

# Village of Romeo

## APPLICATION FOR MARIHUANA BUSINESS LICENSE

**\*\*MUST USE BLUE INK TO COMPLETE THESE FORMS OR THEY WILL NOT BE ACCEPTED\*\***

- Application must be fully and accurately completed, and must include all required documentation.
- Application fee of \$5,000 is NON-REFUNDABLE
- Each application **MUST** have its own set of complete documents.
- If approved, permit is valid for a period of one (1) year from date of approval. Renewals will require an application for renewal and the payment of a renewal fee.
- Attach additional sheets where additional space is needed. Please cite the section to which you are responding when doing so.
- Permits will not be issued, if at all, until the applicant has received a Special Land Use approval permit from the Village of Romeo Planning Commission. A separate application and fee for the Special Land Use is required.
- **APPLICATIONS MUST BE SUBMITTED AS ONE (1) PAPER DOCUMENT AND ONE (1) FLASH DRIVE CONTAINING ALL DOCUMENTS AS PDF'S OR MICROSOFT WORD AND EXCELL DOCUMENTS. NO GOOGLE DOCS PLEASE. NO EMAILS CONTAINING APPLICATION DOCUMENTS WILL BE ACCEPTED.**
- Any incomplete or non-conforming applications will be deemed inadmissible and rejected.

NAME OF APPLICANT: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_

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

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

PHONE NUMBER(S): \_\_\_\_\_

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

HAS THE APPLICANT APPLIED FOR STATE LICENSURE? YES  NO

**PERMIT TYPE: (Only select one)**

A separate application and fee is required for each permit requested, even if located at same property.

- |  |   |
|--|---|
| <input type="checkbox"/> MEDICAL MARIHUANA GROWER        | <input type="checkbox"/> RECREATIONAL MARIHUANA GROWER    |
| <input type="checkbox"/> MEDICAL MARIHUANA PROCESSOR     | <input type="checkbox"/> RECREATIONAL MARIHUANA PROCESSOR |
| <input type="checkbox"/> MARIHUANA SAFETY COMPLIANCE     | <input type="checkbox"/> MARIHUANA TRANSPORTER            |
| <input type="checkbox"/> MEDICAL MARIHUANA RETAILER      |   |
| <input type="checkbox"/> RECREATIONAL MARIHUANA RETAILER |   |

Have you, your stakeholders or any related party submitted or intend to submit any other applications to operate a marihuana business in the Village? YES  NO

If you answered yes to the above question, please identify the other application by name of applicant, proposed location and type of permit sought:

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**APPLICANT TYPE: *\*All documents required under Sec. 557-006 of the Marihuana Business Ordinance are attached***

- Individual
- Partnership
- Corporation
- Limited Liability Company
- Other: \_\_\_\_\_

**PROPERTY INFORMATION:**

Address of proposed facility: \_\_\_\_\_

Parcel ID No. of proposed facility: \_\_\_\_\_

Facility size: \_\_\_\_\_ sq. ft.      Parcel size: \_\_\_\_\_

**Is structure:**

An existing building?                      YES  NO

Renovation of existing building?      YES  NO

building construction?                    YES  NO

Is the Property owned by Applicant: YES  NO

Date of Purchase: \_\_\_\_\_

**\*If Property is owned by applicant proof of ownership must be attached.**

**If Property is not owned by Applicant, state the legal basis by which you intend to use the premises (e.g., lease, option to purchase, purchase agreement, etc.) and provide all supporting documentation with regard to same.**

\_\_\_\_\_  
\_\_\_\_\_

**\*If property IS NOT owned, please attach a signed and notarized statement from the property owner authorizing Applicant to use the property for the proposed purpose.**

**All applicants for a new permit or renewal must be current on taxes and any other financial obligation to the Village. If the facility is located on a leased parcel, applicant must show that property owner is current on taxes and any other financial obligations to the Village. Produce an affidavit attesting that neither the applicant nor any stakeholder is in default to the Village.**

## **SECTION A**

### **STAKEHOLDER INFORMATION**

1. Identify all stakeholders which are defined as the officers, directors, and managerial employees of an applicant and any persons who hold any direct or indirect ownership interest in the applicant.

<b>Primary Contact</b>	Name:		Residential Address:		
	Email Address:		Phone Number:	Position:	DOB:
<b>Additional Contact</b>	Name:		Residential Address:		
	Email Address:		Phone Number:	Position:	DOB:

<b>Additional Contact</b>	Name:		Residential Address:		
	Email Address:		Phone Number:	Position:	DOB:
<b>Additional Contact</b>	Name:		Residential Address:		
	Email Address:		Phone Number:	Position:	DOB:
<b>Additional Contact</b>	Name:		Residential Address:		
	Email Address:		Phone Number:	Position:	DOB:
<b>Additional Contact</b>	Name:		Residential Address:		
	Email Address:		Phone Number:	Position:	DOB:

**SECTION B**

A criminal background report on the applicant's criminal history must be submitted. Such reports shall be obtained by the applicant.

- Each stakeholder must obtain a background report through the Internet Criminal History Access Tool (ICHAT) for applicants or stakeholders residing in Michigan and/or through another state sponsored or authorized criminal history access source for applicants or stakeholders who reside in other states or have resided in other states within five (5) years prior to the date of the application.
- The applicant or stakeholder is responsible for all charges incurred in requesting and receiving the criminal history report and the report must be dated within thirty (30) days of the date of the application.

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**Has the Applicant ever been convicted of a crime in any jurisdiction? YES  NO**

- If yes, state the nature of the charges, when and jurisdiction in which it occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the Applicant have any history of non-compliance with federal, state or local regulatory requirements? YES  NO  If YES, explain:**

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**SECTION C**

**BUSINESS AND OPERATIONS INFORMATION:**

List the Business and Operations plan, showing in detail the Marihuana establishment proposed plan of operation and attach any supporting documentation, including without limitation of the following:

Please provide the entity's articles of incorporation, organizational documents, business plan, Articles of Organization, and EIN number.

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**SECTION D**

Please provide the entity's operating agreement or bylaws.

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**SECTION E**

A detailed proposed marketing, advertising, and business promotion plan for the proposed marihuana establishment.

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**SECTION F**

A description of the financial structure and financing for the proposed marihuana establishment including short-term and long-term business goals and objectives for the proposed marihuana establishment.

Bank or CPA notarized financial statement(s) demonstrating sufficient resources to fund the applicants proposed marihuana establishment plan must be included.

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**SECTION G**

A floor plan of the proposed marihuana establishment including:

A security plan that includes secure storage of marihuana 24/7 video surveillance (both inside and outside the establishment) to deter and prevent theft and diversion

A detailed plan for recordkeeping and inventory management that is consistent with the requirements of MMFLA and/or the MRTMA.

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**SECTION H**

A certified Architect stamped scale diagram illustrating the property upon which the proposed marihuana establishment is to be operated, including all available parking spaces, and specifying which parking spaces are handicapped-accessible.

Environmental Engineer stamped documents illustrating that neither the land use for the proposed site, including the surrounding area, will not have a detrimental effect on traffic patterns, eco-system and the safety of others.

**PROPOSED HOURS OF OPERATION: (Retail Only)**

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							
Holidays							

Describe in detail how your facility will be consistent with land use for the surrounding neighborhood and the impact that your facility will have on traffic patterns and resident safety and the basis for same.

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Provide a plan of all methods that will be used to stop any impact to adjacent uses, including enforceable assurances that no odor will be detected from outside the location:

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**SECTION I**

A depiction of any proposed text or graphic materials to be shown on the exterior of the proposed marijuana establishment.



**SECTION J**

An affidavit that neither the applicant nor any stakeholder of the applicant in in default to the village.

**SECTION K**

Has the Applicant ever applied for or has been granted any commercial license or certificate issued by a licensing authority in Michigan or any jurisdiction that has been denied, suspended or revoked, or not renewed? YES  NO

If yes, explain: \_\_\_\_\_

**SECTION L**

A detailed description of planned tangible capital investment in the Village and the economic benefits to the Village, and a projected annual budget and revenue of the proposed marihuana establishment.

**SECTION M**

A detailed description of the economic benefits to the village and job creation to be achieved including a proposed staffing plan.

\*Complete with description of duties

\*Proposed wages and employee qualifications and type of jobs the establishment is expected to create.

\*The amount and type of compensation expected to be paid for such jobs.

**EMPLOYEE INFORMATION:**

**ACTUAL OR PROJECTED NUMBER OF EMPLOYEES:** \_\_\_\_\_

List all name(s) of proposed manager(s) of the facility:

Name:	Position:	Phone:
Name:	Position:	Phone:
Name:	Position:	Phone:

Provide a detailed description of your staffing plan, including description of duties, proposed wages and employee qualifications.

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**SECTION N**

Whether the stakeholders demonstrate experience with owning, operating and/or managing a similar business in highly regulated industry (minimum two years).

**List all Medical and Recreational Marihuana facilities owned or operated by Applicant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Operation: \_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Operation: \_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Operation: \_\_\_\_\_ to \_\_\_\_\_

**Identify any business that is directly or indirectly involved in the growing, processing, testing, transporting, or sale of marihuana for the facility:**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

How is this business involved with the facility: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

How is this business involved with the facility: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

How is this business involved with the facility: \_\_\_\_\_

**SECTION O**

Provide a detailed proposal for community outreach, education or partnership opportunities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the Applicant have general liability insurance with minimum limits of \$1,000,000 per-occurrence and a \$2,000,000 aggregate limit? YES  NO

If YES, please provide a copy.

Has the Applicant filed for bankruptcy in the past seven (7) years? YES  NO

If YES, please provide the year and state in which the bankruptcy took place.

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Has the Applicant had any property foreclosures in the past five (5) years? YES  NO

If yes, what community: \_\_\_\_\_

At the time of this application or within the past 7 years, has the Applicant been a party to any civil litigation? YES  NO

If yes, provide/attach the case caption, cause of action and a brief explanation regarding the allegations of the case:

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## **SECTION P**

Complete and submit an application for a Special Land Use for the Industrial District. The application is another fee (\$1,000 – **NON-REFUNDABLE** fee) that must be submitted as a separate payment. Please refer to the Special Land Use application for documentation needed to be submitted. The Special Land Use process includes a public hearing at the designated Planning Commission meeting date.

## **MARIHUANA BUSINESS PERMIT APPLICATION CHECKLIST**

- Fully completed Application for *Marihuana Business Facility Permit*
- Non-refundable Permit Application fee/Renewal fee of \$5,000 per application
- Copy of the official paperwork issued by LARA indicating the Applicant has successfully completed the Pre-Qualification step of the Application for a State of Michigan Operating License
- Copy of all documents submitted to LARA in connection with the application showing Criminal History, evidence of charge/dismissal/conviction/expungement (if applicable), and parole or probation information (if applicable) **OR** signed release authorizing criminal background check or ICHAT for Applicant and each Owner, Partner, Director, and Officer.
- Corporate documents (Articles of Incorporation, Articles of Incorporation, Operating Agreement, Bylaws, Certificate of Good Standing, etc.).
- Proof of ownership of property **OR** copy of lease with documentation stating property owner consents to the lessee using the premises for the intended purpose.
- Copy of valid, unexpired State-issue driver license or ID for Applicant and all Owners, Directors, Officers, and Managers of the facility.
- Copy of valid sales tax license, if such license is required by the State.
- Site Plan
- Floor Plan of the interior of the facility
- Disposal and Storage Plan for marihuana, byproducts, and chemicals.
- Security and lighting plan.
- Grow Facility**: Ventilation and exhaust system plan.
- Certificate(s) of liability and casualty damage insurance

**ACKNOWLEDGEMENT**

I understand that the \$5,000 Application fee is **NON-REFUNDABLE**, and that compliance with legal provisions and the requirements of this Application does not guarantee selection for the issuance of a license. (*Please initial here \_\_\_\_\_*).

**Other applications that will be required in order to complete the licensing process:**

- Sign Permit Application (To be submitted to the Building Department, additional applicable fees will apply)
- Special Land Use Application (To be submitted to the Planning Commission for a Special Land Use, additional applicable fees will apply.)
- Certificate of Zoning Occupancy Application (To be submitted to the Building Department, additional applicable fee will apply)

**PLEASE INITIAL HERE \_\_\_\_\_**

I understand that if this application is granted, I may still be obligated to complete other processes or otherwise comply with the Village of Romeo Zoning Ordinance and/or other ordinances of the Village.

On behalf of Applicant, I grant authorization for the Village of Romeo, its agents and employees to seek information and investigate the truth of the statements set forth in this application and the qualifications of the Applicant for the license. I acknowledge that this investigation may involve a background investigation that includes a criminal history check.

I understand that if this application is granted, the premises and surveillance camera recordings at the Property are for the protection of the public and are subject to inspection by Village Building officials, the Fire Department and the Police Department personnel, without a search warrant and that on behalf of Applicant, I agree to immediately produce these recordings upon request.

**To the fullest extent permitted by law, Applicant and its Stakeholders and their successors and assigns agree to defend, pay on behalf of, hold harmless and indemnify the Village, its elected and appointed officials, board and commission members, employees, and others working on behalf of the Village against any and all claims, demands, suits and losses, including all costs connected therewith, including attorney fees incurred in relation to the defense of any such claim, demand, suit or loss and for any damages which may be asserted, claimed or recovered against or from the Village, its elected and appointed officials, board and commission members, employees, and others working on behalf of the Village, in relation to the selection of Applicant to operate a medical marihuana grow facility, recreational marihuana grow facility, medical marihuana processor, recreational marihuana processor, marihuana safety compliance establishment, marihuana secure transporter business pursuant to the Village's Marihuana Business Ordinance. Please have each Applicant and Stakeholder sign and date here to acknowledge his or her agreement to this specific provision.**

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On behalf of the Applicant, I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that if the requested permit is granted, it is Applicant's responsibility and the responsibility of Applicant's agents and employees to comply with the provisions of the Michigan Marihuana Facilities Licensing Act (MMFLA), the Michigan Regulation and Taxation of Marihuana Act (MRTMA), the Village of Romeo Marihuana Business Ordinance, and any other laws which govern the license, business, or property. Applicant hereby acknowledges familiarity with said laws, rules and/or regulations and represents that Applicant will comply with same. I will immediately provide the Village with any changes to the information herein submitted.

**Authorized Applicant's Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Witnessed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_



