

CITY OF NEWAYGO
Application for a Medical Marihuana Facility ¹

Date: _____, 20____ Permit No: _____ Fee: _____

1. **Applicant Information:** (if an individual)

Name: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Emergency Phone #: _____

Email: _____

DOB: _____ Type of License Request: _____

Copy of Government ID: _____ Copy of Caregiver Registry ID Card: _____

2. **Applicant Information:** (if not an individual – need information of each stakeholder – please use additional paper if needed).

Name: _____ Title: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Emergency Phone #: _____

Email: _____

DOB: _____ Type of License Request: _____

Copy of Articles of Incorporation: _____ Copy of Operating Agreement: _____

Copy of Caregiver Registry ID Card: _____ Copy of Power of Attorney: _____

3. Name and Address of Proposed Medical Marihuana Establishment: _____

¹ (A separate application and license is required for each medical marihuana facility at the same site or property).



4. Property Tax Id Number: _____

5. Current Use(s) of Property: _____

6. List of required items per ordinance: (check off as they are completed).

- _____ Signed release authorizing City Police Department to do a criminal background check on each applicant, each stakeholder of the applicant, each operator and each employee of the applicant.
- _____ From the applicant or for each stakeholder of the applicant, a resume that includes whether the individual has any relevant experience with medical marijuana or a related industry.
- _____ Written description of the training and education that the applicant will provide to all employees.
- _____ Copy of proposed business plan for the establishment, including, but not limited to, the following: (i) the proposed ownership structure of the establishment, including percentage ownership of each person or entity, (ii) a current organization chart that includes position descriptions and the names of each person holding each position, and (iii) the type of license sought under this ordinance.
- _____ Description of security plan for the establishment, including, but not limited to, any lighting systems, alarms, barriers, recording/monitoring devices, and/or security guards arrangements proposed for the establishment and premises. The security plan must contain the specification details of each piece of security equipment. Any medical marijuana establishment must have a security guard present at all times.
- _____ A floor plan of the establishment, as well as a scale diagram illustrating the property upon which the establishment is to be operated, including all available parking spaces and specifying which parking spaces, if any, are handicapped-accessible.
- _____ Proposed text or graphical materials to be shown on the exterior of the proposed establishment.
- _____ A facility sanitation plan to protect against any marihuana being ingested by any person or animal, indicating how the waste will be stored and disposed of, and how any marijuana will be rendered unusable upon disposal. Disposal by on-site burning or introduction in the sewage system is prohibited. All non-liquid wastes shall be disposed of a t a state-licensed landfill or as otherwise expressly permitted in accordance with regulations promulgated by the state.
- _____ A description of procedures for testing of contaminants, including, without limitation, mold and pesticides.
- _____ An estimate of the number and type of jobs that the establishment is expected to create, the amount and type of compensation expected to be paid for such jobs and the projected annual budget and revenue of the establishment.
- _____ Proof of an insurance policy covering the establishment and naming the City, its elected and appointed officials, employees and agents as additional insured parties, available for the payment of any damages arising out of an act or omission of the applicant or its stakeholders, agents, employees or subcontractors, in the amount of (a) at least one million dollars for property damage; (b) at least one million dollars for injury to one person; and (c) at least two million dollars for injury to two or more persons resulting from the same occurrence. The insurance policy underwriter must have a minimum A.M. Best Company insurance ranking of "A" or better and must be authorized to do business in the state consistent with state law.
- _____ An operational statement detailing the proposed hours of operations, activities to occur on site, anticipated impact on the community, proposed improvements to premises or areas within the City, etc. Following approval of the operational statement by the City its provisions shall be incorporated as conditions into any license granted in accordance with this Ordinance.

- _____ An estimate of public utility usage of the licensed premises and detailed estimates of the amount of public water and sanitary sewer services required for operations.
- _____ A complete list of any hazardous materials or substances that will be utilized by operations occurring on the premises or stored on the premises and where on the premises such materials will be utilized or stored and the manner of the same.
- _____ Need one of the following: (a) proof of ownership of the entire premises wherein the establishment is to be operated or (b) written consent from the property owner for use of the premises in a manner requiring licensure under this Ordinance along with a copy of the lease for the premises
- _____ A complete copy of the applicant's license application submitted to the state for a state operating license shall be provided when available.
- _____ A facility infrastructure utility plan identifying the mechanisms by which the licensee will ensure that commercial operations at the facility will be separated from the City's public water and sanitary sewer systems so as to avoid potential contamination or degradation of those public systems, how public water and the local aquifer will be protected from contamination, whether a closed system will be utilized, and a description of how liquid waste will be disposed. Relative to any grower, processor or safety compliance facility, a closed loop system is required as necessary to prevent the runoff or discharge of hazardous materials, pesticides, herbicides or other materials into the City's systems.

Additional items that shall be required as applicable:

- _____ A cultivation plan that includes at a minimum a description of the cultivation methods to be used, including plans for the growing mediums, treatments, and/or additives.
- _____ A production testing plan that includes at a minimum a description of how and when samples for laboratory testing by an accredited testing facility will be selected, what type of testing will be requested and how the test results will be used.
- _____ A chemical and pesticide storage plan that states the names of the pesticides to be used in cultivation and where and how pesticides and chemicals will be stored in the establishment, along with a plan for the disposal of unused pesticides.
- _____ Acknowledgement that all cultivation must be performed within a building in raised beds over an impervious surface.
- _____ Any and all other information for this type of medical marijuana facility required by City ordinance.

7. I/we do hereby affirm under oath that neither the applicant nor the operator has had a business license revoked or suspended, and if revoked or suspended, then the reason therefore is:

I/we do hereby affirm that neither the applicant nor any stakeholder of the applicant is in default to the City; specifically, that the applicant or stakeholder of the applicant has not failed to pay any property taxes, special assessments, fines, fee or other financial obligations to the City.

I/we do hereby affirm that all operations will be conducted in conformance with state law and City ordinance.

CITY COUNCIL

Date of Meeting: _____, 20__

The attached application for a medical marihuana facility is hereby:

() Granted Reasons/Conditions: _____

() Denied Reasons: _____

Date: _____, 20__ _____
Mayor, City of Newaygo

Date: _____, 20__ _____
City Clerk, City of Newaygo