



MEDICAL MARIHUANA ESTABLISHMENT LICENSE APPLICATION

Establishment Name		Form of Business. <input type="checkbox"/> Individual	
Corporate Name (if different from Establishment)		<input type="checkbox"/> Corporation	
Establishment Address		City	State, Zip
Individual Applicants ONLY, complete the following section:			
Applicant		Date of Birth	Email Address
Applicant Physical Address		City	State, Zip
Emergency Phone Number	Additional Phone Number		Additional Phone Number
Corporation or Limited Liability Company Applicants, complete the following section: (ALL stakeholders MUST be listed):			
Stakeholder who will serve as emergency contact		Date of Birth	Stakeholder type
Stakeholder Physical Address		City	State, Zip
Emergency Phone Number	Additional Phone Number		Email Address
Stakeholder		Date of Birth	Stakeholder type
Stakeholder Physical Address		City	State, Zip
Phone Number	Additional Phone Number		Email Address

Additional Stakeholders:			
Stakeholder		Date of Birth	Stakeholder type
Stakeholder Physical Address		City	State, Zip
Phone Number	Additional Phone Number		Email Address
Stakeholder		Date of Birth	Stakeholder type
Stakeholder Physical Address		City	State, Zip
Phone Number	Additional Phone Number		Email Address
Stakeholder		Date of Birth	Stakeholder type
Stakeholder Physical Address		City	State, Zip
Phone Number	Additional Phone Number		Email Address
Stakeholder		Date of Birth	Stakeholder type
Stakeholder Physical Address		City	State, Zip
Phone Number	Additional Phone Number		Email Address
Stakeholder		Date of Birth	Stakeholder type
Stakeholder Physical Address		City	State, Zip
Phone Number	Additional Phone Number		Email Address
Stakeholder		Date of Birth	Stakeholder type
Stakeholder Physical Address		City	State, Zip
Phone Number	Additional Phone Number		Email Address
Stakeholder		Date of Birth	Stakeholder type
Stakeholder Physical Address		City	State, Zip
Phone Number	Additional Phone Number		Email Address

Attach additional sheets if necessary.

I affirm that neither the applicant nor any stakeholder of the applicant has been convicted of or pled guilty to a felony involving controlled substances within the seven years preceding the date of application.

I affirm that neither the applicant nor any stakeholder of the applicant is in default to the City of Lansing.

I affirm that at least one primary caregiver is to be involved in distribution or growth of marihuana at the medical marihuana establishment.

Requirements:

1. Non-Refundable License fee TO BE SET BY COUNCIL.
2. One of the following: (a) proof of ownership of the entire premises wherein the medical marihuana establishment is to be operated; or (b) written consent from the property owner for use of the premises in a manner requiring licensure under Chapter 1300 of the Lansing Codified Ordinances along with a copy of the lease for the premises.
3. Proof of an insurance policy covering the medical marihuana establishment and naming the city as an additional insured party, available for the payment of any damages arising out of an act or omission of the applicant or its stakeholders, agents, employees, or subcontractors, in the amount of (a) at least one million dollars for property damage; (b) at least one million dollars for injury to one person; and (c) at least two million dollars for injury to two or more persons resulting from the same occurrence.
4. A security plan meeting the requirements of Chapter 1300 of the Lansing Codified Ordinances.
5. A floor plan of the premises on which the medical marihuana establishment is to be operated.

By my signature, I swear (or affirm) that all information provided in this application is true.

APPLICANT'S SIGNATURE

NOTARY SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, 20____

NOTARY PUBLIC, COUNTY OF _____

STATE OF _____

MY COMMISSION EXPIRES ON _____

***** APPROVALS *****

Police Department Date

Zoning Administrator Date

Fire Department Date

Building Safety Date

City Treasurer Date



VIRG BERNERO, MAYOR

CITY TREASURER * INCOME TAX DIVISION
(517) 483-4121 (517) 483-4114

1ST Floor – City Hall
124 West Michigan Avenue
Lansing MI 48933

LANSING TREASURY INFORMATION REQUEST

Complete a separate form for each individual subject to verification

Applicant/Employee Information

Name: _____

Home Address: _____

_____ Since _____

Daytime Phone Number: _____

Social Security #: _____

Drivers License #: _____

Date of Birth: _____

Employer/Business Information

Corporate Name: _____

Doing Business As: _____

Address: _____

Business Phone #: _____

Federal Employer Identification #: _____

Do you, or any of these businesses, owe the City money for any reason? Yes ___ No ___

If Yes, for what reason? _____

Name of any other Lansing area business in which your ownership participation exceeds

25% _____

Signature

Date



Chris Swope
Lansing City Clerk

Criminal History Conviction Record Check Authorization

As part of the Licensing process, we need you to complete the background and criminal history record check authorization below. This information must be returned with your application to the Lansing City Clerk's Office, 9th Floor City Hall, 124 W. Michigan Ave., Lansing, MI 48933. Please call us at (517) 483-4133 if you have any questions.

Complete a separate form for each individual subject to background check.

Date: _____

I _____ authorize the release of any and all information from any appropriate agency regarding my criminal conviction history to the Lansing City Clerk's Office. I understand that my ethnicity, date of birth, sex and my age 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 License.

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

I further understand that the Lansing City Clerk's Office has the right to deny my License based upon the results of this investigation.

(Please Print Clearly)

Full Name: _____
 First Middle Last Maiden/Other

Date of Birth: _____ Sex: _____ Race: _____

Social Security No: _____ Driver's License # _____

List all names ever used: _____

Signature