



## **Medical Marijuana Ordinance (MMFLA) Application Package**

Please refer to City Code of Ordinances, Chapter 30, and Medical Marijuana Facilities for the complete ordinance.

To be considered for a commercial marijuana facility license, please ensure all of the following are completed:

\_\_\_ License application, with non-refundable fee, delivered to the City Clerk.

\_\_\_ Waste water discharge permit application, when applicable, with fee, delivered to Waste Water Treatment Plant (2905 N. Water Street) for technical review. (Please contact Bay City WWTP at 989-891-1200 for instructions and questions.)

\_\_\_ Public Safety background check release, with fee, delivered to Bay City Department of Public Safety (501 3<sup>rd</sup> Street. Please contact Bay City Department of Public Safety at (989-892-8571 for instructions and questions).

\_\_\_ Planning Commission Site Plan Review application, (applicable for new construction only), with fee, delivered to the Planning/Zoning Department, Room 211.

\_\_\_ Application for Plan Review, with fee, delivered to Building Department; Room 211. This application will be used during the building permit process.

For ownership transfers the following:

\_\_\_ An affidavit for the architect's/engineers site plan and building plans to transfer to new entity.

If not provided, a new set of site drawing and building plans is required for plan review.

\_\_\_ An affidavit signed by each applicant or member to allow the license to be transferred.

Upon completion of the above-noted reviews, the City Clerk will compile all recommendations and submit to the City Manager for a final recommendation to the City Commission, which approves or denies MMFLA applications for a provisional license.

301 Washington Avenue • Bay City, MI 48708-5866 • [www.baycitymi.org](http://www.baycitymi.org)



City of Bay City  
 301 Washington Ave.  
 Bay City, MI 48708\_  
[www.BayCityMI.org](http://www.BayCityMI.org)

**Medical Marihuana Facilities License Application and Package**

For staff use only Date Received by Clerk _____ Total payment of all licenses \$ _____ Routing: ___ Planning & Zoning, ___ Building, ___ Economic Dev ___ Public Safety Law Enforcement Division ___ Fire Division ___ Assessing ___ DPW Director ___ Electric ___ Wastewater ___ Clerk
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**Type of Application:**

- New Application     
  Renewal Application     
  Membership Change  
 New Application Ownership Transfer

**Requested License Class:**

- Grower, Class A (≤500 plants)     
  Provisioning Center  
 Grower, Class B (≤1,000 plants)     
  Safety Compliance Facility  
 Grower, Class C (≤1,500 plants)     
  Secure Transporter  
 Processor

<b>Applicant Name:</b>	
<b>Business Name:</b>	
<b>Phone Number:</b>	<b>Email Address:</b>
<b>Physical Address:</b>	
<b>Mailing Address:</b>	

**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

**General license application requirements.**

(a) A person seeking a license pursuant to the Medical Marihuana Facilities Licensing Act and the provisions of this Article shall submit an application to the City on forms provided by the City. At the time of application, each applicant shall pay a nonrefundable application fee to defray the costs incurred by the City for background investigations and inspection of the proposed premises, as well as any other costs associated with the processing of the application. In addition, the applicant shall present a suitable form of identification.

(b) The applicant shall also provide the following information. Such information is required for the applicant, the proposed manager of the marihuana commercial entity, and all persons who are true parties of interest in the marihuana commercial entity that is the subject of the application:

- (1) The name, address, date of birth, business address, business telephone number, driver's license, and, if applicable, federal tax identification number;
- (2) If the applicant is a business entity, information regarding the entity, including, without limitation, the name and address of the entity, its legal status, and proof of registration with, or a certificate of good standing from, the State of Michigan, as applicable;
- (3) The identity of every person having any ownership interest in the applicant with respect to which the license is sought.
- (4) If the applicant is not the owner of the proposed licensed premises, a notarized statement from the owner of such property authorizing the use of the property for a marihuana facility;
- (5) A copy of any deed reflecting the applicant's ownership of, or lease reflecting the right of the applicant to possess, or an option reflecting the applicant's right to purchase or lease, the proposed licensed premises;
- (6) Three (3) stamped or sealed 24 inch by 36 inch drawing of the proposed licensed premises showing, without limitation, building layout, all entryways and exits to the proposed licensed premises, loading zones and all areas in which medical marihuana will be stored, grown, manufactured or dispensed;

**NOTE:** Building plan review is required for building improvements and the applicant is required to submit *application for Plan Review* at the time this application is submitted. This additional application is part of the building permit process (see #8). The required information for the drawing to be submitted with this application is defined above. Planning Commission site plans or the full site plan described in #8 is not required to submit this application.

- (7) A comprehensive facility operation plan for the marihuana commercial entity which shall contain, at a minimum, the following:
  - a. A security plan indicating how the applicant will comply with the requirements of this Article and any other applicable law, rule, or regulation. The security plan shall include details of security arrangements and will be protected from disclosure as provided under the Michigan Freedom of Information Act, MCL 15.231 et seq. If the City finds that such documents are subject to disclosure, it will attempt to provide at least 2 business days' notice to the applicant prior to such disclosure.
  - b. For grower and processing facilities, a plan that specifies the methods to be used to prevent the growth of harmful mold and compliance with limitations on discharge into the wastewater system of the City;

- c. A lighting plan indicating the lighting outside of the medical marihuana facility for security purposes and compliance with applicable City requirements;
- d. A plan for disposal of any medical marihuana or medical marihuana-infused product that is not sold to a patient or primary caregiver in a manner that protects any portion thereof from being possessed or ingested by any person or animal.
- e. A plan for ventilation of the medical marihuana facility that describes the ventilation system. The building, at minimum, shall be equipped with an activated carbon filtration system, for odor control to ensure that air leaving the building through any exhaust vent will pass through an activated carbon filter. Negative air pressure shall be maintained inside the building so that odors shall not escape through traffic in and out of exit access doorways. There shall also be an established maintenance program to inspect the carbon filters regularly and to replace the filters per the manufacturer's recommendations or every 365 days, whichever is less.

For medical marihuana facilities that grow medical marihuana plants, such plan shall also include all ventilation systems used to control the environment for the plants and describe how the system operates and prevents any odors leaving the premises. For medical marihuana businesses that produce medical marihuana-infused products, the plan shall include all ventilation systems used to mitigate noxious gases or other fumes used or created as part of the production process.

An alternative odor control system may be permitted if the permit applicant submits and the City of Bay City accepts a report from a mechanical engineer licensed in the state of Michigan that demonstrates the alternate system will control odor as well or better than the activated carbon filtration system required.

- f. 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 medical marihuana business, the location of such materials, and how such materials will be stored.
- g. For grower and processing facilities, an applicant must submit electrical plans for load review to Bay City Electric Light & Power for a primary/secondary load study. Applicant must prepay all costs associated with overbuilds that are necessary to meet the applicants required load before construction begins. Associated costs may include:
  - 1. Overbuild of primary/secondary utility lines and their supporting structures.
  - 2. KVA cost (Transformer(s))
  - 3. All labor and equipment cost.

Bay City Electric Light & Power reserve the right to deny electric service to any applicant based on failure to meet load acceptance review or load requirements that are not conducive to the location.

(8) Prior to making a modification to a structure that would require a building permit or which would alter or change items required by this subsection, the licensee shall submit to the City detailed construction drawings showing at minimum, a full site plan, interior and exterior lighting requirements, the full mechanical heating and ventilation plan, a detailed security plan, before and after floor plans and specifications, non-rated and rated separation details and locations, accessible route from the public way to the accessible entrance, accessible route to the primary function and within the facility and accessible bathrooms. The licensee shall make application for a Plan Review and a Building Permit for

the modifications of the premises, on forms provided by the City. Other specifications may be required. A building or structure hereafter constructed or renovated shall not be used or occupied in whole or in part until a certificate of use and occupancy has been issued by the enforcing agency.

(9) Proof of Insurance. A licensee shall at all times maintain full force and effect for duration of the license, worker's compensation insurance as required by state law, and 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. A licensee shall provide evidence to the City Clerk of the ability to obtain a certificate of insurance for a valid and effective policy which discloses the limits of each policy, the name of the proposed insurer, the effective date and expiration date of each policy, the policy number, and the names of the additional insureds.

(10) Whether an applicant has 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.

(11) Whether an applicant has 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.

(12) Whether an applicant has 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.

(13) A description of the type of marijuana facility; and the anticipated or actual number of employees.

(14) One digital copy of the complete application submittal in an Adobe PDF format.

(15) An acknowledgment and consent that the City may conduct a background investigation, including a criminal history check for each true party of interest and each proposed employee, and that the City will be entitled to full and complete disclosure of all financial records of the marijuana commercial entity, including records of deposit, withdrawals, balances and loans; and

(16) Any additional information that the Community Development Department or Public Safety Department reasonably determines to be necessary in connection with the investigation and review of the application.

**ADDITIONAL INFORMATION REQUIRED:**

An affidavit that neither the applicant nor any Stakeholder of the applicant is in default to the City. Specifically, that the applicant or Stakeholder of the applicant has not failed to pay any property taxes, special assessments, fines, fee or other financial obligations to the City

An affidavit that the transfer of Marijuana to and from Medical Marijuana Facilities shall be in compliance with the MMMA and the Medical Marijuana Facilities Licensing Act or other applicable state

laws.

An affidavit that all operations will be conducted in conformance with MMMA, the Medical Marihuana Facilities Licensing Act or other applicable State laws and such operations shall be cultivated on the premises at any one time more than the permitted number of Marihuana Plants per the Michigan Medical Marihuana Act, as amended, and the Medical Marihuana Facilities Licensing Act;

**SPECIAL NOTES TO APPLICANT:**

- Consistent with the MMFLA and Freedom of Information Act, MCL 15.231 *et seq.* the information provided to the City Clerk pursuant to this section relative to licensure is exempt from disclosure.
- All marihuana commercial entities shall obtain all other required permits of licenses related to the operation of the marihuana commercial entity, including, without limitation, any development approvals or building permits required by any applicable code or ordinance.
- If a deficiency is identified in an application, the applicant shall have five (5) business days to correct the deficiency after notification.
- Upon an applicant’s completion of the above-provided form and furnishing of all required information and documentation, the City Clerk shall accept the application and assign it an application number by facility type.

**BACKGROUND INFORMATION:**

A. 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.

B. Do you authorize the City of Bay City 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, Public Act 281 of 2016 and the City of Bay City Ordinances which govern my Permit.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

## BAY CITY DEPARTMENT OF PUBLIC SAFETY

501 Third St., Bay City, MI 48708  
(989) 892-8571

### FINGERPRINT INFORMATION

Pawnbroker/Secondhand & Junk Dealers/Fortunetelling/Amusement Place/Medical Marijuana Licenses

It is the responsibility of this department to complete the following:

- Fingerprint and background check of all applicants.
- Complete required forms and processing of essential paperwork.

In view of the necessary work involved and the number of persons required to process your application, a fingerprinting fee of fifteen dollars (\$15.00) and a background investigation fee of one hundred dollars (\$100) is required, as approved by the City Commission. (Cash, cashier's check, credit card, or money order) The fingerprints are processed through the Michigan State Police. A \$30.00 fee is required by the State of Michigan for each set of fingerprints in addition to the Bay City Department of Public Safety fees. (Check or money order made out to the 'State of Michigan'.)

✓ The City of Bay City requires fingerprints of applicant(s). Please call the Bay City Department of Public Safety at (989) 895-0927 for an appointment to be fingerprinted.

✓ The results of the fingerprints will be mailed to your home address from the State of Michigan. It is your responsibility to bring (or mail) the results back to the Department of Public Safety for final processing.

If you have further questions or concerns regarding the Bay City Department of Public Safety licensing requirements, please call (989) 895-0918.



**City of Bay City**  
**Authorization for Release of Records**

Having made application for a \_\_\_\_\_ License with the City of Bay City, Michigan and desiring that they be informed as to my criminal record or lack of criminal record, I hereby authorize the City of Bay City, Michigan, to investigate my history and to have access to any and all information which may relate to my criminal record or lack of criminal records.

I further authorize any person, or entity possessing such information, to furnish such information to the City of Bay City, Michigan.

I also release the City of Bay City, Michigan, and any person or entity providing such information to the City of Bay City, Michigan, from any liability, for damages of any kind, which may result from the release of such information to the City of Bay City, Michigan.

A copy of this authorization shall have the same force as the original.

(Please Print)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## Provisional License Transfer Authorization

Having made application for a Provisional License with the City of Bay City, Michigan and desiring to transfer that license issued by the City on \_\_\_\_\_, for (address) \_\_\_\_\_ I hereby authorize the City of Bay City, Michigan, to transfer the Provisional License to \_\_\_\_\_ (new entity).

**Each current applicant named or person holding an indirect ownership interest as defined in Section 30-502 shall be required to complete this form.**

(Please Print)

PROVISIONAL CERTIFICATE # \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## Architect's Affidavit of Site Plan Transfer to New Entity

I, \_\_\_\_\_, as Architect of record for the project for  
(Please Print)

\_\_\_\_\_, do hereby authorize the transfer of all  
(Please Print)

designed drawings prepared for the address of:

\_\_\_\_\_, Bay City, MI \_\_\_\_\_  
(Please Print)

dated \_\_\_\_\_ issued for permits as a medical marihuana provisioning center to  
the new owner for their future use and/or alteration.

ARCHITECT:

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

STAMP SEAL BELOW: