



MARIHUANA BUSINESSES LICENSE APPLICATION

Thank you for your interest in the Marihuana Business License.

PLEASE NOTE: Anyone obtaining this application with intent to submit an application response is required to provide an email address to the City Clerk and City Manager for the purposes of receiving official communication and process updates from the City concerning the licensing and application process. Said information can be provided via email to:

- sgibbs@MuskegonHeights.us

sent to the attention of:

- "The Clerk and City Manager"

and must have the subject line:

- "Marihuana Business License Applicant Contact Information"

Failure to provide this information upon receipt of this application document shall be deemed as forfeiting any rights to appeal due to missed communications, updates or changes. Upon receipt of your preferred email address, in accordance with the requirements above, you will be provided a link via email giving access to an on-line communication platform whereby general updates and information will also be shared.

This application and relevant documents can be obtained from the City Clerk by email at:

- info@muskegonheights.us

or on-line at:

- <https://muskegonheights.us/marihuana-facility-ordinance-info/>

Attached at the end of this document is a copy of the following policies:

- **Good Neighbor Plan (relevant to Tab 15 response)**
- **MIVEDA (relevant to Tab 16 for Form 16 response)**

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Muskegon Heights City Clerk's Office
2724 Peck Street, Muskegon Heights, Michigan 49444

ADULT-USE MARIHUANA BUSINESSES LICENSE APPLICATION

Table of Contents – Each section is required by all applicants.

* indicates a scored section and the maximum possible points available for that section.

1	Applicant Information <i>Form 1.(a) – Individual Applicant Information</i> <i>Form 1.(b) – Non-Individual Applicant Information</i> <i>Form 1.(c) – Non-Individual Applicant Information (entity contact person)</i>
2	Information on Proposed Location <i>Address & Description of Facility</i>
3	Applicant Affirmations <i>Form 3 – Applicant Affirmations</i>
4	MRA Prequalification Checklist Forms for Entity and Individual Applicant(s) <i>Addendum – Supporting documentation (submitted electronically)</i>
5	Affidavit of Non-Default and Compliant Transfer <i>Form 5 – Affidavit of Non-Default and Compliant Transfer</i>
6	Proof of Financial Responsibility <i>Copy of Proof of Financial Responsibility Submitted to LARA with State Application</i>
7	Financial Statements and Affirmation <i>Copies of the CPA-Attested Financial Statements Required by the State</i> <i>Affidavit that Liquid Assets in CPA-Attested Financial Statements or Alternate Funds Will Still be Liquid at the Time the License is Issued by the City</i>
8	Insurance <i>Premise Liability Policy</i> <i>Casualty Policy (not less than \$1,000,000)</i>
9	Ownership Interest <i>Proof of Ownership of the Premises</i> <i>Written Consent from the Property Owner for use Requiring Licensure</i>

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10	Security Plan
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12	Exterior Graphs of Building
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13	Sanitation Plan
	<i>Waste Storage Method(s)</i>
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	<i>Surveillance Methods</i>
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	<i>Customer, Employee, and Neighbor Experiences</i>
15	Good Neighbor Plan* (3 points)
	<i>Measures to Reduce Potential Negative Impacts on Residents & Businesses</i>
	<i>Relationship with the Community</i>
	<i>Implementation Program</i>
16	Marihuana Industry Voluntary Economic Development Agreement* (20 points)
	<i>Form 16 – MIVEDA Affirmations</i>
17	Proof of Medical Marihuana License from the City of Muskegon Heights
	<i>(if applicable)* (5 points - bonus)</i>
18	Ownership Information* (25 points)
	<i>Operating Agreement or Bylaws & Shares Membership Interest / Shares of Parties</i>
	<i>List of Owners, % Interest, Addresses and Census Tract</i>

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19	Applicant Qualifications* (10 points)
	<i>Business History</i>
	<i>Experience</i>
	<i>Regulatory Compliance and/or Legal History</i>
20	Disclosure of any Prior Building or Code Violations* (3 points)
21	Business Plan* (~15 pages in length) (18 points)
	<i>Executive Summary</i>
	<i>Market Analysis</i>
	<i>Organization Management Description</i>
	<i>Sales Strategies</i>
	<i>Funding Requirements</i>
	<i>Financial Projections</i>
	<i>Projected Opening Date (months from conditional approval date)</i>
22	Staffing Plan* (17 points)
	<i>Shift Information</i>
	<i>Employee Positions</i>
	<i>Recruitment & Hiring Strategy</i>
	<i>Training Programs</i>
	<i>Compensation Packages</i>
	<i>Share of Employee Hiring from Muskegon Heights</i>
	<i>Realistic Number of Employees Hired for Applicant Location</i>
23	Grower Facilities (only required if applying for a Grower Facility License)
	<i>Grower Plan</i>
	<i>Production Testing Plan</i>
	<i>Form 23 – Affidavit of Conformance with MMMA, MMFLA, and MRTMA</i>
	<i>Chemical and Pesticide Storage Plan</i>
24	Use of Public Services* (3 points)
	<i>Strategy to Combat Increased Service & Facility Loads</i>
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	<i>Strategy to Insure Compatibility with Adjacent Uses of Land</i>
	<i>Strategy to Promote Socially and Economically Desirable Use of Land</i>
25	Compliance with Application Requirements* (1 point)
	<i>Form 25 – Self-Scored Rubric and Application Submittal Form</i>

Directions for Completing this Application:

The response to this application is to be made in 3-Ring binders, required to have color coded tabs according to the table of contents. Each tab in the applicant's response shall be color-coded and numbered according to the table of contents. The information that the applicant is requested to provide, for each section, is to be placed behind the respective tabbed section. The application is divided into 5 color coded sections as follows:

White Tabs	(Sections: 1 - 2)
Green Tabs	(Sections: 3 - 8)
Blue Tabs	(Sections: 9 - 15)
Yellow Tabs	(Sections: 16 - 22)
Red Tabs	(Sections: 23 - 25)

Any applicant submittals in response to the information request that is digital must be recorded on a removable thumb drive and the thumb drive placed in a clear zip-lock file pouch and inserted into the binder behind the respective tab associated with the specific information on the thumb drive.

A sample scoring rubric is provided as Form 25 – Self-Scored Rubric and shall be included under tab 25. This rubric is designed for the Applicant to evaluate its own application materials and score themselves in a fair and appropriate manner. The Self-Scored Rubric will provide the Applicant with a reflective tool and enhance transparency between the Applicant and the City.

The application submission period shall close on December 10, 2020 at 5pm EST.

Form 1.(a) Individual Applicant Information



Muskegon Heights City Clerk's Office
2724 Peck Street, Muskegon Heights, Michigan 49444

ADULT-USE MARIHUANA BUSINESSES LICENSE APPLICATION

- 1. a) Individual Applicant Information** – Required if the Applicant is an Individual.
A copy of the Applicant's government issued photo identification is required.

Applicant Name		Date of Birth	
Applicant Address	City	State	Zip Code
Primary Phone	Secondary Phone	Email	

License Sought:

- ☐ Grower License of Class C (maximum of 2,000 marihuana plants) as defined in the MRTMA
- ☐ Grower License of Class C (maximum of 1,500 marihuana plants) as defined in the MMFLA
- ☐ Excess Grower
- ☐ Marihuana Processor
- ☐ Medical Marihuana Processor Facility
- ☐ Medical Marihuana Provisioning Center
- ☐ Marihuana Retailer
- ☐ Microbusiness
- ☐ Marihuana Safety Compliance Establishment
- ☐ Medical Marihuana Safety Compliance Facility
- ☐ Secure Transporter
- ☐ Medical Marihuana Secure Transporter
- ☐ Designated Consumption Center
- ☐ Marihuana Event Organizer
- ☐ Temporary Event License

**\$5,000 Required
Fee Per License**

Form 1.(a) Individual Applicant Information

I affirm that I have included a copy of my government issued photo identification with this Application.

Dated: _____

Signature

Form 1.(b) Non-Individual Applicant Information



Muskegon Heights City Clerk's Office
2724 Peck Street, Muskegon Heights, Michigan 49444

ADULT-USE MARIHUANA BUSINESSES LICENSE APPLICATION

1.b) Non-Individual Applicant Information – Required if the Applicant is **not** an Individual. Each person holding an ownership interest (of more than 10%) in the Applicant Entity must be listed. **Make additional copies of this form as needed.**

Applicant Entity

Stakeholder Name

Stakeholder Physical Address

City

State

Zip Code

Primary Phone

Secondary Phone

Email

Dated: _____

Signature

Applicant Entity

Stakeholder Name

Stakeholder Physical Address

City

State

Zip Code

Primary Phone

Secondary Phone

Email

Dated: _____

Signature

Form 1.(b) Non-Individual Applicant Information



Muskegon Heights City Clerk's Office
2724 Peck Street, Muskegon Heights, Michigan 49444

Non-Individual Applicant Information – continued

Applicant Entity

Stakeholder Name

Stakeholder Physical Address

City

State

Zip Code

Primary Phone

Secondary Phone

Email

Dated: _____

Signature

Applicant Entity

Stakeholder Name

Stakeholder Physical Address

City

State

Zip Code

Primary Phone

Secondary Phone

Email

Dated: _____

Signature

Form 1.(c) Non-Individual Applicant Information (Entity Contact Person)



Muskegon Heights City Clerk's Office
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1.(c) – Non-Individual Applicant Information (Entity Contact Person) – Required if the Applicant is **not** an Individual. The Applicant Entity Contact Person must be the highest ranking member of the Applicant Entity or the highest ranking managerial employee.

Applicant Entity		Stakeholder Name	
Entity Contact Person (i.e. highest ranking member)		Entity Contact Person Title	
Address	City	State	Zip Code
Primary Phone	Secondary Phone	Email	

License Sought:

- ☐ Grower License of Class C (maximum of 2,000 marihuana plants) as defined in the MRTMA
- ☐ Grower License of Class C (maximum of 1,500 marihuana plants) as defined in the MMFLA
- ☐ Excess Grower
- ☐ Marihuana Processor
- ☐ Medical Marihuana Processor Facility
- ☐ Medical Marihuana Provisioning Center
- ☐ Marihuana Retailer
- ☐ Microbusiness
- ☐ Marihuana Safety Compliance Establishment
- ☐ Medical Marihuana Safety Compliance Facility
- ☐ Secure Transporter

**\$5,000 Required
Fee Per License**

Form 1.(c) Non-Individual Applicant Information (Entity Contact Person)

- ☐ Medical Marihuana Secure Transporter
- ☐ Designated Consumption Center
- ☐ Marihuana Event Organizer
- ☐ Temporary Event License

I affirm that I have included the following required documents (as applicable to my entity):

- ☐ Articles of Incorporation (if corporation)
- ☐ Articles of Organization (if LLC)
- ☐ Assumed Name Registration Documents
- ☐ Internal Revenue Service SS-4 EIN Confirmation Letter
- ☐ Copy of the Operating Agreement (if LLC)
- ☐ Copy of the Partnership Agreement (if partnership)
- ☐ Copy of the By-laws or Shareholder Agreement (if corporation)

Dated: _____
Signature _____

Form 3. Applicant Affirmations



Muskegon Heights City Clerk's Office
2724 Peck Street, Muskegon Heights, Michigan 49444

ADULT-USE MARIHUANA BUSINESSES LICENSE APPLICATION

3. Applicant Affirmations – Required to be completed by all Applicants and Stakeholders.

I affirm that I, and each applicant, operator and stakeholder, is at least 18 years of age.

Initials

I affirm that I, and each applicant, operator and stakeholder, shall only operate the marihuana business open to the public between the hours of 9 AM and 9 PM.

Initials

I affirm that I, and each applicant, operator and stakeholder, acknowledge and understand that the granting of a Permit by the City does not guarantee that the State of Michigan will issue me, the applicant, a license.

Initials

I affirm that I, and each applicant, operator and stakeholder, acknowledge and understand that the granting of a Permit by the City does not absolve me, the applicant, from any federal prosecution based on federal drug laws.

Initials

I declare that I, and each applicant, operator and stakeholder, will not violate any of the laws of the State of Michigan or the Ordinances of the City of Muskegon Heights in conducting the business in which the Permit will be used.

Initials

I affirm that I, and each applicant, operator and stakeholder, acknowledge and understand that a violation of any of the laws of the State of Michigan or the Ordinances of the City of Muskegon Heights on the premises of the marihuana business may be cause for objecting to renewal of the Permit or for requesting revocation of the Permit.

Initials

Form 3. Applicant Affirmations

I affirm that I, and each applicant, operator and stakeholder, have not 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.

Initials

If any business license has been revoked or suspended, please explain below including the facts and circumstances concerning the application, denial, restriction, suspension, revocation, or nonrenewal and the licensing authority, the date each action was taken, and the reason for each action:

Initials

I affirm that I have never been convicted of or pled guilty to any criminal offense under the laws of any jurisdiction for a controlled substance related crime.

Initials

I have been convicted of or pled guilty to a criminal offense for a controlled substance related crime and affirm the following facts related to that crime:

Court: _____

Court address: _____

Date of Conviction: _____

Arresting Agency: _____

Prosecuting Agency: _____

Case Caption: _____

Form 3. Applicant Affirmations

Docket Number: _____

Offense: _____

Disposition: _____

Location of Incarceration: _____

Length of Incarceration: _____

Initials

I affirm, acknowledge, understand and consent to the fact that this application will be evaluated and assessed pursuant to the objective and subjective criteria and I hereby knowingly waive any right to bring any and all legal challenges of any kind against the City of Muskegon Heights which is or may be predicated on the fact that the City of Muskegon Heights assigned points to such application based on a subjective scoring assessment.

Initials

I swear that the statements made in this Affirmation are true and complete as required by the laws and ordinances of the City of Muskegon Heights.

Dated: _____
Signature

STATE OF MICHIGAN)
) ss.
COUNTY OF _____)

This instrument was acknowledged before me on _____,
2020 by _____.

_____, Notary Public
State of Michigan, County of _____
Acting in the County of _____
My Commission Expires: _____

Form 5. Affidavit of Non-Default and Compliant Transfer



Muskegon Heights City Clerk's Office
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ADULT-USE MARIHUANA BUSINESSES LICENSE APPLICATION

5. Affidavit of Non-Default and Compliant Transfer – Required for all Applicants.

STATE OF MICHIGAN)
) ss.
COUNTY OF _____)

_____, being duly sworn, deposes and says:
Applicant

1. I am an adult and legally competent to make the statements in this affidavit, which I make from firsthand knowledge.
2. I, and each applicant, operator and stakeholder, am not in default to the City of Muskegon Heights.
3. I, and each applicant, operator and stakeholder, have never failed to file or pay any income taxes, property taxes, special assessments, fines, fees or any other financial obligation to the City of Muskegon Heights.
4. I, and each applicant, operator and stakeholder, affirm and declare that any transfer of Marihuana to and from Medical Marihuana Facilities and/or Recreational Marihuana Establishments shall be in compliance with the MMMA, the MMFLA, the MRTMA and other applicable state laws.

Dated: _____
Signature

This instrument was acknowledged before me on _____,
2020 by _____.

_____, Notary Public
State of Michigan, County of _____
Acting in the County of _____
My Commission Expires: _____



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ADULT-USE MARIHUANA BUSINESS LICENSE APPLICATION

16. Marihuana Industry Voluntary Economic Development Agreement (MIVEDA) Affirmations – Required for each Applicant that chooses to participate in the voluntary MIVEDA program.

This Form is to be submitted at tab 16 with the Applicant's MIVEDA Proposal should the Applicant choose to participate in this voluntary program.

I affirm that I, and each applicant, operator and stakeholder, understand and consent to any and all reporting and compliance requirements detailed in the MIVEDA and that may be further articulated in administrative documents.

Initials

I affirm that I, and each applicant, operator and stakeholder, voluntarily and knowingly participate in a MIVEDA.

Initials

I affirm that I, and each applicant, operator and stakeholder, understand and consent to the MIVEDA program and that participation is voluntary.

Initials

I affirm that I, and each applicant, operator and stakeholder, understand and voluntarily consent to include and implement all the voluntarily offered conditions selected in the MIVEDA in the final project.

Initials

I affirm that I, and each applicant, operator and stakeholder, understand and voluntarily agree that the MIVEDA will receive application consideration precedence, based on the number of voluntarily offered conditions contained in the MIVEDA, in accordance with procedures defined in the Medical Marihuana Facility and Adult Use Establishment Ordinance.

Initials

Form 16. MIVEDA Affirmations

I swear that the statements made in this Affirmation are true and complete as required by the laws and ordinances of the City of Muskegon Heights.

Dated: _____

Signature

Form 23. Affidavit of Conformance with the MMMA, MMFLA and MRTMA



Muskegon Heights City Clerk's Office
2724 Peck Street, Muskegon Heights, Michigan 49444

ADULT-USE MARIHUANA BUSINESSES LICENSE APPLICATION

23. Affidavit of Conformance with the MMMA, MMFLA and MRTMA – Required for all Applicants who applied for a Growing Facility License.

STATE OF MICHIGAN)
) ss.
COUNTY OF _____)

_____, being duly sworn, deposes and says:
Applicant

1. I am an adult and legally competent to make the statements in this affidavit, which I make from firsthand knowledge.
2. I, and each applicant, operator and stakeholder, affirm that we have submitted a grower plan that includes a description of the Grower methods to be used, including plans for the growing mediums, treatments and/or additives.
3. I, and each applicant, operator and stakeholder, affirm that we have submitted a production testing plan that includes a description of how and when samples for laboratory testing by a state-approved Safety Compliance Facility will be selected, what type of testing will be requested, and how the test results will be used.
4. I, and each applicant, operator and stakeholder, affirm that all operations will be conducted in conformance with the MMMA, the MMFLA, the MRTMA or other applicable State laws and such operations shall not be cultivated on the premises at any one time more than the permitted number of Marihuana Plants per the MMMA, as amended, the MMFLA, as amended, and the MRTMA, as amended.
5. I, and each applicant, operator and stakeholder, affirm that we have submitted a chemical and pesticide storage plan that states the names of pesticides to be used and where and how pesticides and chemicals will be stored in the facility, along with a plan for the disposal of unused pesticides.

(the remainder of this page is intentionally left blank)

Form 23. Affidavit of Conformance with the MMMA, MMFLA and MRTMA

Dated: _____
Signature _____

This instrument was acknowledged before me on _____,
2020 by _____.

_____, Notary Public
State of Michigan, County of _____
Acting in the County of _____
My Commission Expires: _____

Form 25. Self-Scored Rubric



Muskegon Heights City Clerk's Office
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ADULT-USE MARIHUANA BUSINESSES LICENSE APPLICATION

25. Self-Scored Rubric – Required to be completed by all Applicants.

Scored Element		Max Points	SELF SCORING	
(a) Qualifications of the Applicant, including but not limited to business history, experience and regulatory compliance and/or legal history		10		
Business History	4			
Industry Experience	3			
No Negative Regulatory or Legal History	3			
(b) Percentage (%) of demonstrated proof of Ownership by Geographic regional factors (based on the Applicant's Prequalification Disclosures to MRA) and all other contractual ownership relationships (with regard to the City of Muskegon Heights application only) meeting or exceeding a minimum floor of 40% demonstrated ownership of applicants by:		25		
Persons who have established residency in a minimum of 3 of the past 5 years in the City of Muskegon Heights in a socio-economically challenged defined area within the City (resides in a ZIP Code or census tract area, in which the total number of marihuana-related convictions exceeded the average marihuana-related conviction rate for the state, where 30% or more of the population live below the federal poverty level, or has an average unemployment rate that is 50% above the State average rate);	25			
Persons who have established residency in a minimum of 3 of the past 5 years in the City of Muskegon Heights;	20			
Persons who have established residency in a minimum of 3 of the past 5 years in Muskegon County;	8			
Persons who have established residency in a minimum of 3 of the past 5 years in the State of Michigan.	5			
Consideration be given if Applicant has been awarded a medical license in the City of Muskegon Heights (+ Bonus Points)	5			

Form 25. Self-Scored Rubric

(c) Ability to Operate (and evidence that Applicant is able and willing to open in 6 months) (Business Plans))		18		
3 months	14			
6 months	12			
9 months	9			
12 months	6			
+ Business Plan Quality (bonus points)	4			
(d) Marihuana Industry Voluntary Economic Development Agreement (MIVEDA) implementation plan and presentation		20		
(e) Good Neighbor Plan, including but not limited to Community Engagement, Community Investment, Community Benefits Agreement with Neighborhood Stakeholders, Defined Partnership with Non-Profit organizations in or servicing Muskegon Heights, etc. (*refer to GNP Policy for clarity)		3		
(f) Employee Development, including quality of employment type, employee training programming offered, quality of compensation package to be offered to employees, share of employee hiring from the City of Muskegon Heights , realistic number of employees hired for applicant location		17		
quality	4			
training	4			
compensation plan	3			
local hire	3			
creates > 10 Employees	3			
(g) Other necessary activities to ensure that public services and facilities affected by a proposed land use or activity will be capable of accommodating increased service and facility loads caused by the land use or activity, to protect the natural environment and conserve natural resources and energy, to insure compatibility with adjacent uses of land and to promote the use of land in a socially and economically desirable manner, pursuant to MCL 125.3504(4)		3		
(h) Whether the Applicant has a history of prior building/code violations		3		
(i) Applicant's compliance with application requirements		1		

Form 25. Self-Scored Rubric

TOTAL POSSIBLE POINTS	100
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* The Clerk retains the right to recommend fewer licenses than the number available if the remaining license application scores fall below 75/100, however, no license shall be awarded to an applicant whose score falls below 60/100

*	
	SELF SCORE

Application Submittal Form



Muskegon Heights City Clerk's Office
2724 Peck Street, Muskegon Heights, Michigan 49444

**ADULT-USE MARIHUANA BUSINESSES LICENSE APPLICATION SUBMITTAL
FORM**

Required Receipts – Required for all receipts included, submitted, and required by the Application.

Please note that any Application is not complete or accepted until payment has been received by the Clerk.

I affirm that the above is a true copy of the receipt submitted with this Application. I understand and affirm that my Application is not complete or accepted until payment has been received by the Clerk.

Dated: _____
Signature _____

Application Submittal Form



Muskegon Heights City Clerk's Office
2724 Peck Street, Muskegon Heights, Michigan 49444

Name of Individual who Submitted the Receipt:

Driver's License Number of Individual who Submitted the Receipt:

Entity or Individual Applicant Name for Fee Submission:

Clerk's Office

Certification of Receipt:

Name: _____ Signature: _____ Date: _____

Finance/Treasury Department

Certification of Receipt:

Name: _____ Signature: _____ Date: _____

City Manager's Office

Certification of Receipt:

Name: _____ Signature: _____ Date: _____

CITY COUNCIL POLICY

Muskegon Heights MICHIGAN	NUMBER:	HISTORY
	DATE: _____	FILE # DATE
	FILE NUMBER: _____	
	DEPARTMENT: <ul style="list-style-type: none">• Planning• City Manager	

SUBJECT: **Good Neighbor Plan & Community Outreach**

PURPOSE: To establish criteria, through the City's **Regulatory (Policing Powers) Ordinance** for all marihuana facility and establishment applicants to offer voluntary economic elements to further the City's goals in the administration of marihuana facility and establishment applications and address employment opportunity, community investment and the growth of City, it's residents and community stakeholders.

POLICY:

I. Introduction

Community Engagement and Expectations of the newly licensed and regulated Commercial Marihuana Industry is critical for the viability and integration of these new businesses into Muskegon Heights. Our city has many stakeholder organizations and designated uses that maybe impacted by the placement and expansion of Marihuana activities for which public input and engagement is mandatory. Muskegon Heights recognizes the important of striking an important balance between three critical stakeholders:

- Affiliated interest groups (church parishioners, neighborhood associations, parks conservancies, medical professional, counselors, etc.)
- Interested business applicants
- Elected and administrative officials

These interested community institutions mandate a level of required engagement that creates a mutual balance of

- Focused community concerns through stakeholder organizations,
- Industry communication and education,
- Economic inclusion and community investment
- Proof of goodwill concept for the Commercial Marijuana industry (newest legal entrant into the Pharmaceutical and recreational adult activities)
- Governmental responsibility for public policy implementation and possible liability from maladministration

This balance is the best structure for providing the general citizen population with public policy to create business growth and allowing initial community considerations to be communicated by engaged interest groups. The enacting of and implementation of a **mandatory** Good Neighbor Plan for Commercial Marijuana Business applicants, creates the best vehicle for enforcing this balance during the dawning of the Commercial Marijuana Industry. This vehicle requires the applicant to engage a broad sector of stakeholders prior to the application process, during the application review process and continuation of such engagements if the applicant receives a local license. Establishing guidelines for thoughtful interaction and the development of partnerships between applicants and community stakeholders builds a vault of goodwill for the overall integration of the industry while balancing the needs and concerns of the greater resident and stakeholder community and allowing Governmental and Community stakeholders to interject a measure of shared accountability and partnership with the new businesses.

II. Goals

The City's goals in providing the opportunity for marijuana applicants to participate in Good Neighbor Plan (GNP) include, but are not limited to:

1. Encouraging educational dialogue and collaboration within this new industry;
2. Maximizing local partnerships and benefits agreements between;
3. Require meetings with impacted neighborhoods and related parties and
4. Adherence to the application process.

III. Required elements

A. Neighborhood Meeting.

1. Purpose. The purpose of a neighborhood meeting is to educate occupants and owners of nearby properties about the proposed development application, receive comments and address concerns about the development proposal; and identify and address conflicts and issues, where possible, prior to consideration by the required reviewing authorities. The meeting is intended to result in an application that can be made more responsive to neighborhood concerns and thereby allow for the potential to expedite and lessen the expense of the review process by avoiding delays.
2. Applicability.
 - a. At least one (1) development-specific neighborhood meeting using the Recommended Procedure in C., below, is strongly suggested for any project where a public hearing is required. For minor individual applications (minor variances, etc.), where a neighborhood meeting may not be as useful, individual or small-group discussions with nearby property owners or residents are encouraged. For applications requiring a Good Neighbor Plan

per the requirements of D., below, at least one (1) neighborhood meeting is required prior to submission of the Special Land Use application and draft Good Neighbor Plan. The applicant is responsible for all costs associated with the meetings

- b. If not previously held, the City Manager (or their designee) and/or required reviewing authority may direct an applicant to conduct a neighborhood meeting if the proposed project is expected to affect the character of the neighborhood, significant land use issues, appearance concerns, traffic issues, effects on public facilities or other potential effects on neighboring lands.
3. Refusal by the applicant to hold a neighborhood meeting shall not unnecessarily delay or discontinue the review process; however, the required reviewing authority may postpone a decision to allow additional time to gather input and information on testimony made during the public hearing.

B. Recommended Procedure.

1. The following procedures are recommended for all neighborhood engagement efforts but are required for applications requiring a Good Neighbor Plan where so noted.
2. Notice.

Notice of neighborhood meetings should be given to neighbors and/or neighborhood and/or business association representatives and to the Planning Department as provided below

- a. Notice shall be provided at least fourteen (14) days prior to the neighborhood meeting by postcard delivered by mail, for all addresses within a three hundred (300) foot radius of the subject property (lot-line to lot-line). Other means may also be used, including but not limited to hand-delivered fliers or door hangers, phone calls, emails, social media, canvassing, or advertisements or articles in a neighborhood newsletter, if applicable.
- b. Notice Requirements. Any notification shall include the following:
 - i Date, time, and location of the meeting(s),
 - ii Brief description of the proposal and address of the subject property,
 - iii Contact information for the applicant and/or representative(s).
 - iv If the subject property is located within the boundaries of a neighborhood association or organization, contact information for the primary association representative.

v Statement that requests for interpretation or other reasonable accommodations should be made by contacting the applicant at least seven (7) days prior to this meeting.

vi If a public hearing for the proposal by the Planning Commission or other reviewing authority has been scheduled at the time the notice is sent, the date, time, and location of that public hearing shall be included in the notice language.

- c. Printed materials shall be legible and multilingual (when a significant percentage of the affected area has English as a second language). The notice may include Braille.

3. Meeting Details.

- a. The meeting (or last meeting in the case of multiple meetings) shall be held as close to fourteen (14) days prior to the date of application submission and/or the Planning Commission public hearing, as possible. If multiple meetings are held, the meeting times and days should be different for each.
- b. The distance of the meeting location from the subject property should be within one (1) mile, or as close as reasonably possible or where adequate venues may be found. The location should be easily accessible and ADA compliant
- c. The purpose of the meeting is to permit the applicant to explain the development proposal, answer any questions, respond to concerns, and propose ways to resolve any identified conflicts.
- d. Following the meeting and prior to the public hearing, the applicant shall submit any sign-in sheets and a summary of the issues and discussions from the meeting to the Director for forwarding to the required reviewing authority. Any other correspondence received from the affected neighborhood regarding the meeting shall be forwarded to the Planning Department at least five (5) days prior to the public hearing.
- e. City staff may be invited or elect to attend the neighborhood meeting, but will generally not serve as facilitators or be involved in substantive discussions. Involvement by City staff, if any, may be solely for purposes of advising the attendees regarding the review process and applicable ordinance requirements and review standards.

C. The Good Neighbor Plan (GNP).

- 1. Applicability. Any land use permit, as determined by Chapter 88-17. Medical Marihuana Facilities and Adult Use Marihuana Establishments ordinance will be specifically required to submit a Good Neighbor Plan (GNP) shall follow the following provisions.
- 2. Purpose. The purpose of the GNP is to identify and propose measures to reduce potential negative impacts on nearby residents and businesses by specific uses. The coordination and collaboration of owners or operators with interested parties

both before and after the development or licensing process allows for a proactive approach to create a positive working relationship between the community and the applicant by requiring the formulation of a written implementation program. This Section provides a consistent method of addressing issues and likely areas of concern.

3. Additional Special Land Use information. In addition to the Use Regulations of Article 9, Special Land Use application must include all of the following:
 - a. Good Neighbor Plan. A written implementation program containing the items listed below.
 - b. Measures to ensure proper crime prevention and awareness training.
 - c. Training in the handling of State-regulated substances, where applicable.
 - d. Litter control.
 - e. Loitering control.
 - f. Trespass enforcement.
 - g. Landscape maintenance.
 - h. High-Quality street, block, sidewalk, property, building improvements
 - i. Neighborhood communication.
 - j. Community outreach activities
 - k. Statement attesting to compliance with the City's antidiscrimination policies and ordinances related to hiring, housing, and public accommodation practices, as applicable.
4. Mitigation. Some uses by the nature of the activities occurring within, on, or around the subject property may create adverse effects on the neighborhood, business, or industrial district, or any area in which the facility is situated. Potential effects associated with operations, and opportunities to mitigate those effects, shall be taken into consideration in the development of a GNP, Special Land Use, and Site Plan Review request. **Considerations shall include the following:**
 - a. The adverse effects, if any, that the hours of operation of the proposed establishment will have upon neighboring properties, with special attention to noise, odors, litter, loitering, parking, and glare from exterior lighting or headlights on nearby residential properties.
 - b. The amount and degree of law enforcement activities which could reasonably be anticipated to be generated by the proposed establishment, both outside and inside, with special emphasis upon noise, calls for service, trespass enforcement, parking, traffic, and vandalism.
 - c. Whether the proposed use makes adequate provisions to eliminate the potential for adverse effects upon the stability of adjacent areas by depreciating the desirability of the property or nearby properties by the placement of the use; or, conversely, escalating rents or property values that could displacement of residents or businesses and how the requested use might reasonably protect the surrounding area so as not to have an adverse effect on values and existing residents and businesses.
 - d. How the proposed use balances mobility options so as ensure

increased access and opportunity for those who might not own or be able to operate a vehicle, and to avoid an excessive parking burden or increased congestion in the general area.

5. Community partnerships and benefits agreements – identify opportunities to form specific partnerships between the licensees and faith based organizations, neighborhood organizations, educational organizations and other community partners to address substance abuse prevention, workforce development, Neighborhood beautification, volunteer support and/or community benefits agreements to address other identified community impacts from the placement of the Marihuana businesses in the surrounding area.
6. Record of Good Faith. The GNP must be accompanied by written verification that the owner, operator, manager, or a representative of the parent company met with or attempted in good faith to meet with the local recognized organization(s) adjacent property owners, Corridor Improvement Authority or similar, and Planning Department. The written verification must include all of the following:•
 - a. A copy of the notice and the names and addresses of those notified of the applicant's intent to meet;
 - b. A copy of the time, date, and location of any meeting(s), and the names, addresses, and phone numbers of those who participated in the meeting(s);
 - c. A copy of the draft GNP and, if applicable, the site plan sent to the neighborhood association and as presented at the meeting(s), if different; and
 - d. Identification of those components of the GNP which were agreed upon and those which were unresolved, plus a summary of any additional items discussed during the meeting(s).
7. The initial GNP must be completed and submitted with the application for the application to be considered administratively complete.
8. An updated GNP must be submitted to the Clerk no later than 12 p.m., Eastern time, at least five (5) days prior to the City Council's public hearing for the final SLU approval. A statement by the recognized organization(s) attesting to the GNP's completeness must be included, using the procedures outlined in c., above, and in **Section 88-17**.
9. A statement attesting to the community engagement efforts by the applicant as indicated within the Good Neighbor Plan shall be included from the neighborhood association or organization, and from the board of the Corridor Improvement Authority, if applicable. If the local recognized organization has a board of directors, land use committee, or similar, the applicant shall meet with at least one (1) of those groups prior to the attestation by a representative of that organization. An attestation by a representative should not be construed to be equivalent to support of the applicant's proposal.

IV. Eligibility Criteria

Applicants seeking licensing approval for a Medical Marihuana Facility License or an Adult Use Marihuana Establishment allowed under Chapter 88, are required to provide a Good Neighbor Plan as part of their Merit-Based Application and as a pre-requisite for proceeding to the **Phase Two - License Application Evaluation phase**.

V. Evaluation

Staff, at the direction of the City Manager, shall provide the City Council with a yearly report on the active GNP's, which shall include, at a minimum, the following:

1. A list of approved marihuana facilities which included a GNP;
2. Quantitative analysis of active GNP projects achieving one or more City criteria, including but not limited to:
 - a. Projected and actual Community Benefits Agreements; and
 - b. Projected and actual Community Partnerships.

The City Manager will utilize this information to determine the effectiveness of the Policy in achieving the City's goals. The City Manager, in consultation with the City Council, shall determine whether modifications to this policy are necessary to increase the effectiveness of its programs in achieving desired outcomes.

CITY COUNCIL POLICY

Muskegon Heights MICHIGAN	NUMBER:	HISTORY
		FILE # DATE
	DATE: _____	
	FILE NUMBER: _____	
	DEPARTMENT: <ul style="list-style-type: none">• City Manager	

SUBJECT: **MARIHUANA INDUSTRY VOLUNTARY ECONOMIC DEVELOPMENT AGREEMENT (MIVEDA)**

PURPOSE: To establish criteria, through the City's **Regulatory (Policing Powers) Ordinance** for all marihuana facility and establishment applicants to offer voluntary economic elements to further the City's goals in the administration of marihuana facility and establishment applications and address employment opportunity, community investment and the growth of City, its residents and community stakeholders.

POLICY:

I. Introduction

A MIVEDA is a voluntarily-offered document that is proposed by an applicant for a marihuana facility or establishment use which shall become part of the applicant's submission. The MIVEDA has various pre-defined options in the interest of offering conditions that align with the goals articulated in this policy. The objective is to **codify activities and best facilitate the expansion of opportunities for Muskegon Heights Residents and Economically and Geographically Disadvantaged groups and promote additional community investment** and development between the adopting municipalities and the licensees

II. Goals

The City's goals in providing the opportunity for marihuana applicants to participate in Marihuana Industry Voluntary Equitable Development Agreement (MIVEDA) include, but are not limited to:

1. Encouraging equitable development within this new industry;
2. Maximizing local economic impact; and
3. Streamlining the marihuana facility application process.

III. Required elements

The City's goals in providing the opportunity for marihuana applicants to participate in Marihuana Industry Voluntary Economic Development Agreement (MIVEDA) include, but are not limited to:

1. Commitment and demonstrated plans to hire **a minimum of 40%** of employees who are City of Muskegon Heights residents
2. Commitment and demonstrated plans to hire **a minimum of 25%** of employees who are "Transitional workers", (means a person who, at the time of starting employment at the business premises, live in ZIP Code or census tract area with unemployment of 50% above the state unemployment average or resides in a census tract where 30% or more of the population live below the federal poverty level in Muskegon Heights, Muskegon County and faces at least one of the following barriers to employment:
 - a. is homeless;
 - b. is a custodial single parent;
 - c. is receiving public assistance;
 - d. lacks a GED or high school diploma;
 - e. has a non-disqualifying criminal record or other involvement with the criminal justice system;
 - f. suffers from chronic unemployment;
 - g. is economically disadvantaged with an income below 200 percent of the federal poverty level;
 - h. is a veteran; or
 - i. is over 65 years of age and is financially compromised.;
3. Commitment to a plan to employ a minimum of 30 employees, working a minimum of 30 hours per week or as close to 30 as reasonably practical.
4. Commitment and demonstrated plans to reflect best faith efforts to **purchase 30% of the Company's goods and/or services with local Muskegon Heights** based businesses and/or social and economically disadvantaged businesses
5. Commitment to provide a minimum of 26 hours per FTE equivalent **of volunteer manpower hours and/or in-kind contribution support** to programs and organizations that enhance the economic, social and community vitality of the City of Muskegon Heights
6. Will provide a **voluntary annual contribution of at least \$10,000 to the City of Muskegon Heights to support any additional expenses incurred in the administration of and delivery of Municipal services** to protect the natural environment and conserve natural resources and energy, to insure compatibility with adjacent uses of land, and to promote the use of land in a socially and economically desirable manner, pursuant to MCL 125.3504(4) that **support the Licensees' establishment** after the commencement of business operations of the Licensee
7. Will provide a **voluntary annual donation of \$7,500 per year to a mutually agreed upon local primary K-12 educational purposes for career development, socio-emotional and academic programming, college readiness and vocational training programming**, provided by the Educational District within the City of Muskegon Heights jurisdiction after the commencement

- of business operations of the License
8. Will provide a **voluntary annual contribution of \$5,000 towards the** creation of a **Muskegon Heights Economic Equity Fund**, to use earmarked funds to assist local equity applicants and local equity licensees and disproportionately impacted and disadvantaged communities in Muskegon Heights jurisdiction to gain entry to, successfully operate in and benefit from the state's regulated Commercial Marijuana marketplace through the following activities:
 - a. Micro-loan and grant assistance for startup and/or ongoing costs;
 - b. provide technical assistance and assist in finding sources of capital for equity and disadvantaged applicants
 - c. Workforce development and training programs to provide pathways for employment to those negatively impacted by the criminalization of Marijuana
 - d. providing expungement clinics, and
 - e. Conduct education on safe marihuana consumption and youth prevention.
 9. Through adherence to remitting both the **Municipal Corporate Income Tax** (2% tax on net profits of businesses within the municipal taxing authority - and the **Employee Income Tax** (1.0% on resident employees & 0.5% on non-resident employees), Muskegon Heights will work to earmark 10% of the receipts generated from Marijuana licensees to the creation of a **Muskegon Heights City Economic Equity Fund, 25% to the Muskegon Heights Parks and Recreation, and 10% to the Cemetery Perpetual Care Fund.**

IV. Eligibility Criteria

Applicants seeking licensing approval for a Medical Marihuana Facility License or an Adult Use Marihuana Establishment allowed under Chapter 88, are eligible to provide a MIVEDA as part of their Merit-Based Application and as a pre-requisite for proceeding to the **Phase Two - License Application Evaluation phase.**

V. MIVEDA Form

1. The City Council approves the use of the attached MIVEDA form, in a form approved by the City Attorney.
2. The MIVEDA form shall apply to all Eligible Applicants who wish to participate in a MIVEDA. No changes, departures, substitutions, or additions to the terms contained in the MIVEDA form may be offered by an Eligible Applicant or accepted by City staff.
3. Reporting and compliance requirements are detailed in the MIVEDA and may be further articulated in administrative documents.
4. Participation in the MIVEDA program is voluntary. The selection of any voluntarily offered conditions on the MIVEDA form is voluntary. However, all voluntarily offered conditions selected on a MIVEDA submitted by an Eligible Applicant as part of an application for a marihuana facility will be required and

implemented in the final project approval.

5. Marihuana facility applications that offer a MIVEDA as part of the submission will receive application consideration precedence, based on the number of voluntarily offered conditions contained in the MIVEDA, in accordance with procedures defined in Chapter 88, the Medical Marihuana Facility and Adult Use Establishment Ordinance.

VI. Evaluation

The Staff, at the direction of the City Manager, shall provide the City Council with a yearly report on the active MIVEDAs, which shall include, at a minimum, the following:

1. A list of approved marihuana facilities which included a MIVEDA;
2. Quantitative analysis of active MIVEDA projects achieving one or more City criteria, including but not limited to:
 - a. Projected and actual employment data; and
 - b. Projected and actual City Based/DBE/WBE/WDBEMBE participation.

The City Manager will utilize this information to determine the effectiveness of the Policy in achieving the City's goals. The City Manager, in consultation with the City Council, shall determine whether modifications to this policy are necessary to increase the effectiveness of its programs in achieving desired outcomes.