

City of Reading -- Marihuana Facilities/Establishments -- License Application Checklist

Please provide all items listed. If items are not immediately available, please note in the application packet when they will be available and reason for the delay. Include with the application the below referenced Affidavits that are specifically related to your licensee type. An affidavit is required for all applicants, stakeholders, and employees. Please make copies of the necessary affidavit for each individual and include them with the application. Please reference all items by line number and mark each corresponding attachment with the same.

- 1a ___ \$5,000 non-refundable application fee (Effective 6-1-2019)
- 1b ___ Completed City of Reading Marihuana Establishment Application Form (Version 11-2019)
- 1c ___ Non-Refundable Fee Acknowledgment Signed (Please see Attachment #1)
- 1d ___ Copy of Confirmation Letter/Certificate from State of Michigan with Pre-Qualification Status
- 1e ___ Copy of Complete Application and any attachments to State of Michigan for Licensing

If applying as an individual:

- 2 ___ Copy of applicant's government issued photo id

If applying as an entity that's not an individual:

- 3a ___ Copy of government issued photo id for each stakeholder, shareholder, or member
- 3b ___ Articles of Incorporation
- 3c ___ Assumed name registration documents
- 3d ___ Internal Revenue Service SS-4 EIN confirmation letter
- 3e ___ Copy of the operating agreement (if an LLC)
- 3f ___ Copy of the partnership agreement (if a partnership)
- 3g ___ Copy of the by-laws or shareholder agreement (if a corporation)

- 4 ___ Contact information/Emergency Contact list
- 5 ___ Affirmation of Applicant Age and Record) (Please see Attachment #7)
- 6a ___ City of Reading Police Department Criminal History Background Check Authorization/Waiver/Indemnity
(Please see Attachment #9)
- 6b ___ City of Reading Authorization to Release Criminal Information for Application and Licensing Purposes
(Please see Attachment #10)
- 7 ___ Name, date of birth, physical address, copy of photo identification, and email address for any managerial employee or employee of the Marihuana Facility/Establishment
- 8a ___ Affidavit of Applicant Licensing Good Standing (Please see Attachment #3)
- 8b ___ Affidavit of Stakeholder Licensing Good Standing (if applicable) (Please see Attachment #5)
- 9 ___ Permission to use the premises. You need either:
 - 9a ___ Proof of ownership of the entire premises, or
 - 9b ___ Written consent from the property owner for use of premises in the manner in which you're applying
 - 9c ___ A copy of the lease for the premises (if applicant is not the owner)
- 10 ___ Security Plan
- 11 ___ Floor Plan
- 12a ___ Affidavit of Applicant Municipal Good Standing (Please see Attachment #4)
- 12b ___ Affidavit of Stakeholder Municipal Good Standing (if applicable) (Please see Attachment #6)
- 13 ___ Affidavit of Compliance in Transportation of Marihuana (if applicable) (Please see Attachment #2)
- 14 ___ Staffing Plan
- 15 ___ Proposed text or graphical materials to be shown on the exterior of the facility
- 16 ___ Business Plan
- 17 ___ Scale diagram of the property (including all buildings, parking, and distance from schools)
- 18 ___ Facility Sanitation Plan
- 19 ___ Verification of Liquid Assets
- 20 ___ Proof of an adequate premise liability and casualty insurance policy
- 21 ___ RESERVED FOR FUTURE USE

Grower licenses have the following additional requirements:

- 22a ___ Grower Plan
- 22b ___ Production Testing Plan
- 22c ___ Chemical and Pesticide Storage Plan
- 22d ___ Affidavit of Compliance in Growing of Marihuana (Please see Attachment #8)



City of Reading Marihuana Establishment License Application

City of Reading
113 S. Main St.
Reading, MI
49274
517-283-2604
<http://reading.mi.us>

Date Received:	
CLERK	____/____/____ by ____
COUNCIL	____/____/____ by ____
PLANNING	____/____/____ by ____
POLICE	____/____/____ by ____

PLEASE USE BLUE INK WHEN FILLING OUT APPLICATION

TYPE OF APPLICATION:

- New Application
- Renewal Application
- License Modification

Date Fees Paid: _____

CHECK # _____ **AMOUNT** _____

TYPE OF LICENSE:

- MMFLA MRTMA

Different facility types require separate applications.

- | | |
|--|---|
| <input type="checkbox"/> Grower, Class A | <input type="checkbox"/> Provisioning Center/Retailer |
| <input type="checkbox"/> Grower, Class B | <input type="checkbox"/> Safety Compliance Facility |
| <input type="checkbox"/> Grower, Class C | <input type="checkbox"/> Secure Transporter |
| <input type="checkbox"/> Processor | <input type="checkbox"/> Microbusiness |

Applicant Name:	
Business Name:	
Phone Number:	Email Address:
Physical Address:	
Mailing Address:	

APPLICANT TYPE Individual Corporation LLC LLP Other _____

OWNER AND MANAGER INFORMATION:

List all officers, directors, general partners, managing members, stockholders, partners, and members. If a holding company has an ownership interest in the licensed business, list that company and its ownership percentage as well. Attach additional pages as necessary.

Primary Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	Position:	DOB:	% Ownership

PROPERTY INFORMATION:

Business Site Address:	
<input type="checkbox"/> Owned Date of Purchase: _____ <input type="checkbox"/> Leased Start Date: _____ End Date: _____	
If Leased: Property Owner Name: _____ Phone: _____ Email: _____	
Will facility be in an existing structure? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many square feet?
Will a new structure or addition be built? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many square feet?

WATER AND WASTE WATER INFORMATION:

This information must include the business as well as the entire parcel.

Expected Level of Water Use (gal/day)	Expected Waste Water Discharge (gal/day)

BUSINESS OPERATIONS:

Hours of Operation:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

Security:

Will security guards be provided?

- Yes No

If YES, how many? _____

Days and Hours security guards will be provided:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

Provide the name, address, telephone number, and business license number of the security company that will be used. NOTE: The company must have a valid business license in the State of Michigan.

Provide the name, address, and telephone number of the alarm monitoring company that will be used. NOTE: The company must have a valid business license in the State of Michigan.

Provide a list of all members with access to the surveillance camera system to be used. (Attach additional sheets as necessary.)

Provide a detailed description of the security plan for the proposed business. (Attach additional sheets as necessary.)

OTHER BUSINESS INFORMATION:

Provide a detailed description of the business plan to dispose of any medical marijuana or product not sold in a manner that protects it from being ingested by an animal or person. (Attach additional sheets as necessary.)

Provide a detailed description of the ventilation system used to prevent odor from leaving the building and how to mitigate noxious fumes or gases during the production process. (Attach additional sheets as necessary.)

Provide a detailed description of all toxic, flammable, or other materials regulated by government agencies including the type of materials, location of materials, and how the materials will be stored. Please also describe how any chemicals or hazardous materials will be used and/or disposed of in your business process. (Attach additional sheets as necessary.)

BACKGROUND INFORMATION:

If you are currently licensed by any governmental agency to engage in any business, list each such license held, the city in which it is held and expiration date thereof.

Have you previously operated in this City or any other County, City, or State under a Medical Marijuana or Marihuana Establishment License?

- Yes No

Have any of the previously issued licenses or permits mentioned above been revoked or suspended?

- Yes No

If YES, provide an explanation for the revocation/suspension.

Has any owner or business manager ever been convicted of a felony?

- Yes No

If YES, list the first and last name of the management employee, the associated criminal case number(s), the statute(s) violated, the date(s) of conviction, the date(s) of imposition of probation and/or parole, and the name and address of the sentencing court.

Do you authorize the City of Reading to perform background checks?

- Yes No

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 Michigan Marihuana Facilities Licensing Act, as amended, the Michigan Regulation and Taxation of Marihuana Act, as amended and the City of Reading Ordinances which govern my License.

Signature

Date

Printed Name

Title



www.reading.mi.us

113 S. Main St. Reading, Michigan 49274

PHONE: (517) 283-2604 – FAX: (517) 283-3601

Attn: All Applicants for Marihuana Establishment/Facilities licenses

The City of Reading is accepting applications beginning November 1, 2019.

Please take note that the City of Reading's \$5,000.00 application fee is Non-Refundable.

In case of an incomplete application/missing documents, the applicants will have 7 days from the date of notification to complete your application. Please be sure we have a good e-mail address, phone number and physical address to be able to contact you immediately.

Please sign as acknowledgement of the Non-refundable \$5,000.00 application fee

Applicant Signature

Date

Affidavit of Compliance in Transportation of Marihuana

STATE OF Michigan
COUNTY OF Hillsdale
CITY OF Reading

The undersigned, _____, being duly sworn, hereby deposes and says:

- The transfer of Marihuana to and from all Marihuana Facilities shall be in compliance with the Michigan Marihuana Act (MMMA), Medical Marihuana Facilities Licensing Act (MMFLA), and Michigan Regulation and Taxation of Marihuana Act (MRTMA) and;
- To the extent that there are other State or Municipal laws applicable to the transfer of Marihuana to and from Medical Marihuana Facilities or enacted with the intent to cover such activity, that the transfer of Marihuana to and from all Medical Marihuana Facilities shall be in compliance with such applicable State and Municipal laws.

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this ____ day of _____, 20__.

On behalf of: _____

By: _____

Its: _____

NOTARY ACKNOWLEDGEMENT

STATE OF _____)
) ss:
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ . Said _____ is personally known to me or has produced _____ as identification.

Signature of Notary Public

Printed Name of Notary Public
State of Michigan
Commission Number: _____
My Commission Expires:

Affidavit of Municipal Good Standing

STATE OF Michigan
 COUNTY OF Hillsdale
 CITY OF Reading

The undersigned, _____, being duly sworn, hereby deposes and says:

1. _____ is not currently, nor has it ever, been in default to the City of Reading;
and
2. At no time has _____ failed to pay any property taxes, special assessments, fines, fee or other financial obligations to the City of Reading.

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this ____ day of _____, 20__.

On behalf of: _____

By: _____

Its: _____

NOTARY ACKNOWLEDGEMENT

STATE OF _____)
) ss:
 COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 201_,
 by _____. Said _____ is personally known to me or has
 produced _____ as identification.

 Signature of Notary Public

 Printed Name of Notary Public
 State of Michigan
 Commission Number: _____
 My Commission Expires:

Affidavit of Stakeholder Municipal Good Standing

STATE OF Michigan
 COUNTY OF Hillsdale
 CITY OF Reading

The undersigned, _____, being duly sworn, hereby deposes and says:

- 1. I am not currently, nor I have ever, been in default to the City of Reading; and
- 2. At no time have I failed to pay any property taxes, special assessments, fines, fee or other financial obligations to the City of Reading

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this ____ day of _____, 20__.

 Signature

 Printed Name

NOTARY ACKNOWLEDGEMENT

STATE OF _____)
) ss:
 COUNTY OF _____)

The foregoing instrument was acknowledged before me this ____ day of _____, 20__, by _____. Said _____ is personally known to me or has produced _____ as identification.

 Signature of Notary Public

 Printed Name of Notary Public
 State of Michigan
 Commission Number: _____
 My Commission Expires:

Affidavit of Compliance in Growing of Marihuana

STATE OF Michigan
COUNTY OF Hillsdale
CITY OF Reading

The undersigned, _____, being duly sworn, hereby deposes and says:

- All operations will be conducted in conformance with the Michigan Medical Marihuana Act, the Medical Marihuana Facilities Licensing Act, Michigan Regulation and Taxation of Marihuana Act or other applicable state laws;
- In conducting said operations, we will not cultivate more than the permitted number of Marihuana Plants per the Michigan Medical Marihuana Act, as amended, Medical Marihuana Facilities Licensing Act, as amended, Michigan Regulation and Taxation of Marihuana Act, as amended on the premises at any one time;

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this _____ day of _____, 20__.

On behalf of: _____

By: _____

Its: _____

STATE OF MICHIGAN
COUNTY OF
HILLSDALE

The foregoing instrument was acknowledged before me this _____ day of _____, 20__, by _____. Said _____ is personally known to me or has produced _____ as identification.

Signature of Notary Public
State of Michigan
Commission Number: _____
My Commission Expires: _____

