

City of Benton Harbor Adult Use Marihuana Establishment Permit Application

City of Benton Harbor
200 E. Wall Street
Benton Harbor, MI 49022
269-927-8410
www.bhcity.us

Date Received by City Clerk:

Kimberly Thompson _____

TYPE OF APPLICATION:

New Application Date \$5,000 Non-refundable Permit Fee Paid: _____
 Renewal Application Number of Copies received (should be 12): _____

TYPE OF PERMITS:

Grower, Class A* Grower Class B* Grower Class C* Excess Grower
 Processor Microbusiness*
 Retailer Designated Consumption Establishment*
 Safety Compliance Facility Secure Transporter

* additional information required

OWNER AND MANAGER INFORMATION: Please note: All capitalized terms shall have the meaning defined in Ordinance _____

1. If the Applicant is an individual, the Applicant's Name, Date of Birth, SSN, Physical Address including residential and any Business Address(s) attached to the individual, copy of Government Issued Photo Identification, Email Address, and one or more Phone Numbers, including Emergency Contact Information, and if applicable Federal EIN;

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

Eligibility: With the exception of Microbusinesses, for the first 24 months after adoption of the adult use marihuana police power ordinance (November 2019-November 2021) the City will only accept applications from Persons who are Permitted Medical Marihuana Permit Holders and Licensed by the State. If any of the information requested below has changed since the receipt of your original Permit or renewal Permit for your Medical Marihuana Facility, please complete the fields below accordingly, or state that nothing has changed.

2. If the Applicant is not an individual, the Names, Date of Birth, SSN's, Physical Addresses, including residential and any Business Address(s), copy of Government Issued Photo Identification, Email Addresses, and one or more Phone Numbers of each stakeholder of the Applicant, including designation of the highest ranking stakeholder and/or general partner as an emergency contact person and contain information for the emergency contact person, Articles of Incorporation or organization, assumed name registration documents, Internal Revenue Service SS-4, EIN confirmation letter(s), and a copy of the Operating Agreement of the Applicant, if a Limited Liability Company, copy of the Partnership Agreement, if a partnership, names and addresses of the beneficiaries, if a trust, or a copy of the by-laws or shareholder agreement, if a corporation.

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

3. PROPERTY INFORMATION:

Business Site Address: _____	
Property Tax ID Number: _____	
<input type="checkbox"/> Owned <input type="checkbox"/> Leased	Date of Purchase: _____ Start Date: _____ End Date: _____
If Leased: Property Owner Name: _____ Phone: _____ Email: _____	
Will establishment 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?
Is the Parcel located within 1,000 feet of any educational institution or school, college or university, or 500 feet of any church, house of worship or other religious facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	

4. WATER AND WASTEWATER INFORMATION:

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

Expected Level of Water Use (gal/day)	Expected Wastewater Discharge (gal/day)
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5. BUSINESS OPERATIONS:

Hours of Operation:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

6. ADDITIONAL INFORMATION REQUIRED: PLEASE ATTACH AND LABEL

A. A copy of the Special Use Permit issued by the Planning Commission.

B. A signed acknowledgment that the applicant is aware and understands that all matters related to marijuana growing, cultivation, possession, testing, safety compliance and transporting, are currently subject to state and federal laws, rules and regulations, and that the approval or granting of a Permit hereunder does not exonerate or exculpate the applicant from abiding by the provisions and requirements and penalties associated with those laws, rules and regulations, or exposure to any penalties associated therewith; and further, the applicant waives and forever releases any claim, demand, action, legal redress or recourse against the City, its elected and appointed officials, and its employees and agents for any claims, damages, liabilities, causes of action, damages, or attorney fees that the applicant may incur as a result of the violation by the applicant, its Stakeholders and agents of those laws, rules and regulations.

C. A signed release authorizing the Benton Harbor City Police Department to perform a criminal background check to ascertain whether the Applicant, each Stakeholder of the Applicant, each managerial employee and employee of the Applicant meet the criteria set forth in this Ordinance.

D. The Name, Date of Birth, Physical Address (residential and any business address(s), copy of Photo Identification, and Email Address for any managerial employee or employee of the Adult Use Marihuana Establishment, if other than the Applicant.

E. One of the following: (a) proof of ownership of the entire premises wherein the Marihuana Establishment is to be operated; or (b) written consent from the property owner for use of the premises as a marihuana establishment requiring a permit under this Ordinance along with a copy of the lease for the premises.

F. Proof of, or ability to obtain, an adequate premise liability and casualty insurance policy in the amount not less than the requirements addressed in the Act or applicable State Laws, covering the Adult Use Marihuana Establishment and naming the City as an additional insured party.

G. A description of the Security Plan for the Adult Use Marihuana Establishment, including, but not limited to, any lighting, alarms, barriers, recording/monitoring devices, and/or security guard arrangements proposed for the facility and premises. The Security Plan must contain the specification details of each piece of security equipment.

H. A Floor Plan of the Adult Use Marihuana Establishment, as well as a scale diagram illustrating the property upon which the Adult Use Marihuana Establishment is to be operated, including all available parking spaces, and specifying which parking spaces, if any, are handicapped-accessible, and the location of the Material Safety Data Sheets and any chemical storage.

I. A Staffing Plan.

J. Any proposed text or graphical materials to be shown on the exterior of the proposed Adult Use Marihuana Establishment;

K. A Location Area Map of the Adult Use Marihuana Establishment and surrounding area that identifies the relative locations and the distances (closest property line to the subject Adult Use Marihuana Establishment's building) to the subject Adult Use Marihuana Establishment to the closest real property comprising a public or private elementary, vocational or secondary school; and church or religious institution if recognized as a tax-exempt entity as determined by the City Assessor's Office;

7. ADDITIONAL DOCUMENTATION FOR GROWER ESTABLISHMENTS: the following additional items shall be required:

A. An Affidavit stating that all operations will be conducted in conformance with the Act, the Rules issued by LARA, or other applicable State laws and such operations shall be cultivated on the premises at any one time not more than the permitted number of marihuana plants per the Act;

B. An affidavit stating that all Growing shall be performed within an Enclosed Locked Building.

8. ADDITIONAL DOCUMENTATION FOR DESIGNATED CONSUMPTION ESTABLISHMENTS:

As it relates to a Designated Consumption Establishment, the application shall also contain a Responsible Operations Plan which shall include a detailed explanation of how the employees will monitor and prevent over-intoxication, underage access to the Designated Consumption Establishment, the illegal sale or distribution of marihuana or marihuana products within the Consumption Establishment, and any other potential criminal activity on the premises.

9. ADDITIONAL DOCUMENTATION FOR MICROBUSINESS ESTABLISHMENTS

A. A Marihuana Microbusiness shall operate the corresponding areas of the microbusiness in compliance with the Operational Standards of a Marihuana Retailer, a Marihuana Grower, and a Marihuana Processor as provided for in the Act and the Rules

B. An Affidavit that a Stakeholder in a Marihuana Microbusiness Establishment does not hold and ownership interest, directly or indirectly, in a Grower, Processor, Retailer, Safety Compliance Facility, or Secure Transporter Establishment, or another Microbusiness Establishment.

10. EXCESS GROWER PERMITS:

An Excess Grower Establishment Permit shall only be issued to a person who holds 5 stacked class C Marihuana Grower Licenses issued by LARA under the Act, and 2 Grower Class C Licenses issued by LARA under the MMFLA. Documentation of this requirement must be included in the Application.

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 Regulation and Taxation of Marihuana Act, Initiated Public Law 1 of 2018 and the City of Benton Harbor Ordinances which govern my Permit.

Signature _____ Date _____

Printed Name _____ Title _____

NOTARY PUBLIC CERTIFICATION STATEMENT

I _____, Notary Public in and for the State of Michigan

hereby state that on the _____ day of _____, 20__, the above captioned Applicant appeared before me and, under oath, stated that all matters contained in this Application for an Adult Use Marihuana Establishment are true.

Notary Public

My commission expires _____