



City of Southfield

26000 Evergreen Road • P.O. Box 2055 • Southfield, MI 48037-2055 • www.cityofsouthfield.com

Dear Applicant,

When applying for a Medical Marijuana Facility license with the City of Southfield please have the following when you return your application to the Clerk's office.

- _____ Application Fee: \$5000
- _____ Fingerprints
- _____ Application- filled out and notarized
- _____ Police Background Check Application (filled out by owner)
- _____ Copy of Driver's License (Front and Back)
- _____ Proof of corporation registration (if applicable);
- _____ Deed/lease/option agreement;
- _____ Property owner's authorization (if applicable);
- _____ Diagram of proposed licensed premise;
- _____ Lighting plan;
- _____ Security plan;
- _____ Proof of insurance;
- _____ Staffing plan;
- _____ Contact information.

The City of Southfield Medical Marijuana License Application must be filled out by each applicant and returned to the City Clerk's Office. Once all the information required is received an investigation will begin. The investigation cannot begin until all documents are received and all necessary fees are paid.

Once your applications are received you will be contacted by a representative from the Police Department and Fire Department to conduct their investigation. Inspectors from the Building Department and Planning will also be coming out to do inspections. You will be contacted by the City Clerk's Office once a decision regarding your application has been made. If you have any questions do not hesitate to contact us at (248)796-5150.

APPLICATION RECEIPT – CITY CLERK’S OFFICE

Application received by: _____ Date received: _____

Fee paid: \$ _____ Date: _____

City Clerk’s approval: _____ Date: _____

License/permit number: _____



City of Southfield

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MEDICAL MARIJUANA FACILITIES LICENSE APPLICATION

Pursuant to Ordinance 1712

New _____ Renewal _____ Amendment _____

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

FULL NAME: _____

Relationship to Business (ex. Owner, manager, etc.) _____

Resident Address _____

City _____ State _____ Zip Code _____

Business Address _____

City _____ State _____ Zip Code _____

Telephone _____ Business Telephone _____

Date of Birth _____ E-mail _____

TYPE OF FACILITY

Grower:

- Class A (500 plants) Processor Provisioning Center
 Class B (1,000 plants) Safety Compliance Secure Transporter
 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 _____

BUSINESS INFORMATION

Ownership Type

Individual/Sole Proprietorship

Partnership

Sole Member LLC

Corporation Type: _____

Nonprofit

LLC

LLP

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, LLP, Partnership, Corporation, Nonprofit or Other in the “Business Information” section, complete this section for every “true party of interest” in the applicant or business as defined in MCL 333.27102. 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 _____

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 _____

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 – SECURITY PLAN;

ATTACHMENT G – PROOF OF INSURANCE;

ATTACHMENT H – STAFFING PLAN;

ATTACHMENT I – CONTACT INFORMATION.

ATTACHMENT A

PROOF OF REGISTRATION

If the business is a LLC, LLP, Partnership, Corporation, Nonprofit 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

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 medical marijuana 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 marijuana will be stored, grown, manufactured or dispensed.

ATTACHMENT E

LIGHTING PLAN

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

ATTACHMENT F

SECURITY PLAN

All security plans, including video surveillance, will be reviewed by the Southfield Police Department.

ATTACHMENT G

PROOF OF INSURANCE

For All Medical MARIJUANA Facility Types

General liability insurance with minimum limits of \$1,000,000 per occurrence and a \$2,000,000 aggregate limit issued from a company licensed to do business in Michigan having an AM Best rating of at least B++. The policy shall name the City of Southfield and its officials and employees as additional insured to the limits required.

For Secure Transporters (In Addition to Above)

A secure transporter shall provide proof of no-fault automobile insurance with a company licensed to do business in Michigan with limits of liability not less than \$1,000,000 per occurrence combined single limit for bodily injury and property damage, vehicle registration, and registration as a commercial motor vehicle for all vehicles used to transport marijuana or marijuana-infused product.

ATTACHMENT H

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:

Attach additional pages if necessary.

ATTACHMENT I

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: _____. 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 _____

Neither I, the applicant, nor any “true party of interest” is in default to the City of Southfield for any property tax, special assessment, utility charges, fines, fees or other financial obligation owed to the City of Southfield.

- I the applicant have reviewed and agree to conform its hiring and public accommodation practices to, the City of Southfield’s anti-discrimination ordinance provisions.
- Neither I, the applicant, nor any “true party of interest” 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 or 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: _____

POLICE RECORD CHECK

The following information is being requested so that a complete and accurate record check on your driving and criminal record can be obtained.

Last Name First Name Middle Name

Date of Birth ____/____/____ Race _____ Gender: _____

Height: ____ft. ____in. Weight: _____lbs. Hair Color: _____

Eye Color: _____

Social Security Number: _____-_____-_____ U.S. Citizen? Yes ___ No ___

Driver's License Number: _____ Expiration Date ____/____/____

Have you ever been convicted of a felony? Yes ___ No ___ If yes, please explain _____

Have you ever been convicted of a misdemeanor? Yes ___ No ___ If yes, please explain

Have you ever been addicted to alcohol or drugs? Yes ___ No ___

Have you ever used any other name than the one you are now using? Yes ___ No ___

If yes, which name(s) _____

I hereby certify that the above information is true and any false statement of facts will result in denial of application.

Signature _____ Date ____/____/____

I hereby authorize the City of Southfield, its agents and employees, to seek information and conduct an investigation into the truth of the statements set forth in this application and the qualifications of the applicant for the license, and I will execute waivers or authorization for the release of information upon request.

State of Michigan)

)ss.

County of Oakland)

I, _____, hereby declare under penalty of perjury, that the foregoing information in this application is true and correct and understand any falsification or omission is grounds for denial or if issued a license grounds for revocation or recommendation for non-renewal.

On the _____ day of _____, 20____,
_____, did appear personally before me, a Notary Public, in and for the said County, and being duly sworn by me, did state (s)he is the applicant of the within application, and that the information contained within the application is true, correct and complete.

Notary Public

Oakland County, Michigan

My Commission Expires: _____



City of Southfield

Medical Marijuana Facility License

Ordinance 1712

CERTIFICATION AND APPROVAL OF SOUTHFIELD CHIEF OF POLICE

Name of Applicant: _____

Trade Name of Facility: _____

Facility Address: _____

Number & Street

City / State

Zip Code

Based upon all competent and pertinent information available to me, I have found, and do hereby certify, that the Applicant's character, moral integrity, and physical and mental condition, is not inimical to the public health, safety, morals or general welfare; and that the Applicant is of good moral character.

I approve the Applicant.

Date: _____

Signature: _____



City of Southfield

Medical Marijuana Facility License

Ordinance 1712

CERTIFICATION AND APPROVAL OF SOUTHFIELD FIRE CHIEF

Name of Applicant: _____

Trade Name of Facility: _____

Facility Address: _____

Number & Street

City / State

Zip Code

This certifies that I, as Fire Chief of the City of Southfield, based upon actual inspection of the Establishment named above, at the address shown above, on or about the _____ day of _____, 20____, found that the premises at the above business address comply with all the Fire Regulations of the state and of the City.

I approve the Applicant.

Date: _____

Signature: _____



City of Southfield

Medical Marijuana Facility License

Ordinance 1712

**CERTIFICATION AND APPROVAL OF BUILDING, HOUSING AND
REDEVELOPMENT**

Name of Applicant: _____

Trade Name of Facility: _____

Facility Address: _____

Number & Street

City / State

Zip Code

This certifies that use or proposed use of the building or structure at the business address shown above, as the establishment named above, as defined in Ordinance 1712, is not prohibited by Title V of the Southfield Ordinance Code or other Zoning Regulations of the City.

This will certify that a Certificate of Occupancy has been issued for this use as this location.

I approve the Applicant.

Date: _____

Signature: _____



City of Southfield

Medical Marijuana Facility License

Ordinance 1712

CERTIFICATION AND APPROVAL OF SOUTHFIELD TREASURER

Name of Applicant: _____

Trade Name of Facility: _____

Facility Address: _____

Number & Street

City / State

Zip Code

This certifies that all personal property taxes, real property taxes and other obligations due and payable to the City, by the establishment named above, as defined in Ordinance 1712, have been fully paid and satisfied.

I approve the Applicant

Date: ____/____/____

Signature: _____