



## Medical & Adult-Use Recreational Marihuana

Planning & Zoning Dept./Marihuana Facilities  
301 Washington Ave Rm 211  
Bay City, MI 48708  
PH: 989-894-8180

### New Member Addition Packet

**FEE: \$100 per new member/per license updated**

\*All licenses held in the City by the applicant/ business entity will need to be updated.

- **A notarized letter from the business entity requesting to add specific member(s) is required.**
- **Provide live signatures and submit the signed originals of all forms, notarized documents, affidavits, and declaration statements.**
- **A copy of your new member state confirmation/approval letter for all new members must be submitted with this application.**

**Please Note:** New member state and city background-check approvals are both required before members will be added.

- Page 1 Facility License Information Form
- Page 2 Revised Owner & Manager Information
- Page 3 Oath of Application
- Page 4 Background Check/Fingerprinting (new members & spouses w/10% or greater ownership interest)
- Page 5 Authorization for Release of Records (new members with 10% or greater ownership interest)

### **Please provide a notarized affidavit which includes the following (3) items:**

- (1) An affidavit that neither the new member nor spouse (if applicable), is in default to the City. Specifically, that the new member or spouse has not failed to pay any property taxes, special assessments, fines, fee or other financial obligations to the City.
- (2) An affidavit that the transfer of Marihuana to and from Medical & Adult-Use Marihuana Facilities shall be in compliance with the MMMA, and the Medical Marihuana Facilities Licensing Act or other applicable state laws.
- (3) An affidavit that all operations will be conducted in conformance with MMMA, the Medical Marihuana Facilities Licensing Act, Michigan Regulation and Taxation of Marihuana 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.



**Please provide the following information for each new member with 10% or greater ownership interest:**

- (1) The name, address, date of birth, business address, business telephone number, copy of driver's license, and, if applicable, federal tax identification number.
  - a. If the new member 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;
  - b. The identity of every person having any ownership interest in the business entity with respect to which the license is sought. (Same information as requested in (1) above.)

**Please provide signed declaration statements from each new member for each of the following items:**

- (1) Whether the new member 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.
- (2) Whether the new member 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 non-renewal, including the licensing authority, the date each action was taken, and the reason for each action.
- (3) Whether the new member 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.
- (4) An acknowledgment and consent that the City may conduct a background investigation, including a criminal history check for each true party of interest (spouse).



**NEW MEMBER ADDITION APPLICATION  
for Marihuana Facilities**

Planning & Zoning Dept./Marihuana Facilities  
301 Washington Ave Rm 211  
Bay City, MI 48708  
PH: 989-894-8180

<b>FOR STAFF USE ONLY</b>	
Date Received by Clerk: _____	Total for all New Members per License(s) Updated: \$ _____

- Please submit this application with all requested information and non-refundable \$100 fee (per new member/per license updated) to the City Clerk's office along with a digital PDF file of the complete application.
- Provide live signatures and submit the signed originals of all forms, notarized documents, affidavits, and declaration statements.
- A notarized letter from the business entity authorizing member addition(s) must be included.
- A copy of your new member state confirmation/approval letter for all new members must be submitted with this application.

**FACILITY LICENSE INFORMATION**

<b>Adult-Use Recreational Licenses Held or Applied for:</b>		
	QTY	<input type="checkbox"/> Microbusiness
<input type="checkbox"/> Grower, Class A (≤100 plants)	_____	<input type="checkbox"/> Processor
<input type="checkbox"/> Grower, Class B (≤500 plants)	_____	<input type="checkbox"/> Retailer
<input type="checkbox"/> Grower, Class C (≤2,000 plants)	_____	<input type="checkbox"/> Safety Compliance Facility
<input type="checkbox"/> Excess Grower	_____	<input type="checkbox"/> Secure Transporter

<b>Medical Marihuana Licenses Held or Applied for:</b>		
	QTY	<input type="checkbox"/> Processor
<input type="checkbox"/> Grower, Class A (≤500 plants)	_____	<input type="checkbox"/> Provisioning Center
<input type="checkbox"/> Grower, Class B (≤1,000 plants)	_____	<input type="checkbox"/> Safety Compliance Facility
<input type="checkbox"/> Grower, Class C (≤1,500 plants)	_____	<input type="checkbox"/> Secure Transporter

<b>Applicant (Facility/Entity Owner):</b>	
<b>Business Name:</b>	
<b>Phone Number:</b>	<b>Email Address:</b>
<b>Physical Address of Facility:</b>	
<b>Mailing Address of Facility:</b>	

**REVISED 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	

**OATH OF APPLICATION:**

I declare under penalty of perjury in the second degree that this application and all attachments from all requested new members are true, correct, and complete to the best of my knowledge.

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 requesting to be added as a new member to a marihuana facility entity either in the process of, or licensed 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