



Application Number: _____

**Adult Use (Recreational)
Marihuana Retail License
Application**

As of the effective date of adoption of Ordinance 2022-02 by the City of Harrison Marihuana remains classified as a Schedule 1 controlled substance under the Federal Controlled Substances Act, 21 U.S.C. Sec. 801 et seq., which makes it unlawful to manufacture, distribute, or dispense Marihuana, or possess Marihuana with intent to manufacture, distribute, or dispense Marihuana. Nothing in the ordinance is intended to grant immunity from any criminal prosecution under federal law.

NON REFUNDABLE FEE	
A nonrefundable License fee for each License is required upon submission of application. The application fee shall be the fee for the first year if License is granted. Not in lieu of any other licensing and permitting requirements.	
<input type="checkbox"/> Retail License	\$5,000 Fee

BUILDING/ESTABLISHMENT INFORMATION	
Property Address:	
Proposed Establishment Name:	
Type of Marihuana Facility:	
<input type="checkbox"/>	Proof of ownership of the entire premises wherein the Marihuana establishment is to be operated
<input type="checkbox"/>	Written consent from the property owner for use of the premises as outlined in the application along with a copy of the lease for the premises
<input type="checkbox"/>	Copy of the floor plan of the Marihuana establishment, as well as a scale diagram illustrating the property upon which the Marihuana establishment is to be operated, and the location of the Material Safety Data Sheets and a list of any chemicals that are or will be stored on the premises;
<i>Copy of the comprehensive facility operation plan which will include the following:</i>	
<input type="checkbox"/>	A security plan indicating how the establishment will comply with ordinance requirements.
<input type="checkbox"/>	A lighting plan showing the lighting outside of the Marihuana facility for security purposes and in compliance with applicable city requirements.
<input type="checkbox"/>	A plan for disposal of any Marihuana or Marihuana-infused product that is not sold in a manner that protects any portion thereof from being possessed or ingested by any person or animal.
<input type="checkbox"/>	A plan for ventilation of the Marihuana facility that describes the ventilation systems that will be used to prevent any odor of Marihuana off the premises of the business.
<input type="checkbox"/>	A description of all toxic, flammable, or other materials regulated by a federal, state, or local authority that would have jurisdiction over the business if it was not a Marihuana business, that will be used or kept at the Marihuana business, the location of such materials, and how such materials will be stored.



CITY of HARRISON MI

<input type="checkbox"/>	A statement of the amount of the projected daily average and peak electric load anticipated to be used by the business and certification from a licensed electrician that the premises are equipped to safely accept and utilize the required or anticipated electric load for the facility.
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BUILDING/ESTABLISHMENT INFORMATION (Continued)

<input type="checkbox"/>	Proof of insurance. A licensee shall at all times maintain in full force and effect for the duration of the license, worker's compensation insurance as required by state law, and general liability insurance with minimum limits of \$1,000,000.00 per occurrence and a \$2,000,000.00 aggregate limit issued from a company licensed to do business in Michigan having an AM Best rating of at least A-. A licensee shall provide proof of insurance to the City Manager in the form of a certificate of insurance evidencing the existence of a valid and effective policy which discloses the limits of each policy, the name of the insurer, the effective date and expiration date of each policy, the policy number, and the names of the additional insureds. The policy shall name the City of Harrison and its officials and employees as additional insureds to the limits required by this section.
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REQUIRED APPLICANT INFORMATION

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has the applicant been indicted for, charged with, arrested for, or convicted of, pled guilty or nolo contendere to, forfeited bail concerning any criminal offense under the laws of any jurisdiction, either felony or controlled-substance-related misdemeanor, not including traffic violations, regardless of whether the offense has been reversed on appeal or otherwise, including the date, the name and location of the court, arresting agency, and prosecuting agency, the case caption, the docket number, the offense, the disposition, and the location and length of incarceration.
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<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has the applicant ever applied for or has been granted any 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 and a statement describing the facts and circumstances concerning the application, denial, restriction, suspension, revocation, or nonrenewal, including the licensing authority, the date each action was taken, and the reason for each action.
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<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has the applicant ever filed, or been served with a complaint or other notice filed with any public body, regarding the delinquency in the payment of, or a dispute over the filings concerning the payment of, any tax required under federal, state, or local law, including the amount, type of tax, taxing agency, and time periods involved.
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APPLICANT INFORMATION IF AN INDIVIDUAL

Name:	
Date of Birth:	Social Security #:
Physical Address Residence:	
Physical Address Business(s):	
Telephone Number:	Cell Phone:
Email Address:	
<input type="checkbox"/>	Attach a copy of government-issued photo identification



APPLICANT INFORMATION IF NOT AN INDIVIDUAL		
Check Type of Ownership and provide attachments as follows		
<input type="checkbox"/>	Corporation	Articles of incorporation or organization, copy of the bylaws or shareholder agreement, assumed name registration, and Internal Revenue Service EIN confirmation letter(s)
<input type="checkbox"/>	Limited Liability Company (LLC)	Copy of the operating agreement of the applicant, assumed name registration, and Internal Revenue Service EIN confirmation letter(s)
<input type="checkbox"/>	Limited Partnership	Copy of the partnership agreement, names and addresses of the beneficiaries, assumed name registration, and Internal Revenue Service EIN confirmation letter(s)
<input type="checkbox"/>	Partnership	Copy of the partnership agreement, assumed name registration, and Internal Revenue Service EIN confirmation letter(s)
<input type="checkbox"/>	Sole Proprietorship	Assumed name registration and Internal Revenue Service EIN confirmation letter(s)
<input type="checkbox"/>	Trust	Copy of Trust, assumed name registration, names and addresses of the beneficiaries, and Internal Revenue Service EIN confirmation letter(s)

INDIVIDUAL COMPLETING APPLICATION (if different than applicant)	
Name:	
Date of Birth:	Position in Organization:
Physical Address Residence:	
Physical Address Business(s):	
Telephone Number:	Cell Phone:
Email Address:	
<input type="checkbox"/>	Attach a copy of government-issued photo identification

COMPLETE THE FOLLOWING FOR EACH STAKEHOLD IN YOUR ORGANIZATION	
Name:	
Date of Birth:	Position in Organization:
Physical Address Residence:	
Physical Address Business(s):	
Telephone Number:	Cell Phone:
Email Address:	
<input type="checkbox"/>	Attach a copy of government-issued photo identification



COMPLETE THE FOLLOWING FOR EACH STAKEHOLD IN YOUR ORGANIZATION (Continued)

Name:

Date of Birth: _____ Position in Organization: _____

Physical Address Residence: _____

Physical Address Business(s): _____

Telephone Number: _____ Cell Phone: _____

Email Address: _____

Attach a copy of government-issued photo identification

Name:

Date of Birth: _____ Position in Organization: _____

Physical Address Residence: _____

Physical Address Business(s): _____

Telephone Number: _____ Cell Phone: _____

Email Address: _____

Attach a copy of government-issued photo identification

Name:

Date of Birth: _____ Position in Organization: _____

Physical Address Residence: _____

Physical Address Business(s): _____

Telephone Number: _____ Cell Phone: _____

Email Address: _____

Attach a copy of government-issued photo identification

EMERGENCY CONTACT INFORMATION

Name: _____

Address: _____

Telephone Number: _____ Cell Phone: _____

Email Address: _____

MANAGERIAL EMPLOYEE INFORMATION
if other than the applicant or Stakeholder of applicant

Name: _____

Date of Birth: _____ Position in Organization: _____

Physical Address Residence: _____

Physical Address Business(s): _____

Telephone Number: _____ Cell Phone: _____

Email Address: _____

Attach a copy of government-issued photo identification



ADDITIONAL DOCUMENT REQUIREMENTS CHECKLIST	
<input type="checkbox"/>	Fully completed application including all documents required with application.
<input type="checkbox"/>	A complete list of all Marihuana permits and licenses held by applicant.
<input type="checkbox"/>	A copy of all documents submitted by the applicant to LARA in connection with the application for a state operating license under the MRTMA (including documents submitted for prequalification).
<input type="checkbox"/>	A copy of all documents submitted by the applicant to LARA in connection with the application for a state operating license under the MMFLA, if applicable
<input type="checkbox"/>	A copy of all documents issued by LARA indicating that the applicant has been prequalified for a state operating license under the MRTMA.
<input type="checkbox"/>	Any other information reasonably requested by the city relevant to the processing or consideration of the application.

Certification of Compliance	
I, the undersigned, agree to comply with all terms and conditions of a license as it may be issued. I consent to the City of Harrison having the ability to inspect the establishment at any time during normal business hours to ensure compliance with applicable laws and regulations.	
Signature: _____	Date: _____

Subscribed and sworn by: _____ before me on: _____

Notary Public Signature: _____	Notary Public Printed Name: _____
State of _____, County of _____, Acting in the County of: _____	
My Commission Expires: _____	

Certification of Written Consent from Property Owner	
If the applicant is anyone other than the property owner, the property owner hereby grants permission for the applicant to act on his/her behalf. (Authorization may be submitted via a separate signed notarized letter)	
<input type="checkbox"/>	A Copy of the lease or deed showing ownership of the premises.
Signature of Owner: _____	Date: _____

Subscribed and sworn by: _____ before me on: _____

Notary Signature: _____	Notary Printed Name: _____
State of _____, County of _____, Acting in the County of: _____	
My Commission Expires: _____	



APPLICANTS AUTHORIZATION TO RELEASE INFORMATION

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial, and other such institutions, governmental agencies federal, state, and local, without exception, both foreign and domestic:

On behalf of: _____ Name & Title: _____

I authorize the City of Harrison (City) and its agents to conduct a full investigation into the background and activities of the applicant for purposes of determining the applicant's eligibility for a Marihuana operating license.

I understand that by signing this authorization a financial record check may be performed. I authorize any financial institution to surrender to the City of Harrison a complete and accurate record of such transactions that may have occurred with that institution including, but not limited to, internal banking memoranda, past and present loan applications, financial statements, and any other documents relating to my personal or entity financial records in whatever form and wherever located. I authorize my employers to release any employment information required to validate my financial history. I understand that the financial record check will include a credit history examination and that my credit report, credit history, and credit capacity information will be obtained.

I understand that by signing this authorization, a criminal history check may be performed. I authorize the City of Harrison to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located for purposes of completing this application. I understand that the criminal history record files may contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and the sentence was discharged pursuant to law. I authorize the release of this type of information even though this record may be designated as "exempt from disclosure under the freedom of information act", "confidential", or "nonpublic" under the provisions of federal, state, or local laws.

Therefore, you are hereby authorized to release any and all information pertaining to this applicant, documentary or otherwise, as requested by any employee or agent of the City of Harrison, provided that he or she certifies to you that said entity has an application pending before the City of Harrison or that said entity is a licensee or other person required to be qualified under the provisions of the Michigan Medical Marihuana Act, MCL 333.26421 et seq., the Michigan Marihuana Facilities Licensing Act, MCL 333.27401 et seq., the Michigan Regulation and Taxation of Marihuana Act, MCL 333.27951 et seq., and Township Ordinance.

This authorization shall supersede and revoke any prior request or authorization to the contrary and shall be in effect during the pendency of this application. A photocopy of this authorization will be considered as effective and valid as the original. A facsimile copy shall be considered as effective and valid as the original.

Signature: _____ Date: _____

Subscribed and sworn by: _____ before me on: _____

Notary Public Signature: _____ Notary Public Printed Name: _____

State of _____, County of _____, Acting in the County of: _____

My Commission Expires: _____



APPLICANTS VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE

1. I am the individual responsible for submitting this application and have full authority to execute this affidavit of full disclosure.

2. I authorize _____ to be the contact person to the City of Harrison for the purposes of this licensure application.

3. I swear (or affirm) that the information contained in this application packet is true, complete, and accurate to the best of my knowledge and belief.

4. Except as reported in this application packet, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee, or otherwise any interest in this application.

5. Except as reported in this application packet, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as including, but without limitation, a finder's fee or commission to any person or entity related to the interest of this application.

6. I understand that failure to provide true, complete, and accurate answers and information in this application packet will result in a denial of the application and no refunds of any sums paid to the City of Harrison as a result of this application packet will be refunded.

7. I understand that failure to fully complete the application packet, or if applicant makes any changes to the application packet documents, will result in a denial of the application and no refunds of any sums paid to the City of Harrison as a result of this application packet will be refunded.

Signature: _____ Date: _____

Subscribed and sworn by: _____ before me on: _____

Notary Public Signature: _____ Notary Public Printed Name: _____

State of _____, County of _____, Acting in the County of: _____

My Commission Expires: _____



ACKNOWLEDGEMENT OF FEDERAL LAW AND RELEASE OF LIABILITY

I, _____, (applicant) being first duly sworn upon oath or affirmation and does hereby acknowledge and agree that:

The Federal Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. § 801 et seq. regulates Marihuana as a Schedule I controlled substance for which there is “no currently accepted medical use in treatment in the United States.” 21 U.S.C. § 812(b)(1)(B). Although the State of Michigan has recognized and authorized the licensing of Marihuana establishments and use of Marihuana for certain persons pursuant to the Michigan Medical Marihuana Facilities Licensing Act, MCL 333.26421 et seq., and the Michigan Regulation and Taxation of Marihuana Act, MCL 333.27951 et seq. Further, the state has provided for a statewide monitoring system pursuant to the Marihuana Tracking Act, MCL 333.27901 et seq., these state authorized activities remain prohibited by federal law.

I understand that a Michigan or city operating license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.

I understand that choosing to file an application for a Marihuana city operating license and, if issued, choosing to establish and operate a Marihuana establishment pursuant to that license, is done so at my own risk.

By my signature and attestation to this form, I hereby completely release and forever discharge the City of Harrison, and its respective employees, agents, attorneys, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present, or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract, or other theory of recovery which I may now have, or which may hereafter accrue or otherwise be acquired, on account of or any way arise out of my application for a Marihuana city operating license and, if issued, a township operating license, my operation of a Marihuana establishment.

Signature: _____ Date: _____

Subscribed and sworn by: _____ before me on: _____

Notary Public Signature: _____ Notary Public Printed Name: _____

State of _____, County of _____, Acting in the County of: _____

My Commission Expires: _____