



City of Ewart Marihuana Facility License Application

City of Ewart
City Manager
5814 100th Ave
Ewart, MI 49631
Phone: _____
Email: _____
<http://www.ewart.org>

Date Received:

TYPE OF APPLICATION:

- New Application
- Renewal Application
- License Modification

Date Fees Paid: _____

TYPE OF LICENSES OR LICENSES:

- | | |
|--|---|
| <input type="checkbox"/> Grower, Class A | <input type="checkbox"/> Provisioning Center |
| <input type="checkbox"/> Grower, Class B | <input type="checkbox"/> Safety Compliance Facility |
| <input type="checkbox"/> Grower, Class C | <input type="checkbox"/> Secure Transporter |
| <input type="checkbox"/> Processor | <input type="checkbox"/> Marihuana Microbusiness |

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

Mailing Address:

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

PROPERTY INFORMATION:

Business Site Address:

Owned

Date of Purchase: _____

Leased

Start Date: _____ End Date: _____

If Leased:

Property Owner Name: _____

Phone: _____ Email: _____

Will facility be in an existing structure?

Yes

No

How many square feet?

Will a new structure or addition be built?

Yes

No

Zoning Classification?

Applicant must provide a sealed Survey Drawing from a Registered Surveyor or Professional Engineer Showing the parcel applied for in this application indicating the distance in feet from any educational institution or school, college or university, licensed daycares, church, house of worship or other religious facilities. The survey must also show the distances to the surrounding water runoff locations. Please refer to local Ordinance for distances related to the type of facility being applied.

If this is a grow facility will you be growing in soil or hydroponics? _____

WATER AND WASTE WATER INFORMATION:

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

Expected Level of Water Use (gal/day)	Expected Waste Water Discharge (gal/day)
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BUSINESS OPERATIONS:

Hours of Operation:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

Security:

Will security guards be provided?

Yes No

If YES, how many? _____

Days and Hours security guards will be provided:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

Provide the name, address, telephone number, and business license number of the security company that will be used. NOTE: The company must have a valid business license in the State of Michigan.

Provide the name, address, and telephone number of the alarm monitoring company that will be used. NOTE: The company must have a valid business license in the State of Michigan.

Provide a list of all members with access to the surveillance camera system to be used. (Attach additional sheets as necessary.)

Provide a detailed description of the security plan for the proposed business. (Attach additional sheets as necessary.)

OTHER BUSINESS INFORMATION:

Provide a detailed description of the business plan to dispose of any marijuana or product not sold in a manner that protects it from being ingested by an animal or person. (Attach additional sheets as necessary.)

Provide a detailed description of the ventilation system used to prevent odor from leaving the building and how to mitigate noxious fumes or gases during the production process. (Attach additional sheets as necessary.)

Provide a detailed description of all toxic, flammable, or other materials regulated by government agencies including the type of materials, location of materials, and how the materials will be stored. Please also describe how any chemicals or hazardous materials will be used and/or disposed of in your business process. (Attach additional sheets as necessary.)

BACKGROUND INFORMATION:

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.

Have you previously operated in this City or any other location under a Marijuana/Marihuana License?

- Yes No

Have any of the previously issued licenses or permits mentioned above been revoked or suspended?

Yes No

If YES, provide an explanation for the revocation/suspension.

Has any owner or business manager ever been convicted of a felony?

Yes No

If YES, list the first and last name of the management employee, the associated criminal case number(s), the statute(s) violated, the date(s) of conviction, the date(s) of imposition of probation and/or parole, and the name and address of the sentencing court.

Do you authorize the City of Evert to perform background checks?

Yes No

OATH OF APPLICATION:

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 it is my responsibility and the responsibility of my agents and employees to comply with Michigan Law and the Ordinances of the City of Evert which govern my License.

Signature

Date

Printed Name

Title