



Renewal Application for Medical Marihuana Facility and/or Adult Use Marihuana Establishment License

(CITY OF ALPENA ORDINANCE 23-484 AND 23-487)

CHECKLIST FOR LICENSE RENEWAL

The following shall be submitted to the City Clerk prior to the renewal of a Medical Marihuana Facilities/Adult Use Marihuana Establishment License:

- ☐ 1. **Completed Application.** Submission of a completed renewal application (shall be filed at least 60 days prior to the date of the license expiration)
- ☐ 2. **Attachment Submissions.** Complete and identifiable submission of all attachments.
- ☐ 3. **Licensing Fee.** A total licensing fee of \$5,000 shall be paid, along with any Late Fees that may be applicable (Daily Late Fee of \$20/Day, Late Fee After Expiration \$2,000).
- ☐ 4. **Site Inspection.** Site inspection by City of Alpena staff has been conducted and meets requirements.
- ☐ 5. **State License.** A copy of Medical Marihuana Facility/Adult Use Marihuana Establishment license issued by the State of Michigan Department of Licensing and Regulatory Affairs.
- ☐ 6. **Other.** Any other information that the City Clerk, law enforcement, Fire Chief, Public Works Supervisor, Zoning Administrator, City Manager, and/or City Attorney or their designees reasonably determines to be necessary in connection with the investigation and review of the application.



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APPLICATION TYPE

☐ Renewal (shall be filed at least 60 days prior to the date of the license expiration)

APPLICANT CONTACT INFORMATION

First Name	Middle Name
Last Name	Title
E-mail Address	Phone
Mailing Address	

Description of the individual's role in this application:

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TYPE OF LICENSE REQUESTED *A separate application must be completed for each facility/establishment type. A combined application may be used for medical and adult use in one location if they are the same facility/establishment type (i.e. Medical and Adult Use retail location).*

Medical Marihuana Facility

- ☐ Provisioning Center
☐ Safety Compliance Facility
☐ Secure Transporter

Adult Use Marihuana Establishment

- ☐ Retailer
☐ Safety Compliance Facility
☐ Secure Transporter



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FACILITY/ESTABLISHMENT LOCATION

Business Name	
Physical Address	
Phone	E-mail

FACILITY/ESTABLISHMENT OWNER

Business Owner	
Federal Tax Identification Number	
Physical Address	
Phone	E-mail

- ☐ Self – Individual Owner ☐ Corporation*
- ☐ LLC* ☐ Partnership*

*For anything other than "Self," attach a separate sheet listing all information for directors, officers, members, partners, and individuals.

FACILITY/ESTABLISHMENT MANAGER

Name	
Mailing Address	
Phone	E-mail

Are there other business managers? ☐ Yes ☐ No If Yes, how many? _____

Attach a separate sheet listing contact information for all other facility/establishment managers.

PROPERTY OWNER

Name	
Mailing Address	
Phone	E-mail



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EACH PERSON NAMED ON THE APPLICATION, INCLUDING ANY TRUE PARTY OF INTEREST AS DEFINED BY MICHIGAN LAW, MUST FILL OUT THE FOLLOWING QUESTIONS. PLEASE DUPLICATE THIS AS NEEDED (PAGES 3-4).

Name	
Mailing Address	
Phone	E-mail

Please list all residential addresses over the past three years (indicate timeframe you resided at each address).

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Description of individual's role in this application:

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Have you had building/code violations or delinquent taxes/utility bills? ☐ Yes ☐ No

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Have you ever violated, been accused by a municipality of violating, or been convicted of violating an ordinance similar to the City's ordinances regulating marihuana facilities/establishments?

If yes, provide detailed information here: ☐ Yes ☐ No

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Have you ever applied for or been granted any commercial license or certificate issued by any governmental agency concerning marihuana that has been denied, restricted, suspended, revoked or not renewed?

☐ Yes ☐ No

If yes, please attach a statement describing the facts and circumstances which describe the application, denial, restriction, revocation, or nonrenewal, including the licensing authority, the date each action was taken and the reason for each action.

Do you have any interest in any other applications for a permit or approved permit under City's ordinances?

☐ Yes ☐ No

If yes, provide relevant information here:

Do you have any interest in any other marihuana facility or establishment in Michigan?

☐ Yes ☐ No

If yes, provide relevant information here:

Indicate any businesses you have owned, your occupation, and employer for the 5 years including and immediately preceding this application: (attach additional pages if necessary)



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ATTACHMENTS

Please attach the following and clearly label each required attachment.

- ☐ **ATTACHMENT A: Application fee and ID.** Submit \$5,000 for all new and renewal applications. Please make check payable to "City of Alpena." Present a suitable form of identification along with the fee. Any late fees must be paid with the annual renewal fee.
- ☐ **ATTACHMENT B: Ownership or Authorization to use Property.** If the lease agreement or ownership has changed since last review, provide proof of ownership or authorization to use the property for a marihuana facility or establishment, If the applicant is not the owner of the proposed licensed premises:
 - ☐ 1. A notarized statement from the owner of such property authorizing the use of the property for a marihuana facility or establishment, if the applicant is not the owner of the proposed licensed premises
 - ☐ 2. A copy of any deed reflecting the applicant's ownership of, or lease reflecting the right of the applicant to possess, or an option reflecting the applicant's right to purchase or lease, the proposed licensed premises.
- ☐ **ATTACHMENT C:** Provide a copy of renewal documents submitted to LARA for renewal.
- ☐ **ATTACHMENT D:** Proof of Insurance. A licensee shall at all times maintain full force and effect for duration of the license, workers compensation as required by State law, and general liability insurance with minimum limits of \$1,000,000 per occurrence and a \$2,000,000 aggregate limit issued from a company licensed to do business in Michigan having an AM Best rating of at least A-. The policy shall name the City of Alpena and its officials and employees as additional insureds to the limits required by this Section. A licensee or its insurance broker shall notify the City of any cancellation or reduction in coverage within seven (7) days of receipt of insurer's notification to that effect. The licensee, permittee, or lessee shall forthwith obtain and submit proof of substitute insurance to the City Clerk within five (5) business days in the event of expiration or cancellation of coverage.
- ☐ **ATTACHMENT E:** Sworn attestation that the Applicant and/or parties with 25% or more interest in the company have not been subject to any civil monetary judgements entered against it in the last 7 years, excluding family law matters or estate disputes.
- ☐ **ATTACHMENT F:** Sworn attestation that the Applicant and/or parties with 25% or more interest in the company have not filed bankruptcy within the last 7 years.
- ☐ **ATTACHMENT G:** Documentation supporting employee hourly wages which shall be at least 200% of the 2021 Federal Poverty Level for a family of two, at its hourly basis for all employees.



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☐ **ATTACHMENT H:** Statement indicating any known reports of theft, unknown product loss, or criminal activity on the premises.

I, the undersigned, have the authority to sign this application on behalf of _____
(Business Name)

("the Facility or Company"). I have read all of the above answers, including all sheets and information provided in connection with this application and they are true and correct. The Facility agrees to comply with all terms and conditions of a permit as it may be issued. Finally, I understand that the Facility has a continuing duty to provide the City of Alpena with current information and will notify the City Clerk in writing of any changes to the Facility's mailing address, phone numbers, electronic mail address or other contact information as well as changes to any other information the applicant has provided to the City as part of the permit application within ten (10) days of any such change occurring. I acknowledge that the City of Alpena may be required from time to time to release records in its possession. The applicant hereby gives permission to the City of Alpena to release any records or materials received by the City from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.

Signature	Date
Printed Name	Title
Business	

Submit application to:

Alpena City Clerk
208 North First Avenue
Alpena, MI 49707
Phone: 989.354.1720
annas@alpena.mi.us

False information included on this application shall be a basis for the City of Alpena to deny the application.