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 app	lying as an individual:
	2Copy of applicant's government issued photo id
If app	lying as an entity that's not an individual:
	3a Copy of government issued photo id for each stakeholder, shareholder, or member
	3bArticles of Incorporation
	3cAssumed name registration documents
	3dInternal Revenue Service SS-4 EIN confirmation letter
	3eCopy of the operating agreement (if an LLC)
	3fCopy of the partnership agreement (if a partnership)
	3gCopy of the by-laws or shareholder agreement (if a corporation)
4	Contact information/Emergency Contact list
4	
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 manageria
	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
Growe	er 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**

Date Received:

City of Reading 113 S. Main St.

Reading, N 49274 517-283-26 http://reading	504	CLERK COUNCIL PLANNING	/by /by / / by
	/HEN FILLING OUT APPLICATION	POLICE	by
TYPE OF APPLICAT New Applicatio		Date Fees Paid	
Renewal ApplicLicense Modific		CHECK #	AMOUNT
	☐ MMFLA ☐ MRTMA s require separate applications.		
☐ Grower, Class A	☐ Provisioning Center/Retaile	r	
☐ Grower, Class B	☐ Safety Compliance Facility		
☐ Grower, Class C	☐ Secure Transporter		
□ Processor	☐ Microbusiness		
Applicant Name:			
Business Name:			
Phone Number:		Email Address:	
Physical Address:			
Mailing Address:			

APPLICAN	IT TYPE Individual	Corporation 🗆 LLC 🗆 LLP	Other				
OWNER A	IND MANAGER INFORMATION	ON:					
	officers, directors, general pa		ers, stockholde	rs, partners,	and members. If		
	ng company has an ownersh			hat company	and its		
owners	wnership percentage as well. Attach additional pages as necessary.						
	Name:	Address:					
Primary Contact							
Prir Cor	Email Address:	Phone Number:	Position:	DOB:	% Ownership		
<u></u>	Name:	Address:					
Additional Contact							
ddit	Email Address:	Phone Number:	Position:	DOB:	% Ownership		
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_	Name:	Address:					
Additional Contact							
dditiona	Email Address:	Phone Number:	Position:	DOB:	% Ownership		
Y O							
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nal		7.00.000					
Additional Contact	Email Address:	Phone Number:	Position:	DOB:	% Ownership		
Ada	2.774.7744.7555				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Name:	Address:					
nal	realite.	Address.					
Additional Contact	Email Address:	Phone Number:	Position:	DOB:	% Ownership		
Adc	Liliali Address.	Thore Number.	r osition.	DOB.	70 OWNETSHIP		
	Namo	Address:					
lal ::	Name:	Address.					
ditional	Empil Address:	Dhone Nivesher	Docition.	DOD:	0/ Ower archi-		
0 0	Email Address:	Phone Number:	Position:	DOB:	% Ownership		

PROPERTY INFORMATION:

D	a C:+a Adduasa							
Busines	Business Site Address:							
	□ Owned	Date of P	Purchase:					
	☐ Leased		te:		d Date:			
If Lease	d:							
Pr	operty Owner	Name:						
Ph	ione:		Email:					
	ility be in an e			How many	square feet?			
□ Ye	es		No					
Will a n	ew structure o	or addition be	built?	How many	square feet?			
□ Ye	es		No					
	AND WASTE \							
This info	ormation must	include the b	usiness as we	ll as the entire p	oarcel.			
Evnecte	d Level of Wa	ter lise (gal/d	lavl	Evnected \	Nasta Water I	Discharge (gal	/day)	
LAPECIE	u Level of wa	ter ose (gai) u	iay,	Lapected	vaste vvater i	Discharge (gai	, uay j	
BLICINE	SS ODEDATION	JC•						
DOSINE	33 OF LIKATIOI	BUSINESS OPERATIONS:						
Hours of Operation:								
Hours o	f Operation:							
	<u>.</u>			1				
Day	f Operation: Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Day Open	<u>.</u>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Day	<u>.</u>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Day Open	<u>.</u>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Day Open	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Day Open Close Security	Sunday		Tuesday	Wednesday	Thursday	Friday	Saturday	
Day Open Close Security Will security	Sunday 7: urity guards be	e provided?	Tuesday	Wednesday	Thursday	Friday	Saturday	
Day Open Close Security	Sunday 7: urity guards be	e provided?	Tuesday	Wednesday	Thursday	Friday	Saturday	
Day Open Close Security Will secu	Sunday 7: urity guards be	e provided?	Tuesday	Wednesday	Thursday	Friday	Saturday	
Day Open Close Security Will secu	Sunday 7: urity guards be es ow many?	e provided? No		Wednesday	Thursday	Friday	Saturday	
Day Open Close Security Will security If YES, he	Sunday T: urity guards be es ow many? d Hours securi	e provided? No ity guards will	be provided:					
Day Open Close Security Will security If YES, had been been been been been been been bee	Sunday 7: urity guards be es ow many?	e provided? No		Wednesday	Thursday	Friday	Saturday	
Day Open Close Security Will security If YES, he	Sunday T: urity guards be es ow many? d Hours securi	e provided? No ity guards will	be provided:					

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 previ	ously issued licenses or permit	s mentioned above been revoked or suspended?
□ Yes	□ No	
If YES, provide an expl	anation for the revocation/susp	pension.
Has any owner or bus	iness manager ever been conv	icted of a felony?
□ Yes	□ No	
the statue(s) violated,	-	employee, the associated criminal case number(s), ate(s) of imposition of probation and/or parole,
Do you authorize the	City of Reading to perform bac	kground checks?
□ Yes	□ No	
true, correct, and com and the responsibility Marihuana Facilities Li	y of perjury in the second degro plete to the best of my knowle of my agents and employees to	ee that this application and all attachments are dge. I also acknowledge that it is my responsibility comply with the provisions of the Michigan Michigan Regulation and Taxation of Marihuana which govern my License.
Signature		Date
Printed Name		Titlo



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	fee	
Applicant Signature	Date		

Affidavit of Compliance in Transportation of Marihuana

STATE OF Michigan

Its: _____

COUNTY	OF Hillsdale	
CITY OF R	Reading	
The und	ersigned,	, being duly sworn, hereby deposes and says:
f	the Michigan Marihuana Act (MI	d from all Marihuana Facilities shall be in compliance with MMA), Medical Marihuana Facilities Licensing Act (MMFLA), axation of Marihuana Act (MRTMA) and;
;	Marihuana to and from Medical	er State or Municipal laws applicable to the transfer of Marihuana Facilities or enacted with the intent to cover such rihuana to and from all Medical Marihuana Facilities shall be in a State and Municipal laws.
I declare complet		dge and belief, the information herein is true, correct, and
Executed	d thisday of	, 20
On beha	alf of:	_
_		

NOTARY ACKNOWLEDGEMENT

STATE OF)		
) ss:		
COUNTY OF)		
		ed before me thisday of, 20	
by	Said	is personally known to me or	has
produced	as identific	cation.	
		Signature of Notary Public	
		Printed Name of Notary Public	
		State of Michigan	
		Commission Number:	
		My Commission Expires:	

Affidavit of Licensing Good Standing

STATE OF Michigan	
COUNTY OF Hillsdale	
CITY OF Reading	
The undersigned,	, being duly sworn, hereby deposes and says:
	cial license or certificate issued by a licensing authority in Michigan at has been denied, restricted, suspended, revoked, or not renewed.
I declare that, to the best of my kno complete.	owledge and belief, the information herein is true, correct, and
Executed thisday of	, 20
Signature	<u> </u>
Printed Name	
	NOTARY ACKNOWLEDGEMENT
STATE OF)) ss:
COUNTY OF)
The foregoing instrument v	vas acknowledged before me thisday of, 20, aid is personally known to me or has
produced	is personally known to me or has 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 un	dersigned,	, being duly sworn, hereby deposes and says:
1.	and	is not currently, nor has it ever, been in default to the City of Reading;
2.		failed to pay any property taxes, special assessments, nancial obligations to the City of Reading.
I decla comple		my knowledge and belief, the information herein is true, correct, and
Execut	ed thisday of	, 20
On bel	nalf of:	
Ву:		
Its:		_
		NOTARY ACKNOWLEDGEMENT
	OF) ss:
COON		
by produc	The foregoing instr	ment was acknowledged before me this day of, 201 Said is personally known to me or haas identification.
		Signature of Notary Public
		Printed Name of Notary Public State of Michigan Commission Number:
		My Commission Expires:

Affidavit of Stakeholder Licensing Good Standing

STATE OF Michigan **COUNTY OF Hillsdale CITY OF Reading** The undersigned,______, being duly sworn, hereby deposes and says: 1. I have never had a commercial license or certificate issued by a licensing authority in Michigan or any other jurisdiction that has been denied, restricted, suspended, revoked, or not renewed. 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____ COUNTY OF_____ The foregoing instrument was acknowledged before me this ______day of ________, 20____, by______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	e ever, been in default to the City of Reading; and
2. At no time have I failed to pa financial obligations to the City	ay any property taxes, special assessments, fines, fee or other of Reading
I declare that, to the best of my knowl complete.	ledge and belief, the information herein is true, correct, and
Executed thisday of	, 20
Signature	-
Printed Name	
<u>N</u>	IOTARY ACKNOWLEDGEMENT
STATE OF)
COUNTY OF) ss:)
The foregoing instrument was by Said_	s acknowledged before me thisday of, 20,is personally known to me or hasas identification.
produced	as identification.
	Signature of Notary Public
	Printed Name of Notary Public State of Michigan Commission Number:
	My Commission Expires:

Affirmation of Age and Record

STATE OF Michigan COUNTY OF Hillsdale	
CITY OF Reading	
The undersigned,	, being duly sworn, hereby deposes and says:
1. I am at least eighteen (18) years of age	2;
contendere to, forfeited bail concerning of any jurisdiction, either felony or con	d with, arrested for, or convicted of, pled guilty or nolong, or had expunged any criminal offense under the laws attrolled substance related misdemeanor not including the offense has been expunged, pardoned, reversed on
I declare that, to the best of my knowledge an complete.	d belief, the information herein is true, correct, and
Executed thisday of, 20	
Signature	
Printed Name	
NOTARY.	<u>ACKNOWLEDGEMENT</u>
STATE OF)	
COUNTY OF) ss:	
by Said	rledged before me thisday of, 20,is personally known to me or has entification.
	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,says:	, being duly sworn, hereby deposes and
Act, the Medical Marihuana Facilities of Marihuana Act or other applicable - In conducting said operations, we warihuana Plants per the Michigan	vill not cultivate more than the permitted number of Medical Marihuana Act, as amended, Medical as amended, Michigan Regulation and Taxation
I declare that, to the best of my knowledge complete.	and belief, the information herein is true, correct, and
Executed thisday of,	20
On behalf of:	
Ву:	
Its:	
STATE OF MICHIGAN COUNTY OF HILLSDALE	
	ed before me thisday of, 20, is personally known to me or has
producedas ide	entification.
	Signature of Notary Public State of Michigan Commission Number:
	My Commission Expires:

City of Reading Marihuana Establishments Application (November 2019) Attachment #8



City of Reading POLICE DEPARTMENT

109 South Main Street, Reading, Michigan 49274 517 283 -3133 – Fax 283 -1606

CRIMINAL BACKGROUND HISTORY CHECK AUTHORIZATION/WAIVER/INDEMNITY

I hereby give my permission to The City of Reading, Michigan to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by The City of Reading, Michigan, and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify The City of Reading, Michigan, and each of their officers, directors, employees, and agents and hold them harmless from and against any and all causes and actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability of The City of Reading, Michigan) and any and all related attorneys' fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

Last	First	Middle
Date of Birth	Social Security Number	Driver's License Number/State
Applicant's Signature		

Authorization to Release Criminal Information for Application and Licensing Purposes

Notification

The City of Reading Marihuana Facilities/Establishment License Application requires applicants to consent to a criminal background check as a condition of application. This check is to ascertain whether the applicant, each Stakeholder of the applicant, each managerial employee and employee of the applicant meet the criteria set forth in the City of Reading Marihuana Facilities/Establishments Licensing and Regulations Ordinances.

Authorization

E 11 T 1 N

I hereby authorize the City of Reading Police Department to conduct the criminal background check described above. Relating to this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist the City of Reading Police Department in collecting this information.

Further, I hereby declare that before hiring a prospective agent or employee for any facility or operation requiring license through the Medical Marihuana Facilities Licensing Act and/or Michigan Regulation and Taxation of Marihuana Act, and after, the holder of a license shall conduct a background check of the prospective employee. If the background check indicated a pending charge or conviction within the past ten (10) years for a controlled substance related felony, I shall not permit the hiring of the prospective employee or agent without written permission from the City Clerk.

Full Legal Name:				
	First	Middle	Last	
Other Names I Have Used	in Past Seven Years:			
Current Address:				
Previous Address(most	recent):			
Addresses in the 7 years	prior to completing this a	authorization:		
Phone Number:		Alternate Phone Number:		
Date of Birth:	Month / Day /Year	Gender: Female	Male	
Social Security Number:				
State of Michigan Driver's l	License #			
•	ng below, I hereby pr	•	lisqualify me from consideration for of Reading Police Department to cond	
Signature			Date	

City of Reading Marihuana Establishments Application (November 2019) Attachment #10