



City of Coldwater

Municipal Marihuana License Application

Part B – Final 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 E-mail:		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 Code:	DOB:
Michigan ID/Driver's License #:		Primary Contact #:	
Email Address:		Secondary Contact #:	

Type of Facility 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:		

Property Owner of Record Information (all owners) If additional owners, include on separate page

Name:	
Address:	
Facility Name:	Facility Address:

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:		
Address:			
City:	State:	Zip Code:	Phone:
Email:	Attorney License No: (if applicable):		

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

Facility Name:	Facility Address:
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Inspections:

Who is the contact person to schedule inspections?

Name:	Phone:
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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 for Final Adult Use Establishment Permit

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

- _____ Complete Financial Information Request for each applicant, stakeholders and facility managers listed on the application
- _____ Complete Criminal History Disclosure and Background Record Authorization for each applicant, stakeholders and facility managers listed on the application
- _____ Completed List of Employees
 - a. Copy of valid Driver's License or photo ID for each employee listed must be submitted
- _____ Certificate of Occupancy for the premises
- _____ Copy of the State of Michigan Marihuana Establishment Operating License
- _____ Copy of a Valid Photo ID or Driver's License for the applicant, all business owners and managers of the facility
- _____ Proof of payment of any outstanding taxes, utilities, liens, etc., as determined by the City Treasurer (if applicable)
- _____ Evidence of valid and effective insurance policies signed by a qualified insurance agent,
 - a. Worker's compensation insurance in accordance with Michigan statutory limits and Employers Liability Insurance with a minimum limit of \$100,000.00 for each accident for any employee
 - b. Public liability and personal injury insurance with minimum limits of \$500,000.00 for each occurrence with respect to bodily injury liability and property damage liability, or both combined.

Documentation must explicitly state the following: (a) the policy number; (b) name of insurance company; (c) name and address of the agent or authorized representative; (d) name and address of insured; (e) location of coverage; (f) policy expiration dates; (g) specific coverage amounts (h) City must be listed as a Certificate Holder and must include an endorsement placed on each policy requiring 10 days' notice by mail to the City before the insurer may cancel the policy for any reason
- _____ Copy of executed property Deed and/or lease which indicates use of site for subject permit

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

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

***Applications will expire and be administratively closed if the application process has not been completed within 12 months from the date of application submittal.**

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

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 _____



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			
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			
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	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Signature: _____
Comments: _____			
Income Tax	<input type="checkbox"/> Approved	<input type="checkbox"/> 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: _____



Marihuana Facility List of Employees

As part of the permit process, each person employed by the permit holder must be reported.
The permit holder shall report new employees to the City of Coldwater within seven (7) business days.
A copy of valid picture identification for each employee listed must be submitted with this form.

Non-Refundable Fee for Each Employee Added after Annual Permit is issued: \$20.00

Facility Employee Information

Name:		
Alias or Any Other Last Name(s) Used:		
Address:		
City:	State:	ZIP Code:
Date of Birth:	DL/State ID #:	Race:
Contact Number:	_____ Male _____ Female	

Name:		
Alias or Any Other Last Name(s) Used:		
Address:		
City:	State:	ZIP Code:
Date of Birth:	DL/State ID #:	Race:
Contact Number:	_____ Male _____ Female	

Name:		
Alias or Any Other Last Name(s) Used:		
Address:		
City:	State:	ZIP Code:
Date of Birth:	DL/State ID #:	Race:
Contact Number:	_____ Male _____ Female	

Name:		
Alias or Any Other Last Name(s) Used:		
Address:		
City:	State:	ZIP Code:
Date of Birth:	DL/State ID #:	Race:
Contact Number:	_____ Male _____ Female	

Name:		
Alias or Any Other Last Name(s) Used:		
Address:		
City:	State:	ZIP Code:
Date of Birth:	DL/State ID #:	Race:
Contact Number:	_____ Male _____ Female	

Name:		
Alias or Any Other Last Name(s) Used:		
Address:		
City:	State:	ZIP Code:
Date of Birth:	DL/State ID #:	Race:
Contact Number:	_____ Male _____ Female	

Attach an additional sheet if there are more employees to list