

## ATTACHMENT A

### PROOF OF CORPORATION REGISTRATION

If the business is a LLC, Partnership, Corporation or other, please provide proof of registration with, or a certificate of good standing from, the Michigan Department of Licensing and Regulatory Affairs – Corporations, Securities, and Commercial Licensing Bureau.



**ATTACHMENT B**

**DEED, LEASE, or OPTION AGREEMENT**

Please attach one:

- A copy of any deed reflecting the applicant's ownership of the proposed licensed premises

OR

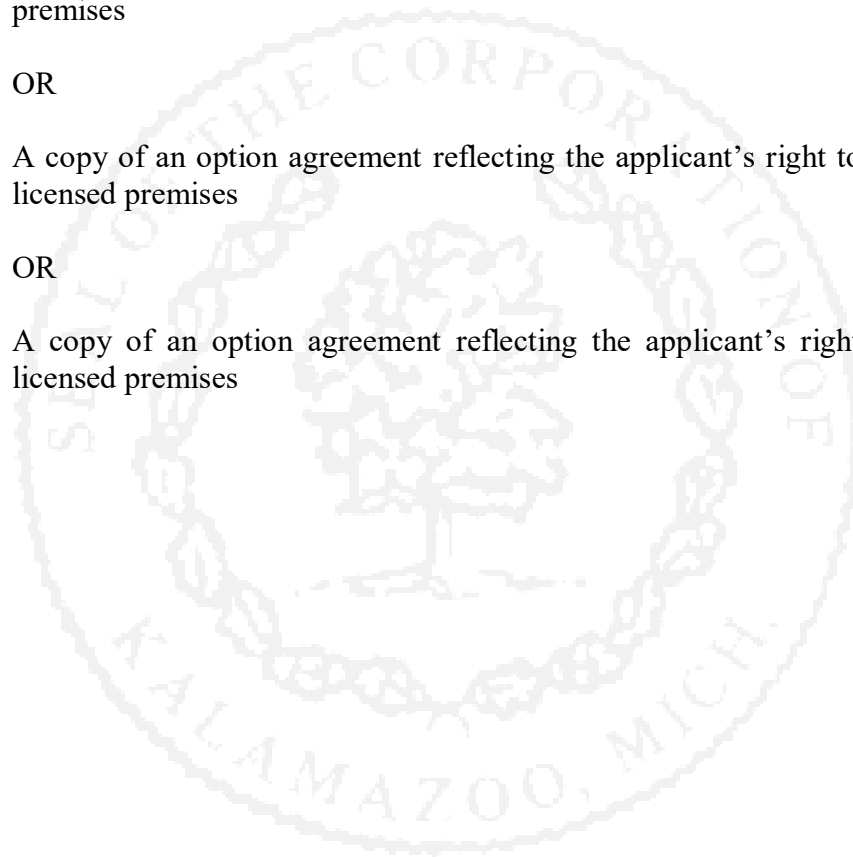
- A copy of a lease reflecting the right of the applicant to possess the proposed licensed premises

OR

- A copy of an option agreement reflecting the applicant's right to purchase the proposed licensed premises

OR

- A copy of an option agreement reflecting the applicant's right to lease the proposed licensed premises



**ATTACHMENT C**

**PROPERTY OWNER'S AUTHORIZATION**

A notarized statement from the owner of the property authorizing the use of the property for a marihuana facility.

**NOTE:** this attachment is necessary only if the applicant is **not** the owner of the proposed licensed premises.



## ATTACHMENT D

### DIAGRAM OF PROPOSED LICENSED PREMISE

A "to scale" diagram of the proposed licensed premises, no larger than eleven (11) inches by seventeen (17) inches, showing, without limitation, building floor plan and layout, all entryways, doorways, or passage ways, and means of public entry and exits to the proposed licensed premises, loading zones, available onsite parking spaces, fencing at the premises, and all areas in which medical marihuana will be stored, grown, manufactured or dispensed;





## **ATTACHMENT E**

### **LIGHTING PLAN**

A lighting plan showing the lighting outside of the medical marihuana facility for security purposes and compliance with applicable City outdoor lighting requirements.



**ATTACHMENT F**

**STAFFING PLAN**

Summary

Please indicate the number of employees who will be working at the proposed facility once the facility is operational:

Full-time employees (32+ hours per week) \_\_\_\_\_ Part-time employees (< 32 hours per week) \_\_\_\_\_

Position Types and Compensation

Please provide a description of the types of jobs the proposed facility is expected to create, along with the amount of compensation and benefits expected to be paid for such jobs:

**Position Title:** \_\_\_\_\_ Annual Average Compensation \$ \_\_\_\_\_  
How many people will be employed in this position at the proposed facility? \_\_\_\_\_  
Are health insurance benefits available for employees in this position? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please indicate the employer contribution to health insurance costs: All \_\_\_\_\_ Partial \_\_\_\_\_ None \_\_\_\_\_

**Position Title:** \_\_\_\_\_ Annual Average Compensation \$ \_\_\_\_\_  
How many people will be employed in this position at the proposed facility? \_\_\_\_\_  
Are health insurance benefits available for employees in this position? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please indicate the employer contribution to health insurance costs: All \_\_\_\_\_ Partial \_\_\_\_\_ None \_\_\_\_\_

**Position Title:** \_\_\_\_\_ Annual Average Compensation \$ \_\_\_\_\_  
How many people will be employed in this position at the proposed facility? \_\_\_\_\_  
Are health insurance benefits available for employees in this position? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please indicate the employer contribution to health insurance costs: All \_\_\_\_\_ Partial \_\_\_\_\_ None \_\_\_\_\_

**Position Title:** \_\_\_\_\_ Annual Average Compensation \$ \_\_\_\_\_  
How many people will be employed in this position at the proposed facility? \_\_\_\_\_  
Are health insurance benefits available for employees in this position? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please indicate the employer contribution to health insurance costs: All \_\_\_\_\_ Partial \_\_\_\_\_ None \_\_\_\_\_

**Position Title:** \_\_\_\_\_ Annual Average Compensation \$ \_\_\_\_\_  
How many people will be employed in this position at the proposed facility? \_\_\_\_\_  
Are health insurance benefits available for employees in this position? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please indicate the employer contribution to health insurance costs: All \_\_\_\_\_ Partial \_\_\_\_\_ None \_\_\_\_\_

Please provide information on any benefits other than health insurance that are offered to all employees:

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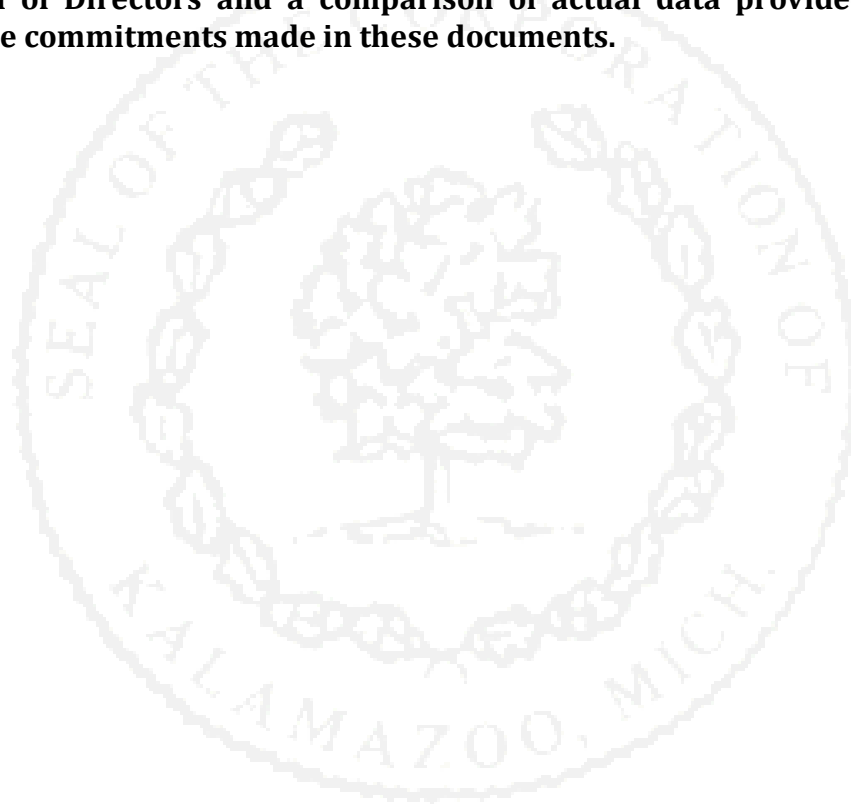
Attach additional pages as necessary.

## ATTACHMENT G

### COMMUNITY BENEFITS STATEMENT

Please attach an explanation, with supporting factual data, of the economic benefits to the City and the job creation for local residents to be achieved by the facility, including plans for community outreach and worker training programs, through the grant of a medical marihuana facility license. Attach additional pages as necessary.

**Note: the annual renewal process for an MMF Permit includes a review of Attachment F (Staffing Plan) and Attachment G (Community Benefits Statement) by the City's Economic Development Corporation Board of Directors and a comparison of actual data provided on in the renewal application with the commitments made in these documents.**



**ATTACHMENT H**  
**CONTACT INFORMATION**

Please provide your preferred contact information below for communications regarding this application and the requested permit(s), including information that may be time sensitive. Email is the primary communication method the City Clerk's Office will use. All email communications regarding this application will come from the following email address: [cokcityclerk@kalamazoo.org](mailto:cokcityclerk@kalamazoo.org). Please "whitelist" this address in your email contacts to ensure timely delivery of messages.

Name \_\_\_\_\_

Relationship to Business (ex. owner, manager, etc.) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Business Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

