

Indicate if application is:

- NEW**
- RENEWAL**

# Village of Romeo

## APPLICATION FOR MARIHUANA BUSINESS LICENSE

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- Application must be fully and accurately completed, and must include all required documentation.
  - Application fee of \$5,000 is non-refundable
  - Application is due by February 22, 2021 by 4:00 pm
  - If approved, permit is valid for a period of one (1) year from date of approval.
  - Attach additional sheets where additional space is needed. Please cite the section to which you are responding when doing so.
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NAME OF APPLICANT: \_\_\_\_\_

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

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

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

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

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

HAS THE APPLICANT APPLIED FOR STATE LICENSURE? YES  NO

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**PERMIT TYPE:**

**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            |

**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:**

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT TYPE:** \*All documents required under Sec. 14-1105 of the Marihuana Business Ordinance are attached

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

**SECTION A**

**PROPOSED FACILITY INFORMATION**

Name of Operation:	Name of Primary Contact:
Proposed Facility Address:	
Mailing Address:	
Email Address:	Phone Number:
Has the Application been granted Pre-qualification MMFLA licensure by the State of Michigan? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> If yes, what date was it granted?	

**SECTION B**

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

Additional Contact	Name:	Residential Address:		
Additional Contact	Email Address:	Phone Number:	Position:	DOB:
Additional Contact	Name:	Residential Address:		
Additional Contact	Email Address:	Phone Number:	Position:	DOB:
Additional Contact	Name:	Residential Address:		
Additional Contact	Email Address:	Phone Number:	Position:	DOB:

2. Has Applicant provided a criminal background report on each stakeholder as required by with Section 556-006 of the Marihuana Business Ordinance?

YES  NO

3. Describe in detail whether the Applicant or any of its stakeholders have a record of acts detrimental to the public health, security, safety, morals, good order or general welfare per Section 556-008 (4) of the Marihuana Business Ordinance.

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**SECTION C**

**PROPERTY INFORMATION:**

<b>Address of proposed facility:</b> _____
<b>Parcel ID No. of proposed facility:</b> _____
<b>Facility size:</b> _____ <b>sq. ft.</b> <b>Parcel size:</b> _____
<b>Is structure:</b>  <b>An existing building?</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>Renovation of existing building?</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>New building construction?</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<b>How is the Property zoned?</b> _____
<b>Is the Property owned by Applicant:</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>Date of Purchase:</b> _____
<b>*If Property is owned, by applicant proof of ownership must be attached.</b> <input type="checkbox"/>
<b>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.</b>  _____  _____  _____
<b>*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.</b> <input type="checkbox"/>
<b>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.</b>

**SECTION D**

**BUSINESS AND OPERATIONS INFORMATION:**

1. List the Business and Operations plan, showing in detail the medical marihuana grow facility, recreational marihuana grow facility, medical marihuana processor, recreational marihuana processor, marihuana safety compliance establishment, marihuana secure transporter facility's proposed plan of operation and attach any supporting documentation, including without limitation the following:

a) Describe in detail your proposed marketing, advertising and business promotion plan:

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b) Describe in detail your planned tangible capital investment in the Village:

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c) Describe in detail the economic benefits to the Village and job creation to be achieved, including the number and type of jobs the medical marihuana grow facility, recreational marihuana grow facility, medical marihuana processor, recreational marihuana processor, marihuana safety compliance establishment, marihuana secure transporters, is expected to create, the amount and type of compensation expected to be paid for such jobs, and the projected annual budget and revenue of the medical marihuana grow facility, recreational marihuana grow facility, medical marihuana processor, recreational marihuana processor, marihuana safety compliance establishment, marihuana secure transporter.

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d) Describe in detail any proposed community outreach and/or community education plan.

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e) Provide a detailed description of the financial structure and financing for the proposed medical marihuana grow facility, recreational marihuana grow facility, medical marihuana processor, recreational marihuana processor, marihuana safety compliance establishment, marihuana secure transporter.

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f) Provide your short-term and long-term business goals and objectives:

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g) Provide your security plan including a general description of the security system(s) and lighting plan outside of the facility including but now limited to the storage of marihuana, video surveillance and your plan for recordkeeping and inventory management.

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h) Does the security system(s) and lighting plan meet the Village and State requirements? **YES**  **NO**

i) Provide a floor plan of the proposed facility.

j) Provide a scale diagram illustrating the property upon which the proposed facility is to be operated including all available parking spaces, and specifying which parking spaces are handicapped accessible.

k) Provide a depiction or any proposed text or graphic materials to be shown on the exterior of the proposed facility.

l) 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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m) 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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**2. List all Medical 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 \_\_\_\_\_

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

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- How is this business involved with facility: \_\_\_\_\_
  
- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- How is this business involved with facility: \_\_\_\_\_
  
- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- How is this business involved with facility: \_\_\_\_\_

**4. Does the Applicant currently own any real property in the Village of Romeo? YES  NO**

- If yes, complete the information below:
  - Commercial Property  Residential Property
  - Address: \_\_\_\_\_
  - Dates of Operation: \_\_\_\_\_ to \_\_\_\_\_
  
  - Commercial Property  Residential Property
  - Address: \_\_\_\_\_
  - Dates of Operation: \_\_\_\_\_ to \_\_\_\_\_

**5. Has the Applicant had any code violations issued for any property in Romeo? YES  NO**

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

6. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. State whether the stakeholders demonstrate experience with owning, operating and/or managing business in highly regulated industry (minimum one year). If yes, explain:

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

8. 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

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

10. Provide a detailed description of how you plan to fund and maintain the proposed facility and business plan, including the source(s) of any financial contributions to same.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

11. Has the Applicant ever been criminally convicted? 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:

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

12. 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:

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



13. Provide a detailed site plan for the facility and the permitted property, including an interior floor plan, exterior plan showing parking spaces, and a location map of the medical marihuana grow facility, recreational marihuana grow facility, medical marihuana processor, recreational marihuana processor, marihuana safety compliance establishment, marihuana secure transporter facility and the surrounding area that identifies the location of the facility in accordance with the zoning requirements as set forth in the Village of Romeo Zoning Ordinance Section 46.5, and Section 46-393:

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14. Is the Applicant applying for a Grow Facility Permit? YES  NO  If yes, specify in detail how the Applicant intends to grow the Medical Marihuana (e.g. techniques, utilities, disposal of byproducts, etc.):

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- *A security and floor plan for indoor storage of chemicals must be provided for Grow Facility Applicants*

15. Describe the Applicant's community involvement, including but not limited to charitable contributions and volunteer work:

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16. Describe the Applicant's business and operations plan in detail, including gross revenue projections:

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17. Is there any additional information that you wish to provide:

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**SECTION E**

**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.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION F**

**PROPOSED HOURS OF OPERATION:**

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							
Holidays							

**MARIHUANA BUSINESS PERMIT APPLICATION CHECKLIST**

1. Fully completed Application for *Marihuana Business Facility Permit*
2. Non-refundable Permit Application fee/Renewal fee of \$5,000 per application
3. 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
4. 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.
5. Corporate documents (Articles of Incorporation, Operating Agreement, Bylaws, Certificate of Good Standing, etc.).

6. 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.
7. Copy of valid, unexpired State-issue driver's license or ID for Applicant and all Owners, Directors, Officers, and Managers of the facility.
8. Copy of valid sales tax license, if such license is required by the State.
9. Site Plan
10. Disposal and Storage Plan for marihuana, byproducts, and chemicals.
11. Security and lighting plan.
12. **Grow Facility:** Ventilation and exhaust system plan.
13. Certificate(s) of liability and casualty damage insurance
14. Sign information\* (business name, sign rendering)   
\*NOTE: A sign permit may be required.

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### **INSTRUCTIONS FOR SUBMISSION OF NEW OR RENEWAL APPLICATION**

- The Application for Marihuana Business Facility License **MUST** be completed in full and accompanied by the required attachments. The Application and all documentation shall be submitted to the Village Clerk's office in a sealed envelope.
- **DEADLINE FOR INITIAL APPLICATIONS IS** .
- Renewal applications of existing licenses must be submitted to the Village Clerk's office no later than 45 days prior to permit expiration date.
- Renewals or amendments of existing licenses shall be reviewed and granted or denied before applications for new permits are considered.

### **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 \_\_\_\_\_*).**

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, 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.

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.**

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

On behalf of the Applicant, I declare under penalty of 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: \_\_\_\_\_

FOR VILLAGE USE ONLY

Date received by the Village:

Was full application fee paid?

Is the application complete?

Total points scored: