



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

MEDICAL MARIHUANA FACILITIES LICENSE APPLICATION

ANNUAL NON-REFUNDABLE LICENSING APPLICATION FEE: \$5,000.00 per license

ONE YEAR LOCAL PERMIT TERM

ESTABLISHMENT INFORMATION

Name of Establishment

Establishment Phone Number

Establishment Address

City

State

Zip Code

Applicant Type (Circle One)

INDIVIDUAL

CORPORATION

LLC

LLP

OTHER

If other, describe: _____

License Type Requested (Circle all that apply to proposed site)

CLASS C GROW

PROCESSOR

PROVISIONING

SECURE TRANSPORT

SAFETY COMPLIANCE FACILITY

PRIMARY APPLICANT INFORMATION

Applicant Name

Date of Birth

Primary Phone

Secondary Phone

Email

Applicant Address

City

State

Zip Code

I have been a continuous resident of the State of Michigan for two (2) years: YES NO



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STAKEHOLDER INFORMATION – Corporations, LLC's, LLP's, or Other non-individual entities must complete this sheet for every additional Applicant, Operator or Stakeholder. Make additional copies of this page as needed.

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

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

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



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APPLICANT FACILITIES CHECKLIST

Prior to submitting your application, please attach all of the following supplementary documents. Clearly mark each section by filling in the bubble.

Completed Application with each item clearly identified <input type="checkbox"/>	\$5,000 Application Fee <input type="checkbox"/>
Copy of all Applicant, Operator, and Stakeholder Photo Identification Cards <input type="checkbox"/>	Proposed Site/Floor Plan <input type="checkbox"/>
Criminal History Authorization Forms for all Applicants, Operators, and Stakeholders <input type="checkbox"/>	Proposed signage, graphic materials, and text for exterior of building/grounds <input type="checkbox"/>
Professional Resume for each Applicant/Stakeholder <input type="checkbox"/>	Applicant Business Plan for proposed establishment <input type="checkbox"/>
Proof of Premises Ownership or written property owners consent with copy of lease <input type="checkbox"/>	Estimate of job creation, compensation, annual budget and revenue projections <input type="checkbox"/>
Security Plan for proposed establishment <input type="checkbox"/>	Applicable cultivation plan indicating method, type, and area of cultivation within all buildings <input type="checkbox"/>
Chemical and Pesticide Storage Plan <input type="checkbox"/>	Proof of Liability Insurance Policy <input type="checkbox"/>
Copy of Special Use Permit from Muskegon Heights Planning Commission <input type="checkbox"/>	Planned community involvement and charitable initiatives in Muskegon Heights <input type="checkbox"/>



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APPLICATION CERTIFICATION

Prior to submitting your application, please read and certify the following terms.
Clearly mark each section by filling in the bubble.

- I affirm that I, and each additional applicant, operator, and stakeholder is 18 years of age and has not been convicted of or pled guilty or no contest to a disqualifying felony.
- I affirm that I, and each additional applicant, operator, and stakeholder have not had a business license revoked or suspended by this or any other municipality.

If any business license has been revoked or suspended, please explain below:

- I acknowledge that I, the applicant, am aware that all matters related to marihuana, growing, cultivation, possession, dispensing, testing, safety compliance testing, transporting, distribution, and use are currently subject to State and Federal Laws, Rules, Regulations, and that the approval or granting of a license hereunder does not exonerate or exculpate myself, the applicant, from abiding by the provisions and requirements and penalties associated therewith; and further, myself, the applicant, waives and forever releases any claim, demand, action, legal redress, or recourse against the City of Muskegon Heights, its elected and appointed officials, and its employees and agents for any claims, damages, liabilities, caused as a result of the violation by myself, any applicants, officials, members, partners, shareholders, employees, or agents of those laws, rules, and regulations and hereby waive and assume the risk of any such claims and damages, and lack the recourse against the City of Muskegon Heights, its elected and appointed officials, employees, attorneys, and agents.



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- I swear that neither I, the applicant, nor any stakeholder is in default to the City of Muskegon Heights for failure to pay any property or income taxes, special assessments, fines, fees, or other financial obligation to the City.
- I agree to report any changes to the information in this application packet to the Muskegon Heights City Clerk's Office within ten (10) business days as required by local ordinance.
- I understand that the granting of a conditional license by the City of Muskegon Heights is contingent upon the granting of a State of Michigan Department of Licensing and Regulatory Affairs MMFLA operations license.
- I understand that if the number of qualified applicants exceeds the number of available license by facility type in a given application period, then my application will be included in a publicly drawn random lottery to select qualified applicants for available slots, and if not selected my application will be filed to a waitlist for one (1) year unless revoked, and that my application not being drawn in the previously stated lottery does not qualify me for a refund or other compensation for any fees or time associated with the application process.
- I swear that the statements made in this application, including all applications thereto, are true and complete as required by the laws and ordinances of the City of Muskegon Heights.

Name _____ Signature _____

Address _____

Date _____

Subscribed and sworn to before me this ____ *day of* _____ *20* ____
 Notary Signature _____
 Printed Name _____ *My Commission Expires* _____
 Notary Public, _____ *County, MI Acting in County of* _____



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CRIMINAL HISTORY RECORD CHECK AUTHORIZATION

As part of the licensing process, all applicants and stakeholders must complete the background and criminal history record check authorization below. This information must be returned with your application to the Muskegon Heights City Clerk's Office in City Hall.

Please call 231-733-8821 with any questions.

Complete a separate form for each individual subject to background check. All applicants and stakeholders must complete this form.

Date: _____

I, _____, authorize the release of any and all information from any appropriate agency regarding my criminal conviction history to the Muskegon Heights City Clerk's Office. I understand that my ethnicity, age, sex, and my physical abilities will not be made a part of my application and that none of these four (4) items will be considered in the review of my local license.

I acknowledge that a complete full background investigation including, but not limited to a Michigan State Police Criminal Conviction Record Check will be conducted.

I further understand that the City of Muskegon Heights has the right to deny my license based on any disqualifying findings in the results of this investigation.

Printed Full Name _____

Date of Birth: _____ Sex: _____ Race: _____

Social Security Number: _____ Driver's License Number: _____

List of any current or previous aliases: _____

Signature: _____

MEDICAL MARIJUANA FACILITY APPLICATION SCORING RUBRIC		
<p><i>PURSUANT TO CHAPTER 88, ANY MMFLA USE THAT CONTAINS A MAXIMUM NUMBER OF LICENSES ISSUED WILL BE PROCESSED THROUGH A MERIT BASED REVIEW SCORING SYSTEM. A CITY STAFFED SELECTION COMMITTEE WILL RELY ON A WEIGHTED SCORING RUBRIC TO EVALUATE EACH APPLICATION BLINDLY. THE TOTAL POSSIBLE NUMBER OF POINTS FOR AN INDIVIDUAL APPLICATION IS 95. ONCE SCORED, THE APPLICATIONS WILL BE RANKED FROM HIGHEST, TO LOWEST.</i></p>		
<p>Note to Applicants: All licensees will be required to be in full compliance with the requirements for license set forth in the Medical Marijuana Opt-In Ordinance, Chapter 88, prior to issuance of license.</p>		
<p>Instructions: Each of the below-listed criteria will be reviewed separately, independent of any other, related criteria.</p>		
Application Unique ID#:		
Scorer:		
Section 1 – Qualifications of the Applicant		
Applicant demonstrates a history of operating a business or businesses – More than 2 years’ experience.	Yes – 1	No - 0
Applicant demonstrates a history of operating a business or businesses – More than 6 years’ experience.	Yes – 2	No - 0
Applicant demonstrates experience with owning and/or managing business with secure inventory tracking and control (min. one year)	Yes – 2	No – 0
Applicant demonstrates experience with owning, operating and/or managing business in highly regulated industry (min. one year). ‘Highly regulated’ means subject to regulation by LARA, or a similar regulatory agency (federal or another state).	Yes- 2	No - 0
Applicant demonstrates experience owning, operating and/or managing retail operations (min. one year).	Yes – 1	No – 0
Applicant is or was a City of Muskegon Heights resident; or if the Applicant is a corporate entity or partnership, one of the owners or partners is a person	Yes – 5	No - 0

of color and is or was a City of Muskegon Heights resident.		
Applicant is a City of Muskegon Heights resident, or if the Applicant is a corporate entity or partnership, 51% or greater of the owners or partners must be City of Muskegon Heights residents.	Yes – 5	No - 0
Section 1 Total Possible Points: 18		
Section 2 – Ability to Operate		
Section 2a – Business Plan	Yes	No
Applicant presents a detailed description of estimated capital of at least \$300,000.	Yes – 1	No - 0
Applicant presents a detailed description of estimated capital of at least \$500,000.	Yes – 1	No – 0
Applicant presents a detailed description of estimated capital of at least \$900,00.	Yes – 1	No – 0
Applicant’s business plan includes proposed daily operations schedules.	Yes- 1	No – 0
Applicant presents a proposed staffing plan, complete with descriptions of duties, proposed wages and employee qualifications/hiring criteria.	Yes – 5	No – 0
Applicant presents a documented employee policy book and code of ethics to ensure honesty and integrity of employees.	Yes - 1	No – 0
Applicant presents a sworn attestation that the Applicant has not been subject to any civil monetary judgments entered against it in the last seven years, excluding family law matters or estate disputes.	Yes - 1	No - 0
Applicant presents a sworn attestation that the Applicant has not filed bankruptcy within the last seven years.	Yes – 1	No - 0
Section 2b- Security Plan	Yes	No
Applicant presents a plan to deter and prevent unauthorized entrance to the facility.	Yes - 2	No – 0
Applicant presents a plan to deter and prevent theft and diversion	Yes - 2	No - 0
Applicant presents a plan for 24/7 video surveillance, both inside and outside the facility.	Yes - 2	No - 0
Applicant presents a plan for secure storage of medical marijuana and proceeds.	Yes - 2	No - 0
Applicant’s security plan includes a commitment to 24/7, in-person security on premises for the sole purpose of providing security.	Yes – 2	No – 0
Applicant presents a detailed plan for recordkeeping and inventory management.	Yes – 2	No – 0
Applicant has provided copies of material safety data sheets for hazardous materials and a plan for their storage and disposal (or a sworn attestation that no hazardous materials will be on the premises at any time).	Yes – 1	No – 0
Applicant presents a plan that includes a security system in place to alert owner and police to possible tampering with the facility or its contents, compliant with the City of MH False Alarm Ordinance.	Yes – 2	No - 0

Section 2c – Timeline to Open		
Facility will be open and operating 9 months after full licensure.	Yes – 1	No – 0
Facility will be open and operating 6 months after full licensure.	Yes – 2	No – 0
Facility will be open and operating 3 months after full licensure.	Yes – 3	No – 0
Section 2 Total Possible Points: 33		
Section 3 – Economic Impact		
Section 3a – Job Creation & Staffing Plan		
	Yes	No
Applicant proposes to create at least 3 full-time jobs (or 6 part-time jobs, or combination thereof).	Yes – 1	No – 0
Applicant proposes to create at least 6 full-time jobs (or 12 part-time jobs, or combination thereof).	Yes – 2	No – 0
Applicant proposes to create at least 9 full-time jobs (or 18 part-time jobs, or combination thereof).	Yes – 3	No – 0
Applicant proposes a living wage (at least 20% of the Federal Poverty level for a family of two, at its hours basis) to all employees.	Yes – 2	No – 0
Section 3b – Co-location		
	Yes	No
Applicant proposed co-locating at least two medical marijuana facility license types.	Yes – 1	No – 0
Applicant proposes co-locating at three medical marijuana facility license types.	Yes - 2	No – 0
Section 3c – Employee Development		
	Yes	No
Applicant has employee development plan for training of employees such as education benefits or on-the-job certification(s).	Yes – 2	No -0
Applicant offers a benefits package in addition to wages or salary.	Yes – 1	No -0
Applicant commits to hiring at least 25% of staff from City of MH residents.	Yes – 5	No – 0
Applicant submits a plan to train and hire the chronically unemployed.	Yes – 1	No – 0
Section 3 Total Possible Point: 20		
Section 4 – Building Design and Neighborhood Impact		
Section 4a – Improvements on Building		
	Yes	No
Applicant’s plan details economic benefit to the City by way of improvements to real property.	Yes – 1	No - 0
Applicant proposes to use currently-existing building or structure.	Yes – 1	No – 0
Applicant commits to physical improvements to interior of currently existing building or structure.	Yes – 1	No – 0
Applicant commits to physical improvements to exterior of currently existing building or structure.	Yes – 1	No – 0
Applicant submits maintenance plan that provides for upkeep of property, including exterior and the right-of-way.	Yes – 1	No – 0
Applicant commits to integration of environmental components of building (new build or existing), such as landscaping, screening/buffering, LED site lighting, solar panels, swales, and/or other green infrastructure elements.	Yes – 1	No – 0

Section 4b – Surrounding Neighborhood Impacts	Yes	No
Applicant makes commitment to specific neighborhood improvements through elimination of blight on site or adjacent to property.	Yes – 2	No – 0
Applicant makes tangible, specific commitment to volunteer work with local neighboring group(s).	Yes – 2	No – 0
Applicant proposes other initiative for the improvement of the physical environment of the surrounding or nearby neighborhoods.	Yes – 1	No – 0
Section 4 Total Possible Points: 11		
Section 5 – Applicant in Good Standing	Yes	No
Applicant has no open zoning violations; or open or prior building safety violations in the City of MH.	Yes – 2	No – 0
Applicant has no past due bills or tax liens for with the City of MH or Muskegon County.	Yes – 1	No – 0
Applicant has no outstanding utility bills with the City of MH.	Yes – 1	No – 0
Applicant has an active water account with the City of MH.	Yes – 1	No – 0
Section 5 Total Possible Points: 5		
Section 6 – Status of State of Michigan Licensure	Yes	No
Applicant has demonstrated proof of pending or completed application with State of Michigan.	Yes – 1	No – 0
Applicant has received license pre-approval from the State of Michigan.	Yes – 4	No – 0
Section 6 Total Possible Points: 5		
Section 1 – Qualifications of Applicant – Total Possible Points: 18		
Section 2 – Ability to Operate – Total Possible Points: 33		
Section 3 – Economic Impact – Total Possible Points: 20		
Section 4 – Building Design and Neighborhood Improvement – Total Possible Points: 11		
Section 5 – Applicant in Good Standing - Total Possible Points: 5		
Section 6 – State of Michigan Licensure – Total Possible Points: 5		
Total Points Earned: (Total Possible Points 92)		

FIRST TIEBRAKER: Whether the applicant is a City of MH Resident		
SECOND TIEBRAKER: The date and timestamp of submission, awarded to the applicant who submitted first.		
THIRD TIEBREAKER: Applicants names will be placed in a drawing and the winner will be picked randomly.		