



# City of Coldwater

## Municipal Marihuana License Application Part A – Provisional License

Pursuant to Chapter 880 Coldwater, MI Code of Ordinances

**Original applications must be submitted in person by the Applicant, their State Licensed Attorney or Authorized Agent**

**Business Information**

Business Name:			
Address:			
City:	State:	Zip Code:	Phone:
Business Email:		Business Website:	

**Name & Location of Facility**

Facility Name:
Address:

**Applicant Information (person principally in charge of operation of business)**

Name:		Title	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip	DOB:
Michigan ID/Driver's License #:		Primary Contact #:	
Email Address:		Secondary Contact #:	

**Type of Facility (\$5,000.00 per license type - Non-Refundable)      Check all that apply**

Grower:	<input type="checkbox"/>	Class A (100 plants) x _____ # of licenses	<input type="checkbox"/>	Retailer
	<input type="checkbox"/>	Class B (500 plants) x _____ # of licenses	<input type="checkbox"/>	Safety Compliance
	<input type="checkbox"/>	Class C (2,000 plants) x _____ # of licenses	<input type="checkbox"/>	Secure Transporter
Processor:	<input type="checkbox"/>	Method(s) of Extraction:		
Microbusiness:	<input type="checkbox"/>	Method(s) of Extraction:		

**Name & Location of Proposed Facility**       **Owned**       **Leased**

Facility Name:	Real Property ID #:
Address:	Personal Property ID #:
Does the applicant / entity currently hold an active Medical Marihuana Facility Permit? _____ Yes _____ No	
If yes, complete A. If no, skip to B.	

**A.**

MMF State Facility License Number:	Expiration Date:
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**B.**

Has the subject property ever been used as a marihuana facility or establishment? _____ Yes _____ No _____ Do not know
Is this application part of a transfer of ownership? _____ Yes _____ No    If yes, you must include an Intent to Transfer letter from the current license holder (seller).
Will any modifications be made to the subject property? _____ Yes _____ No    If yes, contact the Planning Department and the Inspections Division to apply for and seek Site Plan Review and Building/Trade permit approvals.

Facility Name:	Facility Address:
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**Property Owner of Record Information (all owners)** If additional owners, include on separate page

Name:

Address:

Facility Name:	Facility Address:
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**Authorization and Preferences**

I prefer all Correspondence and/or Permits be sent by:  Postal Mail  Email

Email or Mailing Address:

Does any person other than the applicant(s) named in this application have authority to discuss this permit application with City staff?  Yes  No If "Yes" complete the following:

Name:	Affiliation with Applicant:
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Address:

City:	State:	Zip Code:	Phone:
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Email:	Attorney License No: (if applicable):
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Is this person the main contact for all purposes pertaining to this permit application?  Yes  No

**Attach an additional sheet if there are more authorized contacts to list**

**Ownership Type**

<input type="checkbox"/> Individual/Sole Proprietor Sole <input type="checkbox"/> Member LLC <input type="checkbox"/> LLC	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Type: _____ <input type="checkbox"/> Other (specify) _____
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**A. Complete this section if you marked Individual/Sole Proprietor or Sole Member LLC**

Name:	Title:
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Maiden Name or Aliases:	Home Address:
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City:	State:	Zip Code:	Phone:
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Michigan Driver's License #:	Date of Birth:
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**B. Complete this section if you marked LLC, Partnership, Corporation or Other**

Official Business Name:

Business Address:

City:	State:	ZIP Code:
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E-mail:	Phone:
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Michigan Corporate/LLC ID #	Date of Incorporation/Qualification:
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**C. Complete this section if you marked LLC, Partnership, Corporation or Other**

**List all Owners, Partners or Corporate Officers, Shareholders or Members (Stakeholders)**

Name:	Title:
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Maiden Name or Aliases:	Home Address:
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City:	Zip Code:	Phone:
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Business Email:	Personal Email:
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Name:	Title:
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Maiden Name or Aliases:	Home Address:
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City:	State:	Zip Code:	Phone:
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Business Email:	Personal Email:
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**Attach an additional sheet if there are more Owners, Partners or Corporate Officers to list**

Facility Name:	Facility Address:
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**D. Business Facility Management Information**

**List all Managers of the Facility**

Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	

**Attach an additional sheet if there are more facility managers to list**

Facility Name:

Facility Address:

### Additional Documents Required

In order for this application to be complete, you must also submit the following documents:

- \_\_\_\_\_ Complete Financial Information Request for each applicant, stakeholder and facility manager listed on the application
- \_\_\_\_\_ Complete Criminal History Disclosure and Background Record Authorization for each applicant, stakeholder and facility manager listed on the application
- \_\_\_\_\_ State of Michigan Licensing and Regulatory Affairs Department's Prequalification Letter
- \_\_\_\_\_ Copy of a Valid Photo ID or Driver's License for the applicant, all business owners and managers of the facility
- \_\_\_\_\_ Proof of applicant's ownership or legal possession of the premises
- \_\_\_\_\_ Property Owner Consent Form (If Applicant is not the legal owner of the property at time of application)
- \_\_\_\_\_ Entity Information
  - Official Registration Document (e.g., Articles of Incorporation)
  - Copy of Bylaws, Operating Agreement or Other Governing Documents
  - Copy of Organizational Structure (if applicable)
  - Authorizing Resolution (if applicable)
  - Certificate of Assumed Name (if applicable)
- \_\_\_\_\_ Payment of the non-refundable application fee of \$5,000 per facility license type
- \_\_\_\_\_ Withdrawal/Cancellation form (if applicable)
- \_\_\_\_\_ Intent to Transfer letter (if applicable)

Term: One (1) year: January 1 – December 31

NON-REFUNDABLE fee: **\$5,000.00 per facility license type (Cash, Credit or Cashier's Check made payable to the City of Coldwater only. The City will not accept personal checks and additional fees may apply for creditcards)**

Please submit your completed application, all additional required documents and required fees to:

City of Coldwater  
City Clerk's Office  
One Grand Street  
Coldwater, MI 49036

If you have any questions please contact the Coldwater City Clerk's Office at (517) 279-6928 or via email at: [sheath@coldwater.org](mailto:sheath@coldwater.org)

**\*Applications will expire and be administratively closed if the application process has not been completed within 12 months from the date of application submittal unless extended upon written request to the City Clerk.**

**The City will not accept copied or electronic signatures and/or initials. Any application that is missing original signatures or initials on all required forms will be considered incomplete and will be rejected.**

**The Applicant is responsible for being sufficiently familiar with and having a working knowledge of the ordinance requirements. Copies of Chapter 880 and Part Twelve of the Planning and Zoning Code are available on the City of Coldwater website at: [www.coldwater.org](http://www.coldwater.org)**

I hereby certify that the information provided above is accurate to the best of my knowledge. I agree to operate the aforementioned business in compliance with the guidelines established pursuant to Chapter 880 and Part Twelve of the Planning and Zoning Code of the Codified Ordinances of Coldwater, Michigan. In addition, I agree to cooperate with the investigator/inspector assigned to screening this application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



**COLDWATER**  
MICHIGAN • 1861

CITY OF COLDWATER

**Adult Use Marihuana Establishment  
Financial Information Request**

Pursuant to Chapter 880 and Part Twelve of the Planning & Zoning Code,  
Coldwater, MI Code of Ordinances

A separate form for each individual listed on the Permit application is required, including applicant, stakeholders and facility managers.

**Adult Use Establishment Business Information**

Name of Company:			
Federal Employer ID Number:			
Business Address:		Parcel Property ID:	
City:	State:	Zip:	Personal Property ID:
Phone:	Business Website:	Business Email contact:	

**Applicant Information**

Name of Applicant:		Title:
Address:		
City:	State:	Zip Code:
Social Security Number:	Date of Birth:	
Michigan ID/Driver's License Number:	Years of Residency:	
Do you, or this business, owe the City of Coldwater money for any reason? If <input type="checkbox"/> Yes <input type="checkbox"/> No		
yes, please explain:		
Name of any other City of Coldwater area businesses or properties in which your ownership participation exceeds 25%:		

Please submit this completed form to: City of Coldwater  
City Clerk's Office  
One Grand Street  
Coldwater, MI 49036

If you have any questions please contact the Coldwater City Clerk's Office at (517) 279-6928 or via email at: [sheath@coldwater.org](mailto:sheath@coldwater.org)  
**The Applicant is responsible for being sufficiently familiar with and having a working knowledge of the ordinance requirements. A copy of Chapter 880 and Part Twelve of the Planning and Zoning Code is available on the City of Coldwater website at: [www.coldwater.org](http://www.coldwater.org)**

I hereby certify that the information provided above is accurate to the best of my knowledge. I agree to operate the aforementioned business in compliance with the guidelines established pursuant to Chapter 880 and Part Twelve of the Planning and Zoning Code of the Codified Ordinances of Coldwater, Michigan and all applicable ordinances, statutes, regulations, and laws. In addition, I agree to cooperate with the investigator/inspector assigned to screening this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**City Treasurer**  Approved  Denied Signature: \_\_\_\_\_

Comments: \_\_\_\_\_



CITY OF COLDWATER

Adult Use Marihuana Establishment

**Criminal History Disclosure and  
Background Record Authorization**

Pursuant to Chapter 880 and Part Twelve of the Planning and Zoning Code of Coldwater, MI Code of Ordinances

*As part of the Licensing Process, each person listed on the Municipal Marihuana License Application must complete this form and submit with a copy of Valid Photo ID or Driver's License. All questions on this form must be answered completely and truthfully. Incomplete or omitted information may result in application delay or denial.*

A separate form for each individual listed on the Municipal Marihuana License Application is required, including applicant, stakeholders and facility managers.

Full Name: \_\_\_\_\_

Maiden Name or Aliases: \_\_\_\_\_ Michigan ID or Driver's License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

1. Has the applicant ever been arrested, charged, indicted or imprisoned for a felony involving controlled substances as defined under the Michigan Public Health Code, MCL 333.1101 et seq., the federal law, or the law of any other state?  Yes  No
2. Has the applicant ever been arrested, charged, indicted or imprisoned for any other type of felony under the law of Michigan, the United States, or any other state?  Yes  No

**If you answered Yes to either or both of the above questions, the applicant must complete the following section.**

Offense: Arrest/Charge Indictment/Conviction	Date	Arresting Agency	Name & Location of Court	Case Caption	Case/Docket Number	Disposition
Date of Conviction	Law under which the person was convicted					SID Number

I, \_\_\_\_\_ authorize the release of any and all information from any appropriate agency regarding my criminal conviction history to the City of Coldwater Clerk's Office or City of Coldwater Police Department. I understand that my ethnicity, date of birth, sex and 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 permit application.

I acknowledge that a complete background investigation, including, but not limited to, a State Police Criminal conviction Record Check will be done. In addition, I agree to cooperate with the investigator/inspector assigned to screening this application.

I further understand that the City of Coldwater Clerk's Office has the right to deny my permit based upon the results of this investigation and I hereby certify that the information provided above is accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Chief of Police  Approved  Denied Signature: \_\_\_\_\_

Comments: \_\_\_\_\_



**PROPERTY OWNER CONSENT FORM**

I, \_\_\_\_\_, declare under penalty of perjury that:

1. For the property listed below, I am (choose one) \_\_\_\_\_ the record title owner or \_\_\_\_\_ a representative of a trust or business entity named \_\_\_\_\_ that owns the property and I have been duly authorized to represent such trust or business entity for purposes of executing this document. (must provide supporting documentation)

\_\_\_\_\_  
 \_\_\_\_\_  
*Physical Address of Property*

2. I, or the trust or business entity I represent, am aware that the applicant \_\_\_\_\_ is in the process of applying to the City of Coldwater for a business permit to operate a marihuana establishment on the property described above in conformance with all the provisions of Chapter 880 and Part Twelve of the Planning and Zoning Code of the Codified Ordinances of Coldwater, Michigan.
3. If such application is granted, I will allow the applicant to engage in the operation of the applied for marihuana business on the property.
4. I, or the trust or business entity I represent, understand that, as the owner of the parcel of the proposed marihuana business, I am required to sign this agreement in order for the applicant's application to go forward and understand that I may be liable under local, state, or federal law for the marihuana activities I am allowing on my property.

\_\_\_\_\_  
*Property Owner Signature*

\_\_\_\_\_  
*Date*

Acknowledged by \_\_\_\_\_ before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature \_\_\_\_\_ Printed name \_\_\_\_\_

Notary Public, State of Michigan, County of \_\_\_\_\_

My commission expires \_\_\_\_\_