

# PONTIAC CITY COUNCIL

Kermit Williams, District 7  
President  
Randy Carter, District 4  
President Pro Tem



Patrice Waterman, District 1  
District 2  
Mary Pietila, District 3  
Gloria Miller, District 5  
Dr. Doris Taylor Burks, District 6

*It is this Council's mission "To serve the citizens of Pontiac by committing to help provide an enhanced quality of life for its residents, fostering the vision of a family-friendly community that is a great place to live, work and play."*

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Garland S. Doyle, M.P.A.  
Interim City Clerk

## STUDY SESSION

October 8, 2019

6:00 P.M.

118<sup>th</sup> Session of the 10<sup>th</sup> Council

Call to order

Roll Call

Authorization to Excuse Councilmembers

Amendments to and Approval of the Agenda

Approval of the Minutes

1. October 1, 2019

Public Comment

Communications

### Communications from the Mayor

2. Statement from the Mayor Regarding Veto of Resolution 19-485 resolution to authorize Clark Hill PLC on behalf on the City Council to initiate legal action against Mayor Waterman and all other individuals necessary to enforce the City Council's express rights under the City Charter, including the right to adopt resolutions which have the effect of modifying or changing City Ordinances, and to declare the powers and responsibilities of the City Council, the Mayor and the Clerk under City Charter
3. Statement from the Mayor Regarding Veto of an Ordinance to amend Chapter 42, "Community Development", to add Article VII, entitled "Community Benefit Agreements" with amendment to add Article VII, entitled "Provisioning Center Community Benefit Agreements".
4. Status Update Regarding City of Pontiac Retired Employees Association (CPREA)

### Office of the City Clerk

5. Fausone Bohn, LLP Engagement Letter to serve as Professional Expert-City of Pontiac Medical Marihuana Facilities Ordinance 2357(B) (Legal Advisor to the City Clerk)
6. Medical Marihuana Application (Dept 255) Budget and Provisioning Center Application Fee Calculation
7. Medical Marihuana Facility Permit Application Instructions for Provisioning Center Applications (Draft)
8. Cesar Chavez Overlay District Provisioning Center Permit Application (Draft)

9. Downtown Overlay District Provisioning Center Permit Application (Draft)
10. Non-Overlay District Provisioning Center Permit Application (Draft)
11. Walton Blvd. Overlay District Provisioning Center Permit Application (Draft)
12. City of Pontiac Medical Marihuana Provisioning Centers Scoring Criteria Guide (Draft)
13. Provisioning Center Application Review, Scoring and Ranking Process

**Planning Commission**

14. Letter to City Council regarding grant appeal to Joslyn Liquor

**Resolutions**

**Department of Public Works (DPW)**

15. Resolution to authorize the Mayor to negotiate terms of a purchase agreement for the acquisition of the property located on 235 Wesson Street and conduct due diligence for the benefit of the City at a cost not to exceed \$45,000.00 and that it be completed within 60 days. (This resolution has been updated. The previous version of this resolution failed on August 13, 2019)

**Finance**

16. Resolution to approve budget amendment in the amount of \$90,000.00 to restore Finance Director's Salary as presented in the Mayor's 2019-2020 Proposed Budget.
17. Resolution to direct City Treasurer to distribute \$25,821.29 of aged special assessment receivable on the 2019 Winter Tax Rolls.
18. Resolution to direct City Treasurer to distribute \$18,422.01 of property assessment on the 2019 Winter Tax Rolls as directed by the Water Resources Commissioner.
19. Resolution to approve a budget amendment for fiscal year 2019/2020 to allocate a total of \$101,550.33 (includes fringe benefits), from the Youth Recreation Fund's (208) fund balance to account 208-756-702.00 to restore the Pontiac Youth and Enrichment Center's (PYREC) Youth Recreation Assistant Manager and Sport's Manager positions to a full-time status.

**Adjournment**

**#1**

**MINUTES**

October 1, 2019 Formal

**Official Proceedings  
Pontiac City Council  
117<sup>th</sup> Session of the Tenth Council**

A Formal Meeting of the City Council of Pontiac, Michigan was called to order in City Hall, Tuesday, October 1, 2019 at 6:00 p.m. by Council President Kermit Williams.

Call to Order

Invocation – Pastor Matlock

Pledge of Allegiance

Roll Call

Members Present: Carter, Miller, Pietila, Taylor-Burks and Williams.

Members Absent: Waterman.

Mayor Waterman was present.

Clerk announced a quorum.

19-493        **Excuse Councilperson Patrice Waterman for personal reasons.** Moved by Councilperson Pietila and second by Councilperson Taylor-Burks.

Ayes: Miller, Pietila, Taylor-Burks, Williams and Carter

No: None

**Motion Carried.**

19-494        **Motion to add Vacancy Filing for District 2 after Recognition of Elected Officials.** Moved by Councilperson Miller and second by Councilperson Taylor-Burks.

Ayes: Pietila, Taylor-Burks, Williams, Carter and Miller

No: None

**Motion Carried.**

19-495        **Motion to remove item #9 from the agenda. (Resolution to approve budget amendments to transfer a total of \$767,207 for Major Street Fund Road Projects; a total of \$1,317,545 for Local Street Fund Road Projects and a total of \$30,000.00 for Mowing Services as presented.)** Moved by Councilperson Taylor-Burks and second by Councilperson Miller.

Ayes: Taylor-Burks, Williams, Carter and Miller

No: Pietila

**Motion Carried.**



October 1, 2019 Formal

19-496            **Approve the agenda as amended.** Moved by Councilperson Miller and second by Councilperson Taylor-Burks.

Ayes: Williams, Carter, Miller, Pietila and Taylor-Burks

No: None

**Motion Carried.**

19-497            **Approval of meeting minutes for September 24, 2019.** Moved by Councilperson Miller and second by Councilperson Pietila.

Ayes: Williams, Carter, Miller and Taylor-Burks

No: Pietila

**Motion Carried.**

### **Subcommittee Reports**

Received Community Development – September 17, 2019

Received Law/50<sup>th</sup> District – September 24, 2019

### **Discussion**

Filing Vacancy for District 2. City Clerk received resumes from George Williams, Kone Bowman and Coleman Yokum.

### **Special Presentations**

Office of the City Clerk Updates

- a. Assistant City Clerk Position and Election Update
- b. Medical Marihuana Provisioning Center Application, RFP for Professional Expert-Financial Advisor to the City Clerk and Selection of Professional Expert-Legal Advisor to the City Clerk Update

Presentation Presenter: Garland Doyle, Interim City Clerk

Pontiac Youth Recreation and Enrichment Center (PYREC) Fall Program Update

Presentation Presenter: Robert Burch, Interim PYREC Manager

Senior Center Program Update

Presentation Presenter: Dwayne Lyons, Assistant to Mayor/Senior Center Manager

### **Communication from the Mayor**

Report – Job Pipeline/Workforce Development/Job Fair Project and Silverdome Property/Amazon Update

19-498           **Resolution to approve the \$100,000.00 budget amendment for citywide park enhancements.** Moved by Councilperson Pietila but no second on the motion. Motion failed.

19-499           **Resolution to approve amendment 1 to the 2016 Oakland County Brownfield Consortium Agreement between Oakland County and the City of Pontiac.**

WHEREAS the Oakland County Board of Commissioners approved the USEPA Brownfield Assessment Grant (the "Grant") as well as the Interlocal Agreements of each member of the Oakland County Brownfield Consortium (the "Consortium"); and

WHEREAS each partner consortium member receives \$60,000 to spend in their communities; and

WHEREAS the Grant is due to expire on September 1, 2019; and

WHEREAS Oakland County has requested a Grant extension from the USEPA in order to spend the remaining Grant funds; and

WHEREAS Oakland County Corporation Counsel has drafted and reviewed an amendment to the Interlocal Agreements ("Amendment 1") for the reallocation of funds between Oakland County and the Consortium members; and

NOW THEREFORE BE IT RESOLVED that the Pontiac City Council approves the attached Amendment 1 and authorizes the Mayor to execute this Amendment on behalf of the City of Pontiac and hereby accepts and binds the City of Pontiac to the terms and conditions of Amendment 1.

Ayes: Carter, Pietila, Taylor-Burks and Williams

No: Miller

**Resolution Passed.**

19-500           **Motion to postpone resolution to authorize Michigan Indigent Defense Commission (MIDC) Interlocal Agreement between Oakland County and the City of Pontiac after October 15, 2019.** Moved by Councilperson Miller and second by Councilperson Taylor-Burks.

Ayes: Miller, Pietila, Tylor-Burks, Williams and Carter

No: None

**Motion Carried.**

### **Monthly Reports**

Monthly Check Register – The City Council adopted a resolution on February 5, 2019 for the Mayor to provide the monthly check register for the prior month, to the City Clerk, to be included in the Pontiac City Council Agenda, the first meeting of each month. The weekly check registers for July 26, 2019; August 23 and 30, 2019; September 6, 2019 are attached.

**(The Check registers for September 6, 13, and 20, 2019 have not been posted on the website.)**

Staff Changes Report – The City Council adopted a resolution on February 26, 2019 requesting that the Mayor provide census of employment changes, effective date, job title, hire date, and last day worked (if applicable) each month, to be included in the Pontiac City Council Agenda, the first meeting of each month.

**(The Mayor gave the September report at the Council Meeting on September 24, 2019.)**

City Credit Card Statement – The City Council adopted a resolution on February 26, 2019 that the Mayor will provide the monthly credit card statement for the prior month to the City Clerk, to be included in the Pontiac City Council Agenda, the first meeting of each month.

**(The resolution is attached. The June, July, August and September statements were not submitted.)**

**\*\* Next agenda eliminate Credit Card Resolution. \*\***

Fifteen (15) individuals addressed the body during public comment.

Mayor Waterman, Legislative Counsel Monique Sharp, Councilwoman Gloria Miller, Councilwoman Doris Taylor-Burks, Councilwoman Mary Pietila, Council President Pro-Tem Randy Carter and Council President Kermit Williams made closing comments. Interim Clerk Garland Doyle had no closing comments.

Council President Kermit Williams adjourned the meeting at 9:07 p.m.

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GARLAND S. DOYLE  
INTERIM CITY CLERK

**MAYOR'S  
STATEMENT ON  
VETO OF  
RESOLUTION 19-485**



**DR. DEIRDRE WATERMAN**  
**MAYOR**  
**CITY OF PONTIAC**

Statement of Mayor Waterman's veto regarding Resolution 19-485 to authorize Clark Hill, PLC to initiate legal action on behalf of the City Council against Mayor Waterman and all other individuals necessary to enforce the City Council's express rights under the City Charter, including the right to adopt resolutions which have the effect of modifying or changing City Ordinances, and to declare the powers and responsibilities of City Council, the Mayor and the Clerk under City Charter.

On September 24, 2019 the City Council approved resolution 19-485 to begin legal action against the City of Pontiac's Administration.

I respect and acknowledge the City Council's authority to hire independent counsel in certain circumstances pursuant to the Charter, and my understanding of that authority was affirmed by Oakland County Circuit Court Judge O'Brien when he ruled in my favor and against the Council's request that he declare Council had authority to hire independent counsel for unstated and ambiguous purposes. In this circumstance, the Council seeks to engage independent legal counsel to sue a City Officer, which is consistent with Section 4.202 of the Charter. However, as the Chief Executive of the City, I have to look at the overall impact of Resolutions as passed by the Council. In this circumstance, this Resolution has several unacceptable flaw. Firstly, it falsely and slanderously accuses me any the City Attorney of illegal activity. Secondly, the last lawsuit initiated by the City Council cost the City over a quarter million dollars. This is a waste of taxpayer monies, and is further not accounted for anywhere in the City budget. As a result of the foregoing, I am vetoing this Resolution.

  
Mayor Deirdre Waterman

**MAYOR'S  
STATEMENT ON  
VETO OF AN  
ORDINANCE**



**DR. DEIRDRE WATERMAN**  
**MAYOR**  
**CITY OF PONTIAC**

**Statement of Mayor Waterman's veto regarding item 19-487 an Ordinance to Amend Chapter 42 "Community Development," to add Article VII, entitled "Community Benefits Agreements."**

On September 24, 2019 the City Council adopted item 19-487 an Ordinance to Amend Chapter 42.

I am issuing my veto for this agenda item because it has not been approved as to form by the City Attorney as mandated by the City Charter. In fact, the City Attorney has stated on several occasions the questions of legality and enforceability that are at stake by the improper drafting of this ordinance amendment. As a result of the foregoing, I am vetoing this Ordinance.

  
Mayor Deirdre Waterman

**#4**

**COMMUNICATION  
FROM THE  
MAYOR**



# Power of Attorney and Declaration of Representative

► Go to [www.irs.gov/Form2848](http://www.irs.gov/Form2848) for instructions and the latest information.

OMB No. 1545-0150

For IRS Use Only

Received by:

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Function \_\_\_\_\_

Date / /

## Part I Power of Attorney

**Caution:** A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

### 1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address  City of Pontiac 47450 Woodward Avenue Pontiac, MI 48342	Taxpayer identification number(s)  38-6005034 Daytime telephone number (248) 758-3181 Plan number (if applicable) 003
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hereby appoints the following representative(s) as attorney(s)-in-fact:

### 2 Representative(s) must sign and date this form on page 2, Part II.

Name and address Samantha A. Kopacz Miller Canfield Paddock and Stone, P.L.C. 840 W. Long Lake Road, Suite 150 Troy, MI 48098	CAF No. 0313-79558R PTIN _____ Telephone No. (248) 267-3223 Fax No. (248) 879-2001
Check if to be sent copies of notices and communications <input checked="" type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Kalman G. Goren Miller Canfield Paddock and Stone, P.L.C. 840 W. Long Lake Road, Suite 150 Troy, MI 48098	CAF No. 3200-01717R PTIN P01213157 Telephone No. (248) 267-3267 Fax No. (248) 879-2001
Check if to be sent copies of notices and communications <input checked="" type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Samuel L. Parks, Miller Canfield Paddock and Stone, P.L.C. 840 W. Long Lake Road, Suite 150 Troy, MI 48098	CAF No. 0312-97856R PTIN _____ Telephone No. 248-267-3361 Fax No. 248-879-2001
(Note: IRS sends notices and communications to only two representatives.)	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
(Note: IRS sends notices and communications to only two representatives.)	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

- 3 Acts authorized (you are required to complete this line 3).** With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
Termination of retirement plan and Reestablishment of retirement plan	5300, 5310	N/A
Establishment of VEBA	1024	N/A
Private letter ruling request related to above		N/A

- 4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific Use Not Recorded on CAF** ☒

- 5a Additional acts authorized.** In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):
- ☐ Access my IRS records via an Intermediate Service Provider;
- ☐ Authorize disclosure to third parties; ☐ Substitute or add representative(s); ☐ Sign a return;

☐ Other acts authorized: \_\_\_\_\_

- b Specific acts not authorized.** My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.  
List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): \_\_\_\_\_

- 6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you **do not want** to revoke a prior power of attorney, check here ☐ **YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

- 7 Signature of taxpayer.** If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the legal authority to execute this form on behalf of the taxpayer.

**► IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.**

\_\_\_\_\_  
Signature Date Mayor, City of Pontiac Title (if applicable)

Dr. Deirdre Waterman City of Pontiac  
Print Name Print name of taxpayer from line 1 if other than individual

## Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations contained in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
  - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
  - c Enrolled Agent—enrolled as an agent by the Internal Revenue Service per the requirements of Circular 230.
  - d Officer—a bona fide officer of the taxpayer organization.
  - e Full-Time Employee—a full-time employee of the taxpayer.
  - f Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  - h Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
  - k Qualifying Student—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an LITC or STCP. See instructions for Part II for additional information and requirements.
  - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

**► IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.**

**Note:** For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation— Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable).	Bar, license, certification, registration, or enrollment number (if applicable).	Signature	Date
a	Michigan	S. Konacz / P70939		
a	Michigan	K. Goren / P14204		
a	Michigan	S. Parks / P83556		

**#5**

**COMMUNICATION**

**FAUSONE BOHN, LLP**

ATTORNEYS AT LAW

October 4, 2019

City of Pontiac  
ATTN: Garland Doyle, Interim City Clerk  
47450 Woodward Avenue  
Pontiac, Michigan 48342

Re: Professional Expert- City of Pontiac Medical Marihuana Facilities Ordinance  
2357(B)

Dear Interim City Clerk Doyle:

Thank you for the opportunity for this firm to serve as "Professional Expert- Legal Advisor to the City Clerk" under City of Pontiac Medical Marihuana Ordinance 2357(B) (the "Representation"). The following constitute the terms of our engagement.

**Client.** Our client in this matter will be the City of Pontiac/City Clerk (the "Client"). This engagement does not create an attorney-client relationship with any other person or entity. The point of contact will be the City Clerk.

**Scope of Representation.** In the course of the Representation, we will provide professional assistance and legal advice to the City Clerk, in his official capacity, in connection with his duties under the City of Pontiac Medical Marihuana Facilities Ordinance 2357(B) and matters related thereto. Specifically, we will provide assistance and legal advice with regard to applications for marihuana permits in the City of Pontiac as follows: (1) review applicants' criminal background information; (2) review applicants' plans to train and educate their staff and employees; (3) complete a compliance review of scored provisioning center applications to ensure criteria have been consistently applied by the members of the scoring team (the City Clerk, Planning Manager, and Professional Expert- Financial Advisor to the City Clerk); and (4) attend at least four in-person meetings with the selection team, as directed by the City Clerk.

**Conflict Disclosure.** We do not, and during the course of this Representation will not, represent any person or entity in applying for a marihuana facilities license with the City of Pontiac. During the course of this Representation, we will not represent the City of Pontiac in any capacity, other than as identified herein.

**Rates and Charges.** In order to manage costs, Brandon M. Grysko will be principally responsible for the Representation. Other attorneys and professional staff may be utilized as appropriate. A short bio of Mr. Fausone and Mr. Grysko is attached. The hourly rates will be as follows for this unique assignment:

\$300 for partners,  
\$200 for associates.

41700 West Six Mile • Suite 101 • Northville, MI 48168  
(248) 380-0000 tel. • (248) 380-3434 fax • [www.fb-firm.com](http://www.fb-firm.com)

## **FAUSONE BOHN, LLP**

ATTORNEYS AT LAW

The cost of this Representation will exceed \$10,000. Invoices will be addressed to *City of Pontiac, c/o Interim City Clerk Garland Doyle, 47450 Woodward Avenue Pontiac, Michigan 48342*. Annual increases in attorney rates are the norm. Out-of-pocket expenses, if any, will be sent directly to the Client for payment, or we will pay those expenses and invoice the Client for the expense. A detailed invoice will be provided on a monthly basis and due net 14 days. Interest at 1% per month is charged to late payments. If necessary, costs of collection, including attorney fees, are chargeable to the Client.

**Indemnity & Hold Harmless.** This unique and litigious area requires that, to the fullest extent permitted by law, the City of Pontiac shall indemnify, defend, pay on behalf of, and hold harmless Fausone Bohn, LLP and its members, partners, attorneys, staff, employees, and insurers (collectively, the "Firm") from any and all losses, claims, damages, or liabilities of any kind whatsoever, including costs and attorney fees, that may be asserted against, imposed upon, or incurred by the Firm and that arise out of or in any way relate to the terms herein; the Firm's participation in the City of Pontiac's medical marihuana permit application and selection process; or in connection with any services provided to the City of Pontiac by the Firm. This provision shall include, but is not limited to, claims brought against the Firm by disappointed applicants for medical marihuana permits.

**Federal Law.** As you are aware, marihuana is currently still illegal under federal law. The laws of the State of Michigan and the City of Pontiac that allow for medical marihuana are not recognized by the federal government or by federal law enforcement authorities. State and local law has no effect on applicable federal laws, which may impose criminal and civil penalties for the possession, transportation, sale, or distribution of marihuana or for any activity related to marihuana products, services, businesses, or other activities. We are not providing any advice with respect to any federal law, including federal marijuana laws, implicated by the City of Pontiac's decision to regulate and license medical marihuana facilities.

**Other Legal Matters.** We are Special Counsel to the Client, and we only represent the Client to the extent provided herein. We will not provide advice, including legal advice, on any matter outside the scope of this letter. Client should contact its General Counsel on any matters falling outside the scope of this Representation.

**Dispute Resolution.** If any dispute arises regarding the services provided to the Client by us or the charges for those services and related expenses, then we and the Client will first try in good faith to settle the dispute directly. If the dispute is not resolved, it shall be submitted to a third-party neutral facilitator in accordance with the mediation rules of the American Arbitration Association. If the dispute is not resolved in mediation, the dispute shall be settled through binding arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association except as modified here. Judgment upon the award may be entered in any court of competent jurisdiction. The mediation and arbitration proceedings, including any hearings, shall be held in the Detroit metropolitan area. Client and we agree that neither is entitled to or shall request punitive or exemplary damages and that the arbitrators shall not have the authority to award such damages or any damages in excess of actual pecuniary damages.

**FAUSONE BOHN, LLP**

ATTORNEYS AT LAW

**Termination.** The City of Pontiac, by a resolution of the City Council, or Mr. Fausone, by written notice to the City Clerk, may terminate this engagement at any time, with or without cause, upon 30 days' notice to the other party, whereupon a final invoice will be provided and all accounts settled.

**Document Retention.** Generally, a client must be given advanced written notice of an attorney's intent to destroy retired files. It is our policy to destroy a file after a period of three (3) years from the date of last service. By agreeing to this Representation, Client consents to the destruction of the closed file after three (3) years, without advanced written notice to the Client of our intention to destroy the file. Should you wish a copy of that file before that deadline, the obligation of contact resides with the Client.

Please sign below and return this letter to me electronically or by mail. By signing this letter you acknowledge that you have read, understood, consent to, and have had the opportunity to consult with independent counsel regarding the terms of this letter, and that you have the actual authority to enter into this Representation.

Very truly yours,

**FAUSONE BOHN, LLP**

\_\_\_\_\_  
James G. Fausone, Partner

\_\_\_\_\_  
Brandon M. Grysko, Associate

TERMS AND CONDITIONS APPROVED BY:

**THE CITY OF PONTIAC**

Dated: \_\_\_\_\_

\_\_\_\_\_

**FAUSONE BOHN, LLP**  
ATTORNEYS AT LAW

October 2, 2019

**Firm Profile and Attorney Biographies**

The law firm Fausone Bohn, LLP has extensive experience in municipal and governmental law. The firm has represented the City of Westland for 10 years and has been general or special counsel for other communities, such as: the Charter Township of Northville, the City of Rockwood, the City of Wayne, and other municipal and governmental entities. Mr. Fausone, Mr. Grysko, and other attorneys at the firm have been counseling the City of Westland in both medical and adult-use marijuana zoning and licensing regulations and related matters since the November 2018 ballot initiative.

James G. Fausone is a founding partner at the firm. Mr. Fausone has been the City Attorney in Westland for 10 years and has been practicing law for over 30 years. Mr. Fausone concentrates his practice in business matters, municipal representation, and environmental regulation. Mr. Fausone has extensive experience advising business and municipal clients in industries that are subject to strict governmental regulations and oversight. He also represents the Great Lakes Water Authority, the Downriver Utility Wastewater Authority, and the Conference of Western Wayne, among other local governmental entities.

Brandon M. Grysko is an associate at the Firm. Since joining the firm in 2018, Mr. Grysko has practiced extensively in municipal law, including assisting the City of Westland in drafting proposed marijuana zoning and licensing regulations. Mr. Grysko also has experience with matters related to marijuana and other drugs from his time as a City Prosecuting Attorney and from over six years of experience as a police officer, during which time Mr. Grysko had a variety of roles and participated in numerous drug investigations.

**#6**

**COMMUNICATION**



GL NUMBER	DESCRIPTION	2019-20 BUDGET	2020-21 MAYOR REC. BUDGET	2021-22 MAYOR REC. BUDGET	2022-23 MAYOR REC. BUDGET	2023-24 MAYOR REC. BUDGET
OTHER SERVICES AND CHARGES						
101-253-807.000	Services - Membership Dues	300	309	318	327	336
101-253-812.000	Services - Armored Car Services	11,000	11,330	11,669	12,019	12,379
101-253-818.000	Other Professional Services	500	515	530	545	561
101-253-818.008	Bank Service Charges	5,000	5,150	5,304	5,463	5,626
101-253-818.080	PROF. SERV - BS&A	7,840	7,980	8,120	8,260	8,400
101-253-820.008	Services - Security Alarm Systems	3,000	3,090	3,182	3,277	3,375
101-253-851.000	SERVICES - COMMUNICATIONS-TELEPHONE	423	435	448	461	474
101-253-852.010	SERVICES - CABLE TV/INTERNET	1,097	1,129	1,162	1,196	1,231
101-253-914.000	Insurance Property Coverage	15,178	15,633	16,102	16,585	17,083
101-253-942.000	Services - Equipment Rentl Non-City	200	206	212	218	224
101-253-942.002	COPIER SUPPLES	300	309	318	327	336
101-253-957.002	Training Expense	4,400	4,532	4,667	4,807	4,951
101-253-959.000	Miscellaneous Expenses	100	103	106	109	112
OTHER SERVICES AND CHARGES		49,338	50,721	52,138	53,594	55,088
Totals for dept 253 - Treasurer		342,919	352,805	362,974	373,435	384,200
Dept 255 - MEDICAL MARIHUANA APPLICATIONS						
OTHER SERVICES AND CHARGES						
101-255-804.000	Legal Services	10,500	10,815	11,139	11,473	11,817
101-255-804.018	Legal Services-Giarmarco Mullins	50,000				
101-255-816.006	PROF. SERV. -MED MARIHUANA APPLICATIONS	8,395				
101-255-816.007	PROF. SERV. -FINANCIAL ADVISOR TO CC	120,000				
101-255-816.008	PROF. SERV. -HEARING OFFICER	30,000				
OTHER SERVICES AND CHARGES		218,895	10,815	11,139	11,473	11,817
Totals for dept 255 - MEDICAL MARIHUANA APPLICATIONS		218,895	10,815	11,139	11,473	11,817
Dept 257 - Assessor						
PERSONNEL SERVICES						
101-257-819.000	Contractual Temp/PT Labor	3,000	3,090	3,182	3,277	3,375
PERSONNEL SERVICES		3,000	3,090	3,182	3,277	3,375
SUPPLIES						
101-257-728.000	Postage	11,000	11,220	11,444	11,672	11,905
SUPPLIES		11,000	11,220	11,444	11,672	11,905

**Medical Marijuana Provisioning Center Application Fee calculation**  
**10/4/2019 Updated Clerk**

**Procedure:** Hours and tasks were reviewed with personnel from various departments of the City. Hours are an average per facility - some facilities and applications with supporting documentation may be much larger than others and require more review and inspection. Rates were determined based on salaries of employees or average hourly rate of 3rd party contractors most recent contract.

**Application Fee \$5,000.00**

Department	Avg Hours per task	Rate	Fee
<b>Planning and Zoning</b>			
Review scaled location area map of the medical marijuana facility and surrounding areas	5.00	\$42.50	\$212.50
Scoring Team	1.00	\$42.50	\$42.50
<b>TOTAL PLANNING AND ZONING:</b>			<b>\$255.00</b>
<b>Building</b>			
Review Floor plans of the medical marijuana facility, as well as a site survey.	2.00	\$71.07	\$142.14
Review Buiding elevations and description of all exterior elevation of the proposed medical Marijuana facility	2.00	\$71.07	\$142.14
<b>TOTAL BUILDING INSPECTION:</b>			<b>\$284.28</b>
<b>Fire</b>			
Review hazardous material plan	2.00	\$71.07	\$142.14
<b>TOTAL FIRE:</b>			<b>\$142.14</b>
<b>Police</b>			
Review Medical Marijuana Facility Security Plan	5.00	\$66.56	\$332.80
<b>TOTAL POLICE:</b>			<b>\$332.80</b>
<b>Professional Expert - Financial Advisor to City Clerk</b>			
Sec. 8(c)(6) (Business Plan)/Sec. 8(c)(13) (Business Goals and Objectives)	3.00	\$60.00	\$180.00
Sec. 8(c)(7) (Ownership Structure)	0.25	\$60.00	\$15.00
Sec. 8(c)(8) (Organization Chart)	0.25	\$60.00	\$15.00
Sec. 8(c)(9) (Marketing, Advertising and Business Promotion Plan)	1.00	\$60.00	\$60.00
Sec. 8(c)(10) (Planned Tangible Capital Investment)/Sec. 8(c)(12) (Financial Structure and Financing)/Sec 8(c)(24) (Verification of Minimum Capitilization)	3.00	\$60.00	\$180.00
Sec. 8(c)(11) (Economic Benefits/Job Creation)	2.00	\$60.00	\$120.00
Sec. 8(c)(22) (Inventory and Recordkeeping Plan)	2.00	\$60.00	\$120.00
<b>TOTAL PROFESSION EXPERT - FINANCIAL ADVISOR:</b>			<b>\$690.00</b>
<b>Finance/Income Tax</b>			
Sec 8(c)(23) No default to the City	0.50	\$32.76	\$16.38
<b>TOTAL FIANANCE/INCOME TAX:</b>			<b>\$16.38</b>
<b>Finance/Treasury</b>			
Sec 8(c)(23) No default to the City	0.50	\$42.50	\$21.25
<b>TOTAL FINANCE/TREASURY:</b>			<b>\$21.25</b>
<b>Department of Public Works/WRC</b>			
Review of traffic flow in and out of facility	2.00	\$47.50	\$95.00
Review facility sanitation plan	2.00	\$47.50	\$95.00
Review for industrial discharge	2.00	\$47.50	\$95.00
<b>TOTAL DEPARTMENT OF PUBLIC WORKS/WRC:</b>			<b>\$285.00</b>
<b>Professional Expert - Legal Advisor to City Clerk</b>			
Review training and education plan that the applicant will provide to all employees	0.50	\$200.00	\$100.00
Review criminal background report of the applicant's criminal history	0.50	\$200.00	\$100.00
Scoring Team	1.00	\$300.00	\$300.00
Scoring Team	2.00	\$200.00	\$400.00
<b>TOTAL PROFESSIONAL EXPERT - LEGAL ADVISOR:</b>			<b>\$900.00</b>

	Avg Hours per task	Rate	Fee
<b>City Clerk</b>			
Review proof of ownership of the entire premises where the medical marijuana facility is to be operated; or written consent from the property owner for the use of the premises and a manner requiring licensure under this ordinance along with a copy of the lease for the premises	0.25	\$43.27	\$10.82
Review LARA application documents	0.25	\$43.27	\$10.82
Review proof of an adequate premises liability and casualty insurance policy in the amount not exceeding the requirements addressed in the Medical Marijuana Facilities Licensing Act or applicable State laws	0.50	\$21.64	\$10.82
Review affidavit that the transfer of Marijuana to and from the medical marijuana facilities shall be in compliance with the MMMA and the Medical Facilities Licensing Act or other applicable State Laws	0.50	\$43.27	\$21.64
Review application in its entirety and certify all required materials have been presented and approved by various departments of the City	3.00	\$43.27	\$129.81
Section 8(c)(23) No default to the City Review for 50th District Court	2.00	\$43.27	\$86.54
Section 8(c)(15) community outreach and education strategies	3.00	\$43.27	\$129.81
Section 8(c)(16) charitable plans	2.00	\$43.27	\$86.54
Prepare applications for appeals with hearing officer and/or commission	0.75	\$43.27	\$32.45
Issue permits or denial letters	0.25	\$43.27	\$10.82
<b>TOTAL CITY CLERK:</b>			<u>\$530.06</u>
<b>Hearing Officer</b>			
Section 16 appeal review	4.00	\$70.00	\$280.00
<b>TOTAL HEARING OFFICER:</b>			<u>\$280.00</u>
<b>City Attorney</b>			
Review any legal questions related to applications that arise	10.00	\$125.00	\$1,250.00
Appeal Process			<u>\$0.00</u>
<b>TOTAL CITY ATTORNEY:</b>			<u>\$1,250.00</u>
<b>TOTAL ESTIMATED ADMINISTRATIVE COST TO REVIEW AND APPROVE APPLICATION (COST PER APPLICATION)</b>			<b>\$4,986.91</b>

City Employee Position	Salary	Hours	Rate per hour
Planning Manager	\$88,400.00	2080.00	\$42.50
City Clerk	\$90,000.00	2080.00	\$43.27
Treasurer	\$88,400.00	2080.00	\$42.50
DPW Director	\$98,800.00	2080.00	\$47.50
Income Tax Director	\$68,140.00		\$32.76
<b>3rd party contractors</b>	<b>Annual Contracts</b>	<b>Hours</b>	<b>Rate per hour</b>
Wade Trim - Building and Safety (on average 11 full time employees)	\$1,626.00	22880.00	\$71.07
Oakland County Sheriff (Contract 2019 - Patrol Investigator, no fill. 18 officers at 2,080 houses)	\$2,492.00	37440.00	\$66.56
Fire Inspector - assume same rate as Wade Trim. Could not determine based on contract.			
Financial Advisor to City Clerk			\$60.00
Legal Advisor to City Clerk (\$300 partner, \$200 associate)			
Hearing Officer			\$70.00

**#7**

**COMMUNICATION**

**This document is a draft and subject to change. This document should not be relied upon for business decisions by third parties or the public. Review, consultation, or use of the document shall not create any right, privilege, contract, or claim by a third party with respect to the City of Pontiac.**



**CITY OF PONTIAC  
MEDICAL MARIHUANA FACILITY  
PERMIT APPLICATION INSTRUCTIONS  
FOR PROVISIONING CENTER APPLICATIONS**

***ALL DISTRICTS***

The City of Pontiac medical marihuana facility permit application process is authorized under Pontiac City Ordinance #2357B ("City of Pontiac Medical Marihuana Facilities Ordinance") ("Ordinance") and is pursuant to the Medical Marihuana Licensing Facilities Act, Act No. 281 of Public Acts of 2016.

**Application Process**

Persons may apply for a medical marihuana facility permit as a ***Provisioning Center***: a commercial entity that purchases marihuana from a Grower or Processor and sells, supplies, or provides marihuana to registered qualifying patients, directly or through the patients' registered primary caregivers.

A ***Provisioning Center*** includes any commercial property where marihuana is sold at retail to registered qualifying patients or registered primary caregivers.

A noncommercial location used by a primary caregiver to assist a qualifying patient connected to the caregiver through the Michigan Department of Licensing and Regulatory Affairs' marihuana registration process in accordance with the Michigan Medical Marihuana Act, Initiated Law 1 of 2008, is not a Provisioning Center.

Applicants must submit one (1) original and four (4) copies of the completed typed application directly to the Office of the City Clerk (Monday-Friday 9:00 a.m.-4:00 p.m.) at the following address:

Pontiac City Clerk's Office  
47450 Woodward Avenue  
Pontiac, Michigan 48432

**APPLICATIONS FOR PROVISIONING CENTERS WILL BE ACCEPTED ONLY DURING THE 21-DAY APPLICATION PERIOD (NOVEMBER 6, 2019 THROUGH NOVEMBER 27, 2019). NO PROVISIONING CENTER APPLICATIONS WILL BE ACCEPTED AFTER NOVEMBER 27, 2019.**

NO APPLICATION WILL BE APPROVED FOR A PERMIT UNLESS IT IS COMPLETE AND UNLESS: (I) THE FIRE DEPARTMENT AND THE DEPARTMENTS OF BUILDING AND SAFETY AND PLANNING OR ANOTHER RELEVANT DEPARTMENT HAVE CONFIRMED THAT THE PROPOSED LOCATION IS IN COMPLIANCE WITH ALL STATE AND LOCAL BUILDING, ELECTRICAL, FIRE, MECHANICAL AND PLUMBING REQUIREMENTS; (II) THE DEPARTMENTS OF BUILDING AND SAFETY AND PLANNING OR ANOTHER RELEVANT DEPARTMENT HAS CONFIRMED THAT THE PROPOSED LOCATION COMPLIES WITH THE ZONING ORDINANCE; (III) THE PROPOSED MEDICAL MARIHUANA FACILITY HAS BEEN ISSUED A CERTIFICATE OF OCCUPANCY AND, IF NECESSARY, A BUILDING PERMIT; AND (IV) THE APPLICANT IS PREQUALIFIED (STEP-ONE APPROVAL) FOR A STATE OF MICHIGAN MEDICAL MARIHUANA FACILITIES LICENSE BY THE MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS.

Pontiac City Clerk's Office  
47450 Woodward Avenue, Pontiac, MI 48342  
PHONE: (248) 758-3200 FAX: (248) 758-3160

### **General Instructions**

All applications must be typed. Any incomplete or inaccurate information on an application may result in the application being delayed or denied.

**HOWEVER, WHERE SIGNATURES ARE REQUIRED, ALL SIGNATURES MUST BE HANDWRITTEN; AN ELECTRONIC SIGNATURE IS NOT SUFFICIENT.**

If an attachment to the application is required, clearly identify the ordinance section applicable to such attachment at the top of the attachment. ***For example***, in the financial background section, the applicant must submit verification that it has a minimum capitalization consistent with the requirements of LARA Rule 12. This requirement is met by submitting CPA attested financial statements. On the top of the CPA attested financial statements, the applicant shall type "Sec. 8(c)(24)", because such CPA attested financial statements are applicable to Section 8(c)(24) of the Ordinance.

### **References**

"LARA" means the Michigan Department of Licensing and Regulatory Affairs.

References in these instructions to a specific LARA Rule means such rule in the Administrative Rules for the Medical Marihuana Facilities Licensing Act, available at [https://www.michigan.gov/documents/lara/2017-042\\_LR\\_-\\_Final\\_-\\_Medical\\_Marihuana\\_640679\\_7.pdf](https://www.michigan.gov/documents/lara/2017-042_LR_-_Final_-_Medical_Marihuana_640679_7.pdf).

The City of Pontiac Zoning Ordinance is available at <https://www.codepublishing.com/MI/Pontiac/>, and Ordinance No. 2363 (recent amendments to the City of Pontiac Zoning Ordinance regarding medical marijuana facilities) is available on the City Clerk's webpage (<http://www.pontiac.mi.us/departments/clerk/>).

### **Application Fee**

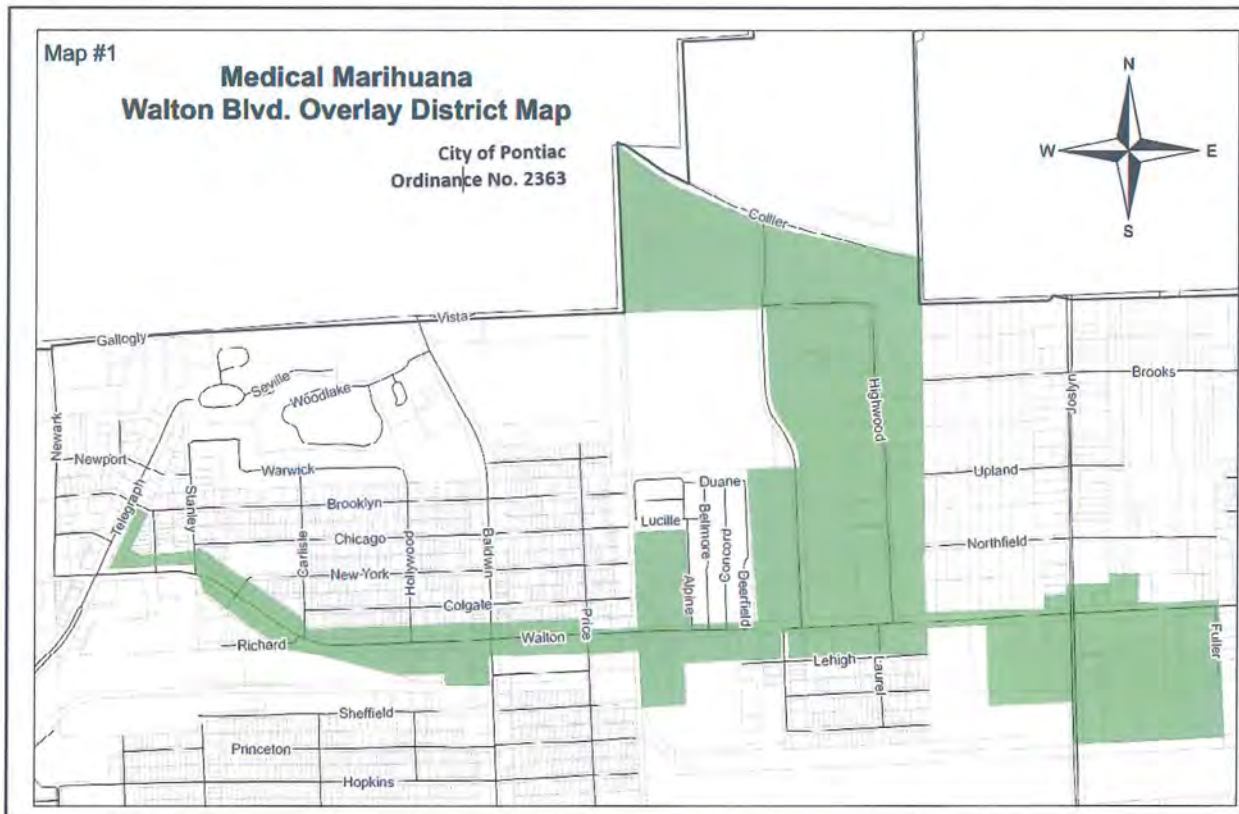
The application fee of \$5,000.00 for each application is a non-refundable fee paid to the City of Pontiac at the time of filing the application to help defray administrative costs associated with the application. Such amount must be paid by certified check payable to the "City of Pontiac".

## APPLICATION EVALUATION PROCESS

For purposes of evaluating applications and awarding permits, the City of Pontiac has been divided into four (4) districts: (i) the Walton Boulevard Overlay District; (ii) the Cesar Chavez Overlay District; (iii) the Downtown Overlay District; and (iv) the Non-Overlay District. A map of each district is provided below.

**NO MORE THAN FIVE (5) PERMITS WILL BE AWARDED FOR EACH DISTRICT.**

**No more than five (5) Provisioning Centers will be permitted in C-3, M-1, and M-2 zoned properties in the Walton Blvd. Overlay District.**



Page 4 of 21



No more than five (5) Provisioning Centers will be permitted in C-3, M-1, and M-2 zoned properties in the Downtown Overlay District.



### **NON-OVERLAY DISTRICT**

No more than five (5) Provisioning Centers will be permitted in C-1, C-3, and C-4 zoned properties located outside of the three (3) Medical Marihuana Overlay Districts. Prior to being issued a permit, the applicant will need to obtain a special exemption permit from the City of Pontiac Planning Commission.

Applicants seeking a permit to operate a medical marihuana provisioning center within the City of Pontiac will be evaluated and scored according to several criteria set out in the City of Pontiac Medical Marihuana Facilities Ordinance.

Each applicant will be scored in each of the following eight categories:

	Category	Maximum Possible Points	Applicable Ordinance Section
1	Content and Sufficiency <u>Subcategories</u> <ul style="list-style-type: none"> <li>• <i>Background Information</i> (up to 5 points)</li> <li>• <i>Financial Background</i> (up to 10 points)</li> <li>• <i>Economic Benefits</i> (up to 10 points)</li> <li>• <i>Community Development</i> (up to 10 points)                *scored using Community Benefits Scoring</li> <li>• <i>Planning (Facility)</i> (up to 10 points)</li> <li>• <i>Patient Education</i> (up to 5 points)</li> </ul>	50	§9(f)(1)
2	Land Use	20	§9(f)(2)
3	Community Impact	10	§9(f)(3)
4	Managerial Resources	10	§9(f)(4)
5	Financial Resources	10	§9(f)(5)
6	Job Creation	10	§9(f)(6)
7	Philanthropic and Community Improvement *scored using Community Benefits Scoring	10	§9(f)(7)
8	Physical Improvements	10	§9(f)(8)
	<b>TOTAL POSSIBLE SCORE</b>	<b>130</b>	

**In order to receive the maximum amount of points for pre-qualification with the State of Michigan in the categories of Managerial Resources and Financial Resources, the applicant must have received its pre-qualification prior to submitting its application to the City of Pontiac.**

For a detailed explanation of the scoring criteria, please see the *City of Pontiac Medical Marihuana Provisioning Centers Scoring Criteria Guide*.

## **APPLICATION CHECKLIST**

The second page of the application provides a checklist of required components of the medical marihuana facility permit application that must be submitted to the City Clerk. Before you submit an application, confirm that each item on such checklist has been completed.

## **APPLICANT INFORMATION**

The permit application begins by filling out the applicant information.

### **Application Page 3**

#### **Establishment Information**

This part requires the applicant to provide information about the name, location and phone number of the proposed medical marihuana facility. The applicant is also required to indicate whether such facility location is owned or leased and provide a copy of the executed deed or lease.

#### **Applicant Type**

In this part the applicant must check a box to identify whether it is an individual, corporation, limited liability company, limited liability partnership, or other entity type. If "Other" is checked, the entity type of the applicant must be specified in the blank space provided.

#### **Applicant Information**

This part requires the applicant to provide the following general demographic information in accordance with Sections 8(c)(1) and 8(c)(3) of the Ordinance:

- **Name**
  - If the applicant is an individual, provide the full name as it appears on a state issued driver's license or passport.
  - If the applicant is an entity, provide the entity name as it appears on official government documents (e.g., Articles of Incorporation, Articles of Organization, Certificate of Formation, etc.).
- **Date of Birth** (if individual) (month/day/year) (e.g., 06/20/1990) / **Employer Identification Number** (if entity)
- **Phone Number**: Provide a phone number for the applicant.
- **Address**: Provide a mailing address for the applicant.
- **Email address**: Provide an active email address that is regularly checked by the applicant.

### **Application Page 4**

Page 4 is only applicable to non-individual applicants. Pursuant to Section 8(c)(1) of the Ordinance, the applicant must provide the following information for all stakeholders of the applicant (officers, directors, and managerial employees of the applicant and any persons who hold any direct or indirect ownership interest in the applicant):

- **Name**
- **Date of birth** (month/day/year) (e.g., 06/20/1990)

- *Telephone number*
- *Address*
- *Email address*

The same requirements stated in the part above apply to this part of the application as well. If the applicant has more than 3 stakeholders, make additional copies of the “Stakeholder Information” page.

The first stakeholder listed on this page will be the Designated Contact for the applicant. All communications by the Pontiac City Clerk to the applicant will be to such Designated Contact on behalf of the applicant and the Pontiac City Clerk will only communicate with such Designated Contact regarding the applicant and the application. If the applicant is an individual, the Designated Contact will be the applicant.

## **BACKGROUND INFORMATION**

### **Application Page 5**

Page 5 of the application is a request for documents/attachments. **All attachments must be clearly labelled with the applicable Ordinance section.**

#### **Organization Documentation**

- *Official Business Formation Document* (Sec. 8(c)(2)). The applicant must provide a copy of its formation document filed with the applicable jurisdiction (e.g., Michigan or another state). For a Michigan limited liability company this would be the applicant’s Articles of Organization, and for a Michigan corporation this would be the applicant’s Articles of Incorporation.
- *Copy of Governing Documents* (Sec. 8(c)(4)). The applicant must provide a copy of its current governing documents. For a Michigan limited liability company this would typically be an Operating Agreement and for a Michigan corporation this would typically be Bylaws.

#### **Ownership Structure** (Sec. 8(c)(7))

The applicant must submit evidence of the proposed ownership structure of the applicant, including ownership percentages held by each stakeholder. Such attachment must include all direct and indirect owners of the applicant. Graphical images with an entity chart are acceptable.

#### **Organization Chart** (Sec. 8(c)(8))

The applicant must submit a current organization chart that includes position descriptions and the names of each person holding such position. Graphical images with an organization chart are acceptable.

#### **Security Plan** (Sec. 8(c)(17))

The applicant must submit a security plan for the proposed medical marihuana facility that is consistent with the requirements of LARA Rule 35. LARA Rule 35 has 13 subparts, which imposes twelve requirements on the part of the applicant. The applicant must be able to attest that it has requisite systems in place and that it will be able to follow the procedures put in place by LARA.

**Insurance** (Sec. 8(c)(25))

The applicant must provide proof of premises liability and casualty insurance consistent with the requirements of LARA.

LARA Rule 11 sets forth the following minimum limits of insurance:

- bodily injury (casualty insurance) – not less than \$100,000.00; and
- commercial general liability covering premises liability – not less than \$100,000.00.

<b><u>CRIMINAL BACKGROUND</u></b>
-----------------------------------

**Application Page 6**

**Criminal Background** (Sec. 8(c)(14))

The applicant must provide a criminal background report of the applicant's and each of the applicant's stakeholders' criminal history.

Such report(s) shall be obtained by the applicant through Internet Criminal History Access Tool (ICHAT) for applicants residing in Michigan and/or through another state sponsored or authorized criminal history access source for applicants who reside in other states or who have resided in other states within 5 years prior to the date of the application. The applicant is responsible for all charges incurred in requesting and receiving the criminal history report(s) and the report(s) must be dated within thirty (30) days of the date of the application.

Such report(s) must be obtained by the applicant, attached to the application and clearly labelled "Sec. 8(c)(14)".

<b><u>FINANCIAL BACKGROUND</u></b>
------------------------------------

The second section of the application applies to the applicant's business and financial information. **All attachments must be clearly labelled with the applicable Ordinance section.**

**Application Page 7**

**Proposed Business Plan** (Sec. 8(c)(6))

The applicant must submit a proposed business plan. A complete business plan should include a description of the following for the applicant:

- Business and Objectives;
- Location, Facilities and Equipment;
- Market and Competitive Analysis;
- Management and Organization;
- Products and Services;
- Marketing Plan and Sales Strategy;
- Funding; and
- Financial Projections.

The applicant may include cross references to other sections of the application to reference the applicant's (a) short and long term business objectives; (b) the proposed marketing, advertising and business promotion plan for the facility; (c) planned capital investment in the City of Pontiac; (d) expected job creation; (e) community education plans; and (f) charitable plans and strategies. These items may be considered as part of the applicant's business plan.

#### **Application Page 8**

##### **Capital Investment** (Sec. 8(c)(10))

The applicant must describe the planned tangible capital investment in the City of Pontiac, including (i) detail related to the number and nature of proposed medical marihuana facilities (including if the applicant is applying for a stacked license or if the applicant plans to apply for future licenses) and (ii) whether the locations of such facilities will be owned or leased. In describing the planned capital investment in the City, the applicant should also describe its investment in the location (e.g., purchase price of the location or monthly/annual rent and proposed investment in improvements at the location).

#### **Application Page 9**

##### **Financial Structure and Financing** (Sec. 8(c)(12))

The applicant must describe the financial structure and the financing of the proposed medical marihuana facility. Graphical images are acceptable, so long as the entities or individuals referenced on the graph have been identified in the application.

The financial structure should include the structure of the applicant's sources of financing, including owners' equity, short and long-term debt and liabilities, and accounts payable. The financial structure should show the applicant's debt-equity ratio and all debt or equity investors in the proposed medical marihuana facility. Failure to include a detailed explanation of how and by whom the facility will be financed may result in the application being delayed or rejected.

#### **Application Page 10**

##### **Business Goals** (Sec. 8(c)(13))

The applicant must describe its short-term and long-term business goals and objectives for the proposed medical marihuana facility.

The applicant's business goals and objectives should be specific and measurable. Goals are statements of the applicant's desired achievements, while objectives are specific steps or actions the applicant can/will take to reach a particular goal. The applicant's goals and objectives should be separately identified, and the goals should support the applicant's proposed business plan. Goals can be in areas such as sales, profitability, product range, community outreach, efficiency and customer service/approval, with a range of objectives to meet such goals.

#### **Application Page 11**

##### **Marketing Plan** (Sec. 8(c)(9))

The applicant must submit a proposed marketing, advertising, and business promotion plan for the proposed medical marihuana facility. The proposed plan should describe all the means and methods of

promoting the proposed medical marihuana facility, including which marketing strategies the applicant will implement, such as:

- e-mail marketing;
- attending industry related events and conferences;
- become a member of business and industry associations (local, state and/or national);
- online advertising;
- direct communication with other licensed medical marihuana facilities;
- development of a website or social media accounts; and
- sponsorship or establishment of community programs.

The plan should acknowledge that all advertising, marketing, signs and materials will comply with state laws and any Pontiac City ordinances.

The attached marketing, advertising, and business promotion plan should be clearly labelled “Sec. 8(c)(9)”.

The City of Pontiac has a vested interest in ensuring each applicant has a proper plan to track marihuana. The State of Michigan requires that any facility must be identified and tracked in the statewide monitoring system, METRIC.

**Inventory and Recordkeeping Plan** (Sec. 8(c)(22))

The applicant must submit a proposed inventory and recordkeeping plan consistent with the requirements of LARA. The plan should identify the following:

- How the applicant will keep records;
- What specific information will be reported on the METRIC system (e.g., the applicant should report lot and batch information throughout the entire chain of custody);
- How the applicant will identify inventory discrepancies;
- How the applicant will tag, batch, label and log information into the METRIC system; and
- How marihuana will be stored at the facility.

The attached inventory and recordkeeping plan should be clearly labelled “Sec. 8(c)(22)”.

**Minimum Capitalization Requirement** (Sec. 8(c)(24))

The applicant must verify that it has met the minimum capitalization consistent with the requirements of LARA Rule 12. To satisfy this requirement, the applicant must submit Certified Public Accountant (CPA) attested financial statements consistent with the requirements of LARA Rule 12 validating the capitalization amounts and sources.

The attached CPA attested financial statements should be clearly labelled “Sec. 8(c)(24)”.

## **ECONOMIC BENEFITS**

### **Application Page 12**

#### **Economic Benefit** (Sec. 8(c)(11))

The applicant must provide an explanation of the economic benefits to the City of Pontiac and the job creation to be achieved by the proposed medical marihuana facility, including: (i) the number and types of jobs the medical marihuana facility is expected to create; (ii) the amount and type of compensation expected to be paid for such jobs; and (iii) the projected annual budget and revenue of the medical marihuana facility.

## **COMMUNITY DEVELOPMENT**

### **Application Page 13**

#### **Community Outreach and Education** (Sec. 8(c)(15))

The applicant must describe its proposed community outreach and education strategies. This should include specific steps that the applicant intends to take with regard to community outreach and education.

Community outreach and education initiatives can include, but are not limited to, the following:

- reaching out to local homeowner associations, neighborhood associations, community groups, businesses and/or property owners within a reasonable proximity of the proposed facility to request a meeting with representatives and provide information about the facility; applicants who contact homeowner's associations, neighborhood associations, community groups, businesses and/or property owners should include the name of the association/business/owner and contact person if meetings have been scheduled;
- description of the applicant's plan for responding to community concerns; and
- partnering with neighborhood associations and/or community groups or sponsoring events for neighborhood associations and/or community groups (if this is part of your efforts, please describe in detail which organizations you intend to partner with or have committed partnerships or sponsorships and how that will further your community outreach).

Regarding this section, the City Clerk will consider those community benefits pledged to the City of Pontiac as part of this application and award points based on quality, quantity, and duration of such pledged benefits.

If an applicant does not pledge community benefits, the applicant will receive a zero (0) score for this section.

## **PLANNING (FACILITY)**

The applicant must make several submissions related to the physical location of the proposed medical marihuana facility. **All attachments must be clearly labelled with the applicable Ordinance section.**

### **Application Page 14**

Pontiac City Clerk's Office  
47450 Woodward Avenue, Pontiac, MI 48342  
PHONE: (248) 758-3200 FAX: (248) 758-3160



**Floor Plan** (Sec. 8(c)(18))

The applicant must submit a floor plan of the proposed medical marihuana facility consistent with the requirements of the City of Pontiac Zoning Ordinance, Section 6.208.

**Scale Diagram** (Sec. 8(c)(19))

The applicant must submit a scale diagram illustrating the property upon which the proposed medical marihuana facility is to be operated, including all available parking spaces and specifying which parking spaces are handicapped-accessible.

Such scale diagram must be in the form of a property survey prepared by a licensed professional surveyor.

**Signage** (Sec. 8(c)(20))

The applicant must submit a depiction of any proposed text or graphic materials that will be shown on the exterior of the proposed medical marihuana facility.

**Facility Sanitation Plan** (Sec. 8(c)(21))

The applicant must submit a facility sanitation plan that describes how waste will be stored and disposed and how marihuana will be rendered unusable upon disposal at the proposed medical marihuana facility. Such facility sanitation plan must comply with all laws, including any guidelines published by LARA.

**Location Map** (Sec. 8(c)(27))

The applicant must submit a location map that identifies the relative locations of, and distances from, the nearest school, childcare center, public park containing playground equipment, or religious institution. Per Section 3.11010 – Buffer Distance Restrictions, of the City of Pontiac’s Medical Marihuana Zoning Ordinance #2363, the measurement must be taken along the centerline of the street or streets of address between two fixed points on the centerline determined by projecting straight lines, at right angles to the centerline, from the primary point of ingress to the school, childcare center or religious institution, or, for a public park, from the playground equipment nearest the contemplated location, and from the primary point of ingress to the contemplated location.

Such location map must be in the form of a survey map prepared by a licensed professional surveyor.

<b>PATIENT EDUCATION</b>
--------------------------

In this section the applicant must provide specific information regarding training and education of its staff and patient education and substance abuse awareness initiatives.

**Application Page 15**

**Staff Training and Education** (Sec. 8(c)(5))

The applicant must describe the training and education that the applicant will provide to all of its employees.

Training and education should include courses about the regulations of marihuana and employee manuals and other materials that include, but are not limited to, employee safety procedures, employee guidelines, security protocol, and educational training, including, but not limited to, marihuana product information, dosage and daily limits. Employee training and education is not and should not be limited to marihuana related matters. Applicants are encouraged to describe other training and educational opportunities they may offer their employees.

#### **Application Page 16**

**All attachments must be clearly labelled with the applicable Ordinance section.**

#### **Patient Education Plan** (Sec. 8(c)(28))

The applicant must describe the educational materials and information that will be provided to or available to patients at the facility.

Information should be provided verbally and in writing and include information regarding the risks and benefits of medical marihuana usage, scientific publications or brochures from medical organizations regarding the health risks and recommended dosages, and materials regarding the risks of impairment and addiction.

- patient education classes with experts in the marihuana or cannabis industry to help Pontiac residents understand the uses, regulations and concerns surrounding marihuana;
- patient support groups conducted by medical professionals or peer led groups;

#### **Description of Drug and Alcohol Awareness Programs** (Sec. 8(c)(29))

The applicant must describe its plan for providing and/or making available to the public drug and alcohol awareness programs.

Applicant should describe the frequency with which it intends to host drug or alcohol awareness programs, including identification of the individuals who will provide information regarding potential risks and addictions, if it intends to host such programs on-site; identify the channels through which it intends to disseminate awareness information; or describe its plan for engaging in partnerships with community organizations to provide referrals to drug and alcohol awareness programs.

<b><u>LAND USE</u></b>
------------------------

In this section the applicant must provide specific information regarding the proposed facility's integration into the surrounding community and mitigation of risks and hazards to neighborhood residents.

#### **Application Page 17**

#### **Detriment to Resident Safety** (Sec. 9(f)(2))

The applicant must explain whether the proposed facility is anticipated to have any detrimental effects on resident safety and, if so, the applicant's plan for mitigating those safety risks, including any systems for communicating threats to neighborhood residents and plans for securing the facility area, such as

surveillance cameras, private security contracts, or agreements with local law enforcement for additional security patrols.

### **Application Page 18**

#### **Consistency with Land Use and Effect on Traffic Patterns** (Sec. 9(f)(2))

The applicant must explain whether the proposed facility is consistent with the character and existing land use in the surrounding neighborhood, including any anticipated impact on neighborhood traffic flow and the applicant's plan to minimize disruptions to neighborhood residents' quality of life and to ensure that residents have continued ease of access to the area. The applicant should specifically describe the availability of parking near the facility and any partnerships with community organizations and/or law enforcement to minimize congestion and potential traffic and neighborhood hazards.

### **Application Page 19**

#### **Note to Applicant:** (Sec. 9(b)(1)-(3); Sec. 17(3))

No application will be approved for a permit unless the proposed medical marihuana facility: (i) is in compliance with all state and local building, electrical, fire, mechanical and plumbing requirements; (ii) complies with the City of Pontiac zoning ordinance; and (iii) has been issued a certificate of occupancy and if necessary, a building permit.

The Waterford Regional Fire Department and Pontiac Building and Safety and Planning Divisions are tasked with reviewing the applicant's compliance with such requirements.

**Also, no application will be approved for a permit unless the applicant is prequalified (step-one approval) for a State of Michigan medical marihuana facilities license by the Michigan Department of Licensing and Regulatory Affairs. While an applicant may submit its application to the Office of the City Clerk prior to receiving such prequalification, such applicant could not receive a permit unless it receives prequalification.**

### **Application Page 20**

This page of the application does not include any requirements of the applicant, but rather is for informational purposes only. This page provides the applicant with the relevant submission and review standards for the submissions required on pages 15 and 19 of the application, such as the floor plan and signage requirements.

Below are applicable standards (PLEASE NOTE THAT THE BELOW IS NOT A COMPLETE LIST OF APPLICABLE STANDARDS):

- All Medical Marihuana Facilities must meet the following applicable Building Codes: (i) Michigan Building Code 2015; (ii) Michigan Mechanical 2015; (iii) Michigan Plumbing Code 2015; and (iv) National Electrical Code 2017
- Applicants shall be required to obtain permits for build out of medical marihuana facilities – such permits may include: (i) Building; (ii) Electrical; (iii) Mechanical; (iv) Plumbing; (v) Fire Alarm (Security System); and (vi) Fire Suppression

- Applicable Medical Marihuana Facilities must meet applicable requirements of the International Fire Code 2015 edition and National Fire Protection Association (NFPA) standards (including NFPA 1 2018)
- Applicants are subject to Property Maintenance Code 2015, Section 107.5
- Review of Medical Marihuana Applications by the City of Pontiac Planning Division; without limitation, review of permits is subject to the following provisions of the Pontiac Zoning Ordinance:
  - Uses Permitted by District: Articles 2, Chapter 2
  - Dimensional and Development Standards for Zoning District: Article 2, Chapter 3
  - Frontage Design Standards: Article 2, Chapter 4
  - Dimension & Development Standards for Specific Uses: Article 2, Chapter 5
  - Special Purpose Zoning Districts: Article 3, Chapter 11
  - General Provision: Article 4
    - Accessory Structures and Fences: Chapter 1
    - General Standards: Chapter 2
    - Parking: Chapter 3
    - Landscaping & Buffering: Chapter 4
    - Exterior Lighting: Chapter 5
    - Performance Standards: Chapter 7
  - Signs: Article 5
  - Site Plan Review: Article 6, Chapter 3
  - Special Exception Permit Review: Article 6, Chapter 3
  - Variances & Appeals: Article 6, Chapter 4
  - Permits, Fees, Violations and Penalties: Article 6, Chapter 7
  - Zoning Text & Map Amendments: Article 6, Chapter 8
  - Public Hearing Procedures: Article 6, Chapter 9
  - Definitions: Article 7, Chapter 1, 2 & 3

## **COMMUNITY IMPACT**

In this section the applicant must provide specific information regarding the proposed facility's efforts to conduct community outreach and minimize traffic, noise, and odor effects.

### **Application Page 21**

#### **Community Outreach and Minimization of Traffic, Noise, and Odors** (Sec. 9(f)(3))

The applicant must describe its efforts to address anticipated community concerns regarding increased noise, odors, and traffic as a result of the facility, including specific strategies to make managers available to address concerns and any technologies that the applicant intends to utilize to mitigate noise and odors.

## **MANAGERIAL RESOURCES**

In this section the applicant must provide specific information regarding the applicant's ability to operate the proposed facility in compliance with applicable laws and regulations.

## Application Page 22

### **Record of Detrimental Acts** (Sec. 9(f)(4))

The applicant must disclose and describe whether it or any of its stakeholders have a record of acts detrimental to the public health, security, safety, morals, good order, or general welfare. This inquiry should be broadly construed and should not be limited to criminal charges or convictions. For each such act, the applicant should disclose the date of the act, the factual background, the resolution of the incident, and any discipline imposed.

## **FINANCIAL RESOURCES**

In this section the applicant must provide specific documentation regarding the applicant's financial resources and sustainability. *All attachments must be clearly labelled with the applicable Ordinance section.*

## Application Page 23

### **Financial Resources** (Sec. 9(f)(5))

The applicant must submit documentation sufficient to reasonably and tangibly demonstrate that it possesses sufficient financial resources to fund, and the requisite business experience to execute, the submitted business plan and other plans required by this application. Suggested documentation includes verified financial statements, bank statements, resumes or other employment records, and tax returns.

## **JOB CREATION**

In this section the applicant must provide specific information regarding the applicant's anticipated job creation and the details of each position.

## Application Page 24

### **Anticipated Job Creation** (Sec. 9(f)(6))

The applicant must identify the job creation to be achieved by the proposed medical marijuana facility, including: (i) the number of full-time and part-time positions the medical marijuana facility is expected to create; (ii) the hourly wages or salaries to be paid for such jobs; (iii) any plans and strategies to attract and hire employees from the City of Pontiac; and (iv) whether the applicant plans to provide employee health and welfare benefit plans, including, but not limited to, sick leave, maternity leave, and paternity leave.

## **PHILANTHROPIC & COMMUNITY IMPROVEMENT**

## Application Page 25

### **Charitable Plans** (Sec. 8(c)(16), 9(f)(7))

Pontiac City Clerk's Office  
47450 Woodward Avenue, Pontiac, MI 48342  
PHONE: (248) 758-3200 FAX: (248) 758-3160

The applicant must describe its proposed charitable plans, whether through financial donations or volunteer work. The applicant should list which charitable organizations it plans to volunteer or work with and/or donate to, and the details of such proposed relationship.

With regards to charitable plans, the City Clerk will consider those community benefits pledged to the City of Pontiac as part of the provisioning center application and award points based on the commitment, quality, duration, community support, and amount pledged of such pledged benefits.

If an applicant does not pledge community benefits, the applicant will receive a zero (0) score for this section.

## **COMMUNITY BENEFITS**

### **Application Page 26**

As part of the scoring and ranking of provisioning center applications, the City Clerk will consider those community benefits pledged to the City of Pontiac as part of the provisioning center application and award points based on the commitment, quality, duration, community support, and amount of such pledged benefits.

If an applicant does not pledge community benefits, that applicant will receive a score of zero (0) in the following categories/subcategories of such applicant's provisioning center application scoring: (i) Content and Sufficiency of the Information, Part D (Community Development Subcategory) (10 possible points); and (ii) Philanthropic and Community Improvement (10 possible points).

## **PHYSICAL IMPROVEMENTS**

In this section the applicant must provide documentation regarding the proposed medical marihuana facility's specific physical location in the community and proximity to other structures. **All attachments must be clearly labelled with the applicable Ordinance section.**

### **Application Page 28**

#### **Proximity to Other Structures** (Sec. 9(f)(8))

Per Section 3.11010 – Buffer Distance Restrictions, of the City of Pontiac's Medical Marihuana Zoning Ordinance #2363, the applicant must submit documentation showing the proximity of the proposed medical marihuana facility to other structures, including (a) whether the proposed medical marihuana facility is more than 1,000 feet from an operational public or private school, and (b) more than 500 feet from an operational commercial childcare organization (non-home occupation) that is licensed or registered with the State of Michigan Department of Health and Human Services or its successor agency, a public park with playground equipment, or a religious institution that is defined as tax exempt by the city assessor.

Such distance between the school, childcare center, public park, or religious institution and the contemplated location shall be measured along the centerline of the street or streets of address between two fixed points on the centerline determined by projecting straight lines, at right angles to the centerline,

from the primary point of ingress to the school, childcare center, or religious institution, or from the playground equipment in a public park, and from the primary point of ingress to the contemplated location.

## **PONTIAC TREASURY INFORMATION REQUEST**

### **Application Page 28**

The applicant must complete the Pontiac Treasury Information Request for the applicant and each stakeholder.

The following information is required:

- General Information:
  - Name
  - Address
  - Phone Number
  - Social Security Number
  - Driver License Number
  - Date of Birth (month/day/year) (e.g., 06/20/1990)
- Employer/Business Information
  - Corporate Name
  - Doing Business As
  - Address
  - Phone Number
  - FEIN
- Do you owe the City of Pontiac Money for any reason: Yes or No, if yes, provide a reason
- Name of any Pontiac area business in which your ownership participation exceeds 25%

## **AFFIDAVIT AND SIGNATURE**

### **Application Page 30**

The applicant is asked to check each box for the attestations on this page indicating that: (i) neither the applicant nor any stakeholder of the applicant is in default to the City of Pontiac (Sec. 8(c)(23)); (ii) the applicant agrees to indemnify the City of Pontiac and the applicant acknowledges that marihuana is currently subject to federal laws (Sec. 8(c)(26)); (iii) the applicant has read the application and discussed it with counsel; and (iv) the applicant consents to inspections required by reason of the application.

The applicant must then sign and date the application on this page.

Failure to check every box on this page or sign and date the application may result in the application being delayed or denied.

## **APPEAL RIGHTS**

### **Application Pages 30 and 31**

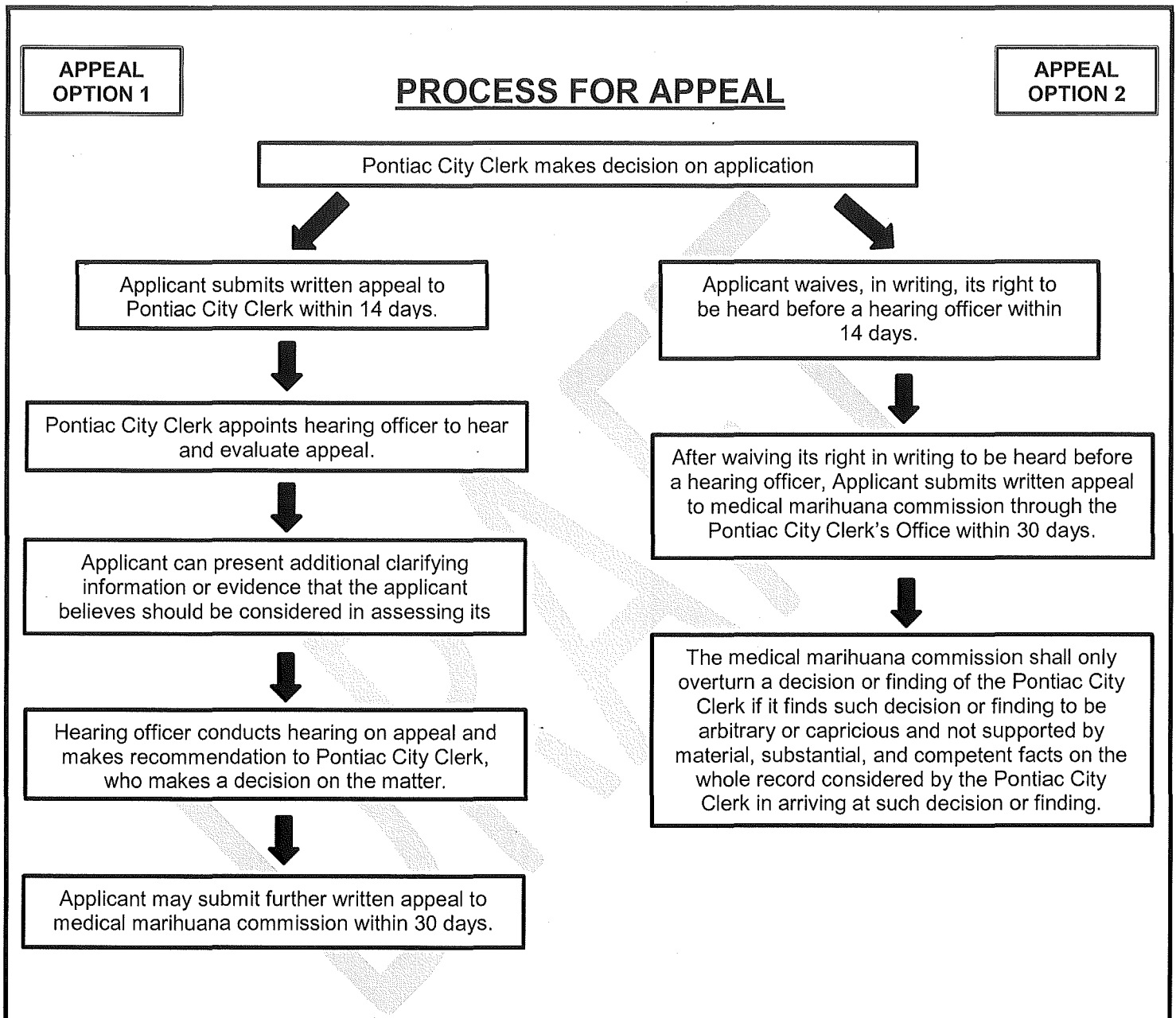
Any applicant aggrieved by the denial of a permit may appeal to the Pontiac City Clerk, who shall appoint a hearing officer to hear and evaluate the appeal and make a recommendation to the Pontiac City Clerk. Such appeal shall be taken by filing with the Pontiac City Clerk, **within fourteen (14) days** after notice of the action complained of has been mailed to the applicant's last known address on the records of the Pontiac City Clerk, a written statement setting forth fully the grounds for the appeal. The Pontiac City Clerk shall review the report and recommendation of the hearing officer and make a decision on the matter. The Pontiac City Clerk's decision may be further appealed to the medical marihuana commission if applied for in writing to the medical marihuana commission **no later than thirty (30) days** after the Pontiac City Clerk's decision.

IN THE ALTERNATIVE, an applicant may choose to **WAIVE**, in writing, its opportunity to be heard before a hearing officer within fourteen (14) days after notice of the action complained of has been mailed to the applicant's last known address and then submit its appeal **directly** to the medical marihuana commission. To do so, an applicant must submit to the medical marihuana commission through the Pontiac City Clerk's Office, **within thirty (30) days** after notice of the action complained of has been mailed to the applicant's last known address on the records of the Pontiac City Clerk, a writing requesting an appeal directly to the medical marihuana commission.

Any decision by the medical marihuana commission on an appeal shall be final for purposes of judicial review. The medical marihuana commission shall review and decide all appeals that are forwarded to it by the Pontiac City Clerk under the Ordinance, and the medical marihuana commission shall review all appeals de novo. The medical marihuana commission shall only overturn a decision or finding of the Pontiac City Clerk if it finds such decision or finding to be arbitrary or capricious and not supported by material, substantial, and competent facts on the whole record considered by the Pontiac City Clerk in arriving at such decision or finding.



This document is a draft and subject to change. This document should not be relied upon for business decisions by third parties or the public. Review, consultation, or use of the document shall not create any right, privilege, contract, or claim by a third party with respect to the City of Pontiac.



**#8**

**COMMUNICATION**

This document is a draft and subject to change. This document should not be relied upon for business decisions by third parties or the public. Review, consultation, or use of the document shall not create any right, privilege, contract, or claim by a third party with respect to the City of Pontiac.

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being denied.

PLEASE TYPE ONLY.

#### OFFICE USE ONLY

Application Number \_\_\_\_\_

Date Rec'd \_\_\_\_\_

Fee Rec'd \_\_\_\_\_

Receipt # \_\_\_\_\_

Applicant Name \_\_\_\_\_



## CITY OF PONTIAC MEDICAL MARIHUANA FACILITY CESAR CHAVEZ OVERLAY DISTRICT

### PROVISIONING CENTER PERMIT APPLICATION



#### One Year Permit Term

Applications must be submitted to the  
Office of the City Clerk  
47450 Woodward Avenue, Pontiac, MI 48342  
Monday-Friday 9:00 a.m.-4:00 p.m.

**DURING THE 21-DAY APPLICATION PERIOD,  
NOVEMBER 6, 2019 THROUGH  
NOVEMBER 27, 2019 ONLY**

**No Applications Will Be Accepted After  
November 27, 2019.**

**The City Will Award No More Than Five (5)  
Permits to Operate Provisioning Centers  
in C-3, M-1, and M-2 zoned properties in the  
Cesar Chavez Overlay District**

**(PONTIAC ORDINANCE #2357B "CITY OF PONTIAC MEDICAL MARIHUANA FACILITIES ORDINANCE")**

#### **\*REVIEW AND FOLLOW THE "MEDICAL MARIHUANA FACILITY PERMIT APPLICATION INSTRUCTIONS" WHEN COMPLETING THIS APPLICATION\***

Each applicant will be scored in each of the following eight categories:

	Category	Max. Points	Ordinance Section
1	<b>Content and Sufficiency</b> <ul style="list-style-type: none"> <li>• <i>Background Information</i> (up to 5 points)</li> <li>• <i>Financial Background</i> (up to 10 points)</li> <li>• <i>Economic Benefits</i> (up to 10 points)</li> <li>• <i>Community Development</i> (up to 10 points) *scored using Community Benefits Scoring</li> <li>• <i>Planning (Facility)</i> (up to 10 points)</li> <li>• <i>Patient Education</i> (up to 5 points)</li> </ul>	50	§9(f)(1)
2	<b>Land Use</b>	20	§9(f)(2)
3	<b>Community Impact</b>	10	§9(f)(3)
4	<b>Managerial Resources</b>	10	§9(f)(4)
5	<b>Financial Resources</b>	10	§9(f)(5)
6	<b>Job Creation</b>	10	§9(f)(6)
7	<b>Philanthropic and Community Improvement</b> *scored using Community Benefits Scoring	10	§9(f)(7)
8	<b>Physical Improvements</b>	10	§9(f)(8)
<b>TOTAL POSSIBLE SCORE</b>		<b>130</b>	

In order to receive the maximum amount of points for pre-qualification with the State of Michigan in the categories of Managerial Resources and Financial Resources, the applicant must have received its pre-qualification prior to submitting its application to the City of Pontiac.

For a detailed explanation of the scoring criteria, please see the *City of Pontiac Medical Marihuana Provisioning Centers Scoring Criteria Guide*.



All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

### APPLICATION CHECKLIST

<input type="checkbox"/>	\$5,000 Application Fee (NON-REFUNDABLE) (Certified Check payable to the City of Pontiac)
<input type="checkbox"/>	One (1) Original and Four (4) Copies of Completed Typed Application
<input type="checkbox"/>	All Attachments Properly Labeled with Ordinance Section Reference
<input type="checkbox"/>	If applicable, State of Michigan pre-qualification letter enclosed.
<b><u>Content and Sufficiency of Information</u></b>	
<i>Background Information</i>	
<input type="checkbox"/>	Complete Applicant Information with Each Item Clearly Identified (Sec. 8(c)(1), (3))
<input type="checkbox"/>	If Applicant is a Corporation, LLC, LLP or Other Entity - Organizational Documentation (Sec. 8(c)(2), (4))
<input type="checkbox"/>	Proposed Ownership Structure of the Entity that Identifies the Ownership Percentage Held by Each Stakeholder (Sec. 8(c)(7))
<input type="checkbox"/>	Current Organization Chart that Includes Position Descriptions and the Names of Each Person Holding such Position (Sec. 8(c)(8))
<input type="checkbox"/>	Criminal Background Reports of the Applicant and the Applicant's Stakeholders Dated within 30 Days of the Date of the Application (Sec. 8(c)(14))
<input type="checkbox"/>	Security Plan Consistent with the Requirements of LARA Rule 35 (Sec. 8(c)(17))
<input type="checkbox"/>	Proof of Premises Liability and Casualty Insurance Consistent with the Requirements of LARA Rule 11 (Sec. 8(c)(25))
<i>Financial Background</i>	
<input type="checkbox"/>	Proposed Business Plan (Sec. 8(c)(6))
<input type="checkbox"/>	Proposed Marketing, Advertising and Business Promotion Plan for the Proposed Medical Marihuana Facility (Sec. 8(c)(9))
<input type="checkbox"/>	Description of Planned Tangible Capital Investment in the City of Pontiac (Sec. 8(c)(10))
<input type="checkbox"/>	Description of the Financial Structure and Financing of the Proposed Medical Marihuana Facility (Sec. 8(c)(12))
<input type="checkbox"/>	Short-Term and Long-Term Business Goals and Objectives for the Proposed Medical Marijuana Facility (Sec. 8(c)(13))
<input type="checkbox"/>	Inventory and Recordkeeping Plan Consistent with the Requirements of LARA (Sec. 8(c)(22))
<input type="checkbox"/>	Verification that the Applicant has a Minimum Capitalization Consistent with the Requirements of LARA Rule 12 (Sec. 8(c)(24))
<i>Economic Benefits</i>	
<input type="checkbox"/>	Explanation of the Economic Benefits to the City of Pontiac and Job Creation to be Achieved (Sec. 8(c)(11))
<i>Community Development</i>	
<input type="checkbox"/>	Description of Proposed Community Outreach and Education Strategies (Sec. 8(c)(15))
<i>Planning (Facility)</i>	
<input type="checkbox"/>	Floor Plan of the Proposed Medical Marihuana Facility Consistent with Requirements of Section 6.208 of the City of Pontiac Zoning Ordinance (Sec. 8(c)(18))
<input type="checkbox"/>	Scale Diagram Illustrating the Property Upon Which the Proposed Medical Marihuana Facility is to be Operated, Including all Available Parking Spaces and Specifying Which Parking Spaces are Handicapped Accessible (Sec. 8(c)(19))
<input type="checkbox"/>	Depiction of any Proposed Text or Graphic Materials to be Shown on Exterior of Proposed Medical Marihuana Facility (Sec. 8(c)(20))
<input type="checkbox"/>	Facility Sanitation Plan (Sec. 8(c)(21))
<input type="checkbox"/>	Location Map that Identifies the Relative Locations of, and Distances from, the Nearest School, Childcare Center, Public Park containing Playground Equipment, or Religious Institution (Sec. 8(c)(27))
<i>Patient Education</i>	
<input type="checkbox"/>	Description of Employee Training and Education (Sec. 8(c)(5))
<input type="checkbox"/>	Plan for Patient Education Program Consistent with the Requirements of LARA (Sec. 8(c)(28))
<input type="checkbox"/>	Description of Drug and Alcohol Awareness Programs (Sec. 8(c)(29))
<b><u>Land Use</u></b>	
<input type="checkbox"/>	Description of Impact on Resident Safety (Sec. 9(f)(2))
<input type="checkbox"/>	Description of Impact on Traffic Patterns and Consistency with Neighborhood Land Use (Sec. 9(f)(2))
<input type="checkbox"/>	Compliance with All State and Local Building, Electrical, Fire, Mechanical and Plumbing Requirements (Sec. 9(b)(1))
<input type="checkbox"/>	Compliance with the Zoning Ordinance (Sec. 9(b)(2))
<input type="checkbox"/>	Facility has been Issued a Certificate of Occupancy and, if Necessary, a Building Permit (Sec. 9(b)(3))
<b><u>Community Impact</u></b>	
<input type="checkbox"/>	Description of Planned Outreach on Behalf of Facility Including Plans to Eliminate Traffic, Noise, and Odor Effects (Sec. 9(f)(3))
<b><u>Managerial Resources</u></b>	
<input type="checkbox"/>	Record of Acts Detrimental to the Public Health, Security, Safety, Morals, Good Order, or General Welfare (Sec. 9(f)(4))
<b><u>Financial Resources</u></b>	
<input type="checkbox"/>	Reasonable and Tangible Demonstration of Sufficient Financial Resources and Business Experience to Execute Business Plans (Sec. 9(f)(5))
<b><u>Job Creation</u></b>	
<input type="checkbox"/>	Number of Full-Time and Part-Time Positions To Be Created, Hourly Wages and Salaries; Plans to Attract Employees from City of Pontiac, and Health and Welfare Benefits (Sec. 9(f)(6))
<b><u>Philanthropic and Community Improvement</u></b>	
<input type="checkbox"/>	Description of the Proposed Charitable Plans (Sec. 8(c)(16), (9)(7))
<b><u>Community Benefits</u></b>	
<input type="checkbox"/>	If an Applicant Intends to Pledge Community Benefits to the City of Pontiac, Please Describe the Benefits that the Applicant has Pledged to Provide to the City of Pontiac.
<b><u>Physical Improvements</u></b>	
<input type="checkbox"/>	Proximity to Other Structures, Including 1,000 Feet from School and 500 Feet from Daycare, Public Park, or Religious Institution (Sec. 9(f)(8))
<b><u>Affidavit and Signature</u></b>	
<input type="checkbox"/>	Affidavit that Neither the Applicant nor any Stakeholder is in Default to the City of Pontiac (Sec. 8(c)(23))
<input type="checkbox"/>	Signed Acknowledgement that Marihuana Use, Cultivation, Possession, Dispensing, Testing, Transporting and Distribution Are Subject to Federal Law, and Indemnification of the City of Pontiac (Sec. 8(c)(26))

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>BACKGROUND INFORMATION</u></b>
--------------------------------------

**Establishment Information**

☐ **Provisioning Center**

Name of Establishment		Establishment Phone Number	
Establishment Address	City	State	Zip

Establishment is:      ☐ **Owned**                      ☐ **Leased**

**Applicant Type**

☐ **Individual**                      ☐ **Corporation**                      ☐ **LLC**                      ☐ **LLP**                      ☐ **Other** \_\_\_\_\_

**Applicant Information**

Applicant Name		Date of Birth (if individual) (month/day/year)/EIN (if entity):	
Phone Number		Secondary Phone Number (if available)	
Applicant Address	City	State	Zip
Applicant Email Address			

(Sec. 8(c)(1), (3))

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**BACKGROUND INFORMATION (cont.)**

**Stakeholder Information** – Corporations, LLCs, LLPs and other non-individual entity applicants must complete this sheet for every Stakeholder (the officers, directors, and managerial employees of an applicant and any persons who hold any direct or indirect ownership interest in the applicant). THE FIRST STAKEHOLDER LISTED BELOW WILL BE THE DESIGNATED CONTACT FOR THE APPLICANT. *Make additional copies as needed.*

Name (DESIGNATED CONTACT)		Date of Birth (month/day/year)	
Phone Number		Secondary Phone Number (if available)	
Address	City	State	Zip
Email Address			

Name		Date of Birth (month/day/year)	
Phone Number		Secondary Phone Number (if available)	
Address	City	State	Zip
Email Address			

Name		Date of Birth (month/day/year)	
Phone Number		Secondary Phone Number (if available)	
Address	City	State	Zip
Email Address			

(Sec. 8(c)(1))



All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>BACKGROUND INFORMATION (cont.)</u></b>
--

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 8(C)(2)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**Entity Information:**

- If the applicant is a corporation, LLC, LLP or other entity, the applicant must attach the entity organizational documentation, including:
  - Articles of incorporation or organization of the Applicant (**Attachment Label: Sec. 8(c)(2)**)
  - Bylaws or operating agreement of the Applicant (**Attachment Label: Sec. 8(c)(4)**)
- Submit documentation that describes the proposed ownership structure of the entity and that identifies the ownership percentages held by each stakeholder (**Attachment Label: Sec. 8(c)(7)**)
- Submit a current organization chart that includes position descriptions and the names of each person holding such position (**Attachment Label: Sec. 8(c)(8)**)

Applicant must also make the following submissions for its proposed operations:

- Security plan for proposed medical marihuana facility consistent with the requirements of LARA Rule 35 (**Attachment Label: Sec. 8(c)(17)**)
- Proof of premises liability and casualty insurance consistent with the requirements of LARA Rule 11 (**Attachment Label: Sec. 8(c)(25)**)

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>BACKGROUND INFORMATION (cont.)</u></b>
--

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(14)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**CRIMINAL BACKGROUND**

Applicant must make the following submission for review of applicable criminal background history:

- Criminal background reports of the applicant's and the applicant's stakeholders' criminal history dated within 30 days of the date of this application (**Attachment Label: Sec. 8(c)(14)**)
  - Such report shall be obtained through Internet Criminal History Access Tool (ICHAT) for applicants residing in Michigan and/or through another state sponsored or authorized criminal history access source for applicants who reside in other states or who have resided in other states within 5 years prior to the date of this application.
  - Such reports must be obtained by applicant and attached to this application.

DRAFT



All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>FINANCIAL BACKGROUND</u></b>
------------------------------------

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(6)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(6))**

Proposed business plan for the applicant.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>FINANCIAL BACKGROUND (cont.)</u></b>
--

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(10)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(10))**

Describe the planned tangible capital investment in the City of Pontiac, including detail related to the number and nature of proposed medical marihuana facilities, and whether the locations of such facilities will be owned or leased. Attach a copy of the executed deed or lease to this application.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>FINANCIAL BACKGROUND (cont.)</u></b>
--

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(12)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(12))**

Describe the financial structure and the financing of the proposed medical marihuana facility. Graphical images are acceptable, so long as the entities or individuals referenced on the graph have been identified in this application.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>FINANCIAL BACKGROUND</u> (cont.)</b>
--

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(13)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(13))**

Describe the short-term and long-term business goals and objectives for the proposed medical marihuana facility.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>FINANCIAL BACKGROUND (cont.)</u></b>
--

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 8(C)(9)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Submit the following additional information:

- Proposed marketing, advertising and business promotion plan for the proposed medical marihuana facility (**Attachment Label: Sec. 8(c)(9)**)
- Inventory and recordkeeping plan consistent with the requirements of LARA (**Attachment Label: Sec. 8(c)(22)**)
- Verification that the applicant has a minimum capitalization consistent with the requirements of LARA Rule 12 (**Attachment Label: Sec. 8(c)(24)**)
  - Such verification shall be provided by submitting CPA attested financial statements documenting capitalization requirements.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>ECONOMIC BENEFITS</u></b>
---------------------------------

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(11)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(11))**

Explain the economic benefits to the City of Pontiac and job creation to be achieved, including the number and type of jobs the medical marihuana facility 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 facility.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>COMMUNITY DEVELOPMENT</u></b>
-------------------------------------

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(15)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Regarding this Section, the City Clerk will consider those community benefits pledged to the City of Pontiac as part of this Application and award points based on the quality, quantity, and duration of such pledged benefits.

If an applicant does not pledge community benefits, the applicant will receive a zero (0) score for this section.

**(Attachment Label: Sec. 8(c)(15))**

Describe the applicant's proposed community outreach and education strategies.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>PLANNING (FACILITY)</b>
----------------------------

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 8(C)(18)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Applicant must make the following submissions for its proposed location:

- Floor plan of the proposed medical marihuana facility consistent with requirements of Section 6.208 of the City of Pontiac zoning ordinance (**Attachment Label: Sec. 8(c)(18)**)
- Scale diagram (in the form of a property survey prepared by a licensed professional surveyor) illustrating the property upon which the proposed medical marihuana facility is to be operated, including all available parking spaces and specifying which parking spaces are handicapped accessible (**Attachment Label: Sec. 8(c)(19)**)
- Depiction of any proposed text or graphic materials to be shown on the exterior of the proposed medical marihuana facility (**Attachment Label: Sec. 8(c)(20)**)
- Facility sanitation plan (**Attachment Label: Sec. 8(c)(21)**)
  - This plan must describe how waste will be stored and disposed and how marihuana will be rendered unusable upon disposal at the proposed medical marihuana facility.
- Location map (in the form of a survey map prepared by a licensed professional surveyor) that identifies the relative locations of, and distances from, the nearest school, childcare center, public park containing playground equipment, or religious institution (**Attachment Label: Sec. 8(c)(27)**)
  - Per Section 3.11010 – Buffer Distance Restrictions, of the City of Pontiac’s Medical Marihuana Zoning Ordinance #2363, the measurement must be taken along the centerline of the street or street of address between two fixed points on the centerline determined by projecting straight lines, at right angles to the centerline, from the primary point of ingress to the school, childcare center or religious institution, or, for a public park, from the playground equipment nearest the contemplated location, and from the primary point of ingress to the contemplated location.



All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**PATIENT EDUCATION**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(5)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(5))**

Describe the training and education that the applicant will provide to all employees.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>PATIENT EDUCATION</u> (cont.)</b>
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**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 8(C)(28)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Applicant must make the following submissions for its proposed operations:

- Patient education plan (**Attachment Label: Sec. 8(c)(28)**)
- Plan for drug and alcohol awareness programs provided or arranged for by the applicant and available to public (**Attachment Label: Sec. 8(c)(29)**)

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>LAND USE</u></b>
------------------------

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 9(f)(2)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 9(f)(2))**

Describe the applicant's plan for mitigating detriments to resident safety.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**LAND USE (cont.)**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 9(f)(2)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 9(f)(2))**

Describe the proposed facility's consistency with the land use for the surrounding neighborhood and its impact on traffic patterns.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>LAND USE (cont.)</b>
-------------------------

No application will be approved for a permit unless:

- The fire department and the departments of building and safety and planning or another relevant department have confirmed that the proposed location is in compliance with all state and local building, electrical, fire, mechanical and plumbing requirements **(Sec. 9(b)(1))**
- The departments of building and safety and planning or another relevant department has confirmed that the proposed location complies with the zoning ordinance **(Sec. 9(b)(2))**
- The proposed medical marihuana facility has been issued a certificate of occupancy and, if necessary, a building permit **(Sec. 9(b)(3))**
- The applicant is prequalified (step-one approval) for a State of Michigan medical marihuana facilities license by the Michigan Department of Licensing and Regulatory Affairs **(Sec. 17(3))**

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>LAND USE (cont.)</b>
-------------------------

**Note to Applicants:** the submissions set forth on the previous page of this application and the medical marihuana facility are subject to the following submission and review standards (PLEASE NOTE THAT THE BELOW IS NOT A COMPLETE LIST OF APPLICABLE STANDARDS):

- All medical marihuana facilities must meet the following applicable building codes: (i) Michigan Building Code 2015; (ii) Michigan Mechanical 2015; (iii) Michigan Plumbing Code 2015; and (iv) National Electrical Code 2017
- Applicants shall be required to obtain permits for build out of medical marihuana facilities – such permits may include: (i) Building; (ii) Electrical; (iii) Mechanical; (iv) Plumbing; (v) Fire Alarm (Security System); and (vi) Fire Suppression
- Applicable medical marihuana facilities must meet applicable requirements of the International Fire Code 2015 edition and National Fire Protection Association (NFPA) standards (including NFPA 1 2018)
- Applicants are subject to Property Maintenance Code 2015, Section 107.5
- Review of medical marihuana applications by the City of Pontiac planning division; without limitation, review of permits is subject to the following provisions of the Pontiac zoning ordinance:
  - Uses Permitted by District: Articles 2, Chapter 2
  - Dimensional and Development Standards for Zoning District: Article 2, Chapter 3
  - Frontage Design Standards: Article 2, Chapter 4
  - Dimension & Development Standards for Specific Uses: Article 2, Chapter 5
  - Special Purpose Zoning Districts: Article 3, Chapter 11
  - General Provision: Article 4
    - Accessory Structures and Fences: Chapter 1
    - General Standards: Chapter 2
    - Parking: Chapter 3
    - Landscaping & Buffering: Chapter 4
    - Exterior Lighting: Chapter 5
    - Performance Standards: Chapter 7
  - Signs: Article 5
  - Site Plan Review: Article 6, Chapter 3
  - Special Exception Permit Review: Article 6, Chapter 3
  - Variances & Appeals: Article 6, Chapter 4
  - Permits, Fees, Violations and Penalties: Article 6, Chapter 7
  - Zoning Text & Map Amendments: Article 6, Chapter 8
  - Public Hearing Procedures: Article 6, Chapter 9
  - Definitions: Article 7, Chapter 1, 2 & 3

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>COMMUNITY IMPACT</u></b>
--------------------------------

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 9(f)(3)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 9(f)(3))**

Describe the applicant's planned outreach on behalf of the facility, including plans to eliminate or minimize traffic, noise, and odor effects.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>MANAGERIAL RESOURCES</u></b>
------------------------------------

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 9(f)(4)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 9(f)(4))**

For the applicant and for each stakeholder, disclose and describe any record of acts detrimental to the public health, security, safety, morals, good order, or general welfare.

DRAFT



All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>FINANCIAL RESOURCES</u></b>
-----------------------------------

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 9(F)(5)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Applicant must make the following submissions for its proposed operations:

- Reasonable and tangible demonstration of sufficient financial resources and business experience to execute business plan (**Attachment Label: Sec. 9(f)(5)**)

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**JOB CREATION**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 9(f)(6)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 9(f)(6))**

Identify the number of full-time and part-time positions the applicant intends to create; the hourly wages or salaries the applicant intends to pay employees; any plans and strategies to attract and hire employees from the City of Pontiac; and whether the applicant plans to provide employee health and welfare benefit plans, including, but not limited to, sick leave, maternity leave, and paternity leave.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>PHILANTHROPIC AND COMMUNITY IMPROVEMENT</b>
--

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(c)(16)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Regarding this Section, the City Clerk will consider those community benefits pledged to the City of Pontiac as part of the provisioning center application and award points based on the commitment, quality, duration, community support and amount pledged of such pledged benefits.

If an applicant does not pledge community benefits, the applicant will receive a zero (0) score for this section.

**(Attachment Label: Sec. 8(c)(16), 9(f)(7))**

Describe the proposed charitable plans of the applicant, whether through financial donations or volunteer work.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>COMMUNITY BENEFITS</b>
---------------------------

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (COMMUNITY BENEFITS); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Community Benefits)**

In evaluating and scoring applications, the City Clerk will consider those community benefits pledged to the City of Pontiac as part of the provisioning center application and award points based on the commitment, quality, duration, community support, and amount pledged of such pledged benefits.

If an applicant does not pledge community benefits, that applicant will receive a score of zero (0) in the following categories/subcategories of this Application's scoring: (i) Content and Sufficiency of the Information, Part D (Community Development Subcategory) (10 possible points); and (ii) Philanthropic and Community Improvement (10 possible points).

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>COMMUNITY BENEFITS (cont.)</b>
-----------------------------------

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (COMMUNITY BENEFITS AGREEMENT); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Community Benefits)**

If you intend to pledge Community Benefits to the City of Pontiac, please describe the benefits that you have pledged to provide to the City of Pontiac. This would include the pledges you made under *Content and Sufficiency of Information, Part D (Community Development Subcategory)* and *Philanthropic and Community Improvement*.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>PHYSICAL IMPROVEMENTS</b>
------------------------------

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 9(F)(8)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Applicant must submit documentation of the following:

- Per Section 3.11010 – Buffer Distance Restrictions, of the City of Pontiac’s Medical Marihuana Zoning Ordinance #2363, proximity of the proposed medical marihuana facility to other structures, including
  - Whether the proposed medical marihuana facility is more than 1,000 feet from an operational public or private school, and
  - More than 500 feet from an operational commercial childcare organization (non-home occupation) that is licensed or registered with the State of Michigan Department of Health and Human Services or its successor agency, a public park with playground equipment, or a religious institution that is defined as tax exempt by the city assessor.
    - Such distance between the school, childcare center, public park, or religious institution and the contemplated location shall be measured along the centerline of the street or streets of address between two fixed points on the centerline determined by projecting straight lines, at right angles to the centerline, from the primary point of ingress to the school, childcare center, or religious institution, or from the playground equipment in a public park, and from the primary point of ingress to the contemplated location (**Attachment Label: Sec. 9(f)(8)**)

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**\*COMPLETE FOR APPLICANT AND EACH STAKEHOLDER\***

**PONTIAC CITY TREASURER'S OFFICE**

**47450 Woodward Ave - 1st Floor**

**Pontiac, MI 48342**

**(248) 758-3272 FAX (248) 758-3177**

**PONTIAC TREASURY INFORMATION REQUEST**

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

Home Address: \_\_\_\_\_

Since: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_

Employer/Business Information

Corporate Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Address: \_\_\_\_\_

Since: \_\_\_\_\_

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 Pontiac area business in which your ownership participation exceeds 25%: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## AFFIDAVIT AND SIGNATURE

- ☐ I swear and affirm that neither I, the applicant, nor any stakeholder of the applicant, is in default to the City of Pontiac, including for failure to pay any property taxes, special assessments, fines, fees or other financial obligations to the City. (Sec. 8(c)(23))
- ☐ I acknowledge that I, the applicant, understand that all matters related to marihuana cultivation, possession, dispensing, testing, transporting, distribution and use are currently subject to Federal laws, and that the approval of a permit hereunder does not exonerate or exculpate the applicant from exposure to any penalties associated therewith. Further, the applicant completely releases and forever discharges the City of Pontiac and its respective employees, agents, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory or recovery, which the applicant or its stakeholders may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of the applicant or stakeholders' application for a permit and, if issued a permit, the applicant or stakeholders' operation of a medical marihuana facility. (Sec. 8(c)(26))
- ☐ I, the applicant, have read and am fully aware of all plans and details listed in this application, and have been provided the opportunity to discuss its contents with any applicable professionals, including but not limited to an attorney of my choosing.
- ☐ I, the applicant, consent to inspections, examinations, searches and seizures required or undertaken in relation to this application or the City of Pontiac Medical Marihuana Facilities Ordinance, including without limitation any criminal and financial background checks.

I swear and affirm, under the penalties of perjury, that the information and statements set forth in this application, including all attachments hereto, are true and complete.

Printed Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

*Subscribed & sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_*

*Notary Signature \_\_\_\_\_*

*Printed Name \_\_\_\_\_ My Commission Expires \_\_\_\_\_*

*Notary Public, \_\_\_\_\_ County, MI Acting in the County of \_\_\_\_\_*

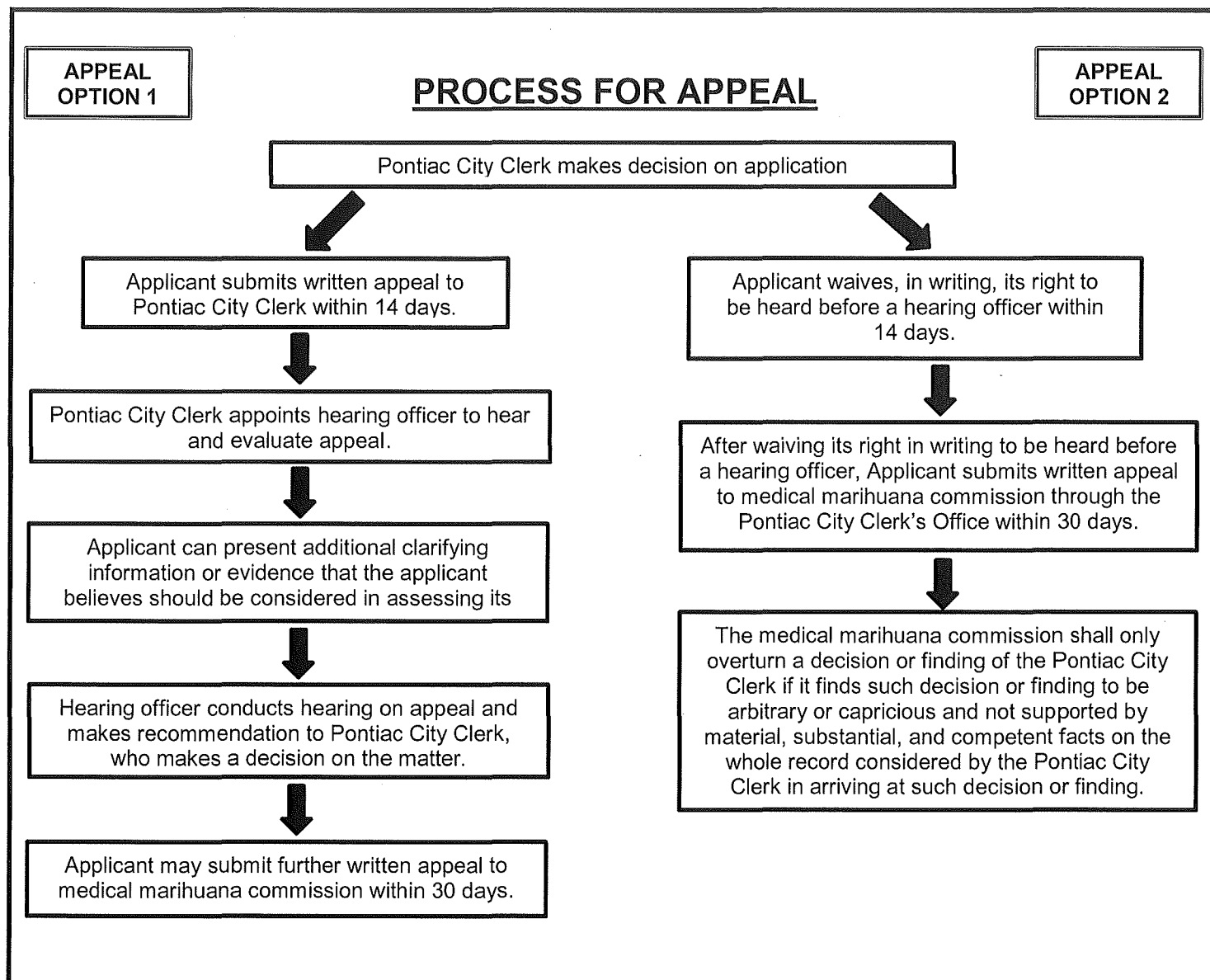
## APPEAL RIGHTS

Any applicant aggrieved by the denial of a permit may appeal to the Pontiac City Clerk, who shall appoint a hearing officer to hear and evaluate the appeal and make a recommendation to the Pontiac City Clerk. Such appeal shall be taken by filing with the Pontiac City Clerk, **within fourteen (14) days** after notice of the action complained of has been mailed to the applicant's last known address on the records of the Pontiac City Clerk, a written statement setting forth fully the grounds for the appeal. The Pontiac City Clerk shall review the report and recommendation of the hearing officer and make a decision on the matter. The Pontiac City Clerk's decision may be further appealed to the medical marihuana commission if applied for in writing to the medical marihuana commission **no later than thirty (30) days** after the Pontiac City Clerk's decision.

IN THE ALTERNATIVE, an applicant may choose to **WAIVE**, in writing, its opportunity to be heard before a hearing officer within fourteen (14) days after notice of the action complained of has been mailed to the applicant's last known address and then submit its appeal **directly** to the medical marihuana commission. To do so, an applicant must submit to the medical marihuana commission through the Pontiac City Clerk's Office, **within thirty (30) days** after notice of the action complained of has been mailed to the applicant's last known address on the records of the Pontiac City Clerk, a writing requesting an appeal directly to the medical marihuana commission.



Any decision by the medical marihuana commission on an appeal shall be final for purposes of judicial review. The medical marihuana commission shall review and decide all appeals that are forwarded to it by the Pontiac City Clerk under the Ordinance, and the medical marihuana commission shall review all appeals de novo. The medical marihuana commission shall only overturn a decision or finding of the Pontiac City Clerk if it finds such decision or finding to be arbitrary or capricious and not supported by material, substantial, and competent facts on the whole record considered by the Pontiac City Clerk in arriving at such decision or finding.



**#9**

**COMMUNICATION**

This document is a draft and subject to change. This document should not be relied upon for business decisions by third parties or the public. Review, consultation, or use of the document shall not create any right, privilege, contract, or claim by a third party with respect to the City of Pontiac.

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being denied.

PLEASE TYPE ONLY.

#### OFFICE USE ONLY

Application Number \_\_\_\_\_

Date Rec'd \_\_\_\_\_

Fee Rec'd \_\_\_\_\_

Receipt # \_\_\_\_\_

Applicant Name \_\_\_\_\_



## CITY OF PONTIAC MEDICAL MARIHUANA FACILITY DOWNTOWN OVERLAY DISTRICT

### PROVISIONING CENTER PERMIT APPLICATION



#### One Year Permit Term

Applications must be submitted to the  
Office of the City Clerk  
47450 Woodward Avenue, Pontiac, MI 48342  
Monday-Friday 9:00 a.m.-4:00 p.m.

**DURING THE 21-DAY APPLICATION PERIOD,  
NOVEMBER 6, 2019 THROUGH  
NOVEMBER 27, 2019 ONLY**

**No Applications Will Be Accepted After  
November 27, 2019.**

**The City Will Award No More Than Five (5)  
Permits to Operate Provisioning Centers  
in C-3, M-1, and M-2 zoned properties in the  
Downtown Overlay District**

(PONTIAC ORDINANCE #2357B "CITY OF PONTIAC MEDICAL MARIHUANA FACILITIES ORDINANCE")

#### \*REVIEW AND FOLLOW THE "MEDICAL MARIHUANA FACILITY PERMIT APPLICATION INSTRUCTIONS" WHEN COMPLETING THIS APPLICATION\*

Each applicant will be scored in each of the following eight categories:

	Category	Max. Points	Ordinance Section
1	<b>Content and Sufficiency</b> <ul style="list-style-type: none"> <li>• <i>Background Information</i> (up to 5 points)</li> <li>• <i>Financial Background</i> (up to 10 points)</li> <li>• <i>Economic Benefits</i> (up to 10 points)</li> <li>• <i>Community Development</i> (up to 10 points)</li> <li>• <i>*scored using Community Benefits Scoring</i></li> <li>• <i>Planning (Facility)</i> (up to 10 points)</li> <li>• <i>Patient Education</i> (up to 5 points)</li> </ul>	50	§9(f)(1)
2	<b>Land Use</b>	20	§9(f)(2)
3	<b>Community Impact</b>	10	§9(f)(3)
4	<b>Managerial Resources</b>	10	§9(f)(4)
5	<b>Financial Resources</b>	10	§9(f)(5)
6	<b>Job Creation</b>	10	§9(f)(6)
7	<b>Philanthropic and Community Improvement</b> <i>*scored using Community Benefits Scoring</i>	10	§9(f)(7)
8	<b>Physical Improvements</b>	10	§9(f)(8)
	<b>TOTAL POSSIBLE SCORE</b>	<b>130</b>	

In order to receive the maximum amount of points for pre-qualification with the State of Michigan in the categories of Managerial Resources and Financial Resources, the applicant must have received its pre-qualification prior to submitting its application to the City of Pontiac.

For a detailed explanation of the scoring criteria, please see the *City of Pontiac Medical Marihuana Provisioning Centers Scoring Criteria Guide*.



All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

### APPLICATION CHECKLIST

<input type="checkbox"/>	<b>\$5,000 Application Fee (NON-REFUNDABLE)</b> (Certified Check payable to the City of Pontiac)
<input type="checkbox"/>	One (1) Original and Four (4) Copies of Completed Typed Application
<input type="checkbox"/>	All Attachments Properly Labeled with Ordinance Section Reference
<input type="checkbox"/>	If applicable, State of Michigan pre-qualification letter enclosed.
<b><u>Content and Sufficiency of Information</u></b>	
<i>Background Information</i>	
<input type="checkbox"/>	Complete Applicant Information with Each Item Clearly Identified (Sec. 8(c)(1), (3))
<input type="checkbox"/>	If Applicant is a Corporation, LLC, LLP or Other Entity - Organizational Documentation (Sec. 8(c)(2), (4))
<input type="checkbox"/>	Proposed Ownership Structure of the Entity that Identifies the Ownership Percentage Held by Each Stakeholder (Sec. 8(c)(7))
<input type="checkbox"/>	Current Organization Chart that Includes Position Descriptions and the Names of Each Person Holding such Position (Sec. 8(c)(8))
<input type="checkbox"/>	Criminal Background Reports of the Applicant and the Applicant's Stakeholders Dated within 30 Days of the Date of the Application (Sec. 8(c)(14))
<input type="checkbox"/>	Security Plan Consistent with the Requirements of LARA Rule 35 (Sec. 8(c)(17))
<input type="checkbox"/>	Proof of Premises Liability and Casualty Insurance Consistent with the Requirements of LARA Rule 11 (Sec. 8(c)(25))
<i>Financial Background</i>	
<input type="checkbox"/>	Proposed Business Plan (Sec. 8(c)(6))
<input type="checkbox"/>	Proposed Marketing, Advertising and Business Promotion Plan for the Proposed Medical Marihuana Facility (Sec. 8(c)(9))
<input type="checkbox"/>	Description of Planned Tangible Capital Investment in the City of Pontiac (Sec. 8(c)(10))
<input type="checkbox"/>	Description of the Financial Structure and Financing of the Proposed Medical Marihuana Facility (Sec. 8(c)(12))
<input type="checkbox"/>	Short-Term and Long-Term Business Goals and Objectives for the Proposed Medical Marijuana Facility (Sec. 8(c)(13))
<input type="checkbox"/>	Inventory and Recordkeeping Plan Consistent with the Requirements of LARA (Sec. 8(c)(22))
<input type="checkbox"/>	Verification that the Applicant has a Minimum Capitalization Consistent with the Requirements of LARA Rule 12 (Sec. 8(c)(24))
<i>Economic Benefits</i>	
<input type="checkbox"/>	Explanation of the Economic Benefits to the City of Pontiac and Job Creation to be Achieved (Sec. 8(c)(11))
<i>Community Development</i>	
<input type="checkbox"/>	Description of Proposed Community Outreach and Education Strategies (Sec. 8(c)(15))
<i>Planning (Facility)</i>	
<input type="checkbox"/>	Floor Plan of the Proposed Medical Marihuana Facility Consistent with Requirements of Section 6.208 of the City of Pontiac Zoning Ordinance (Sec. 8(c)(18))
<input type="checkbox"/>	Scale Diagram Illustrating the Property Upon Which the Proposed Medical Marihuana Facility is to be Operated, Including all Available Parking Spaces and Specifying Which Parking Spaces are Handicapped Accessible (Sec. 8(c)(19))
<input type="checkbox"/>	Depiction of any Proposed Text or Graphic Materials to be Shown on Exterior of Proposed Medical Marihuana Facility (Sec. 8(c)(20))
<input type="checkbox"/>	Facility Sanitation Plan (Sec. 8(c)(21))
<input type="checkbox"/>	Location Map that Identifies the Relative Locations of, and Distances from, the Nearest School, Childcare Center, Public Park containing Playground Equipment, or Religious Institution (Sec. 8(c)(27))
<i>Patient Education</i>	
<input type="checkbox"/>	Description of Employee Training and Education (Sec. 8(c)(5))
<input type="checkbox"/>	Plan for Patient Education Program Consistent with the Requirements of LARA (Sec. 8(c)(28))
<input type="checkbox"/>	Description of Drug and Alcohol Awareness Programs (Sec. 8(c)(29))
<b><u>Land Use</u></b>	
<input type="checkbox"/>	Description of Impact on Resident Safety (Sec. 9(f)(2))
<input type="checkbox"/>	Description of Impact on Traffic Patterns and Consistency with Neighborhood Land Use (Sec. 9(f)(2))
<input type="checkbox"/>	Compliance with All State and Local Building, Electrical, Fire, Mechanical and Plumbing Requirements (Sec. 9(b)(1))
<input type="checkbox"/>	Compliance with the Zoning Ordinance (Sec. 9(b)(2))
<input type="checkbox"/>	Facility has been Issued a Certificate of Occupancy and, if Necessary, a Building Permit (Sec. 9(b)(3))
<b><u>Community Impact</u></b>	
<input type="checkbox"/>	Description of Planned Outreach on Behalf of Facility Including Plans to Eliminate Traffic, Noise, and Odor Effects (Sec. 9(f)(3))
<b><u>Managerial Resources</u></b>	
<input type="checkbox"/>	Record of Acts Detrimental to the Public Health, Security, Safety, Morals, Good Order, or General Welfare (Sec. 9(f)(4))
<b><u>Financial Resources</u></b>	
<input type="checkbox"/>	Reasonable and Tangible Demonstration of Sufficient Financial Resources and Business Experience to Execute Business Plans (Sec. 9(f)(5))
<b><u>Job Creation</u></b>	
<input type="checkbox"/>	Number of Full-Time and Part-Time Positions To Be Created, Hourly Wages and Salaries; Plans to Attract Employees from City of Pontiac, and Health and Welfare Benefits (Sec. 9(f)(6))
<b><u>Philanthropic and Community Improvement</u></b>	
<input type="checkbox"/>	Description of the Proposed Charitable Plans (Sec. 8(c)(16), 9(f)(7))
<b><u>Community Benefits</u></b>	
<input type="checkbox"/>	If an Applicant Intends to Pledge Community Benefits to the City of Pontiac, Please Describe the Benefits that the Applicant has Pledged to Provide to the City of Pontiac.
<b><u>Physical Improvements</u></b>	
<input type="checkbox"/>	Proximity to Other Structures, Including 1,000 Feet from School and 500 Feet from Daycare, Public Park, or Religious Institution (Sec. 9(f)(8))
<b><u>Affidavit and Signature</u></b>	
<input type="checkbox"/>	Affidavit that Neither the Applicant nor any Stakeholder is in Default to the City of Pontiac (Sec. 8(c)(23))
<input type="checkbox"/>	Signed Acknowledgement that Marihuana Use, Cultivation, Possession, Dispensing, Testing, Transporting and Distribution Are Subject to Federal Law, and Indemnification of the City of Pontiac (Sec. 8(c)(26))

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>BACKGROUND INFORMATION</u></b>
--------------------------------------

**Establishment Information**

☐ **Provisioning Center**

Name of Establishment		Establishment Phone Number	
Establishment Address	City	State	Zip

Establishment is:      ☐ **Owned**                      ☐ **Leased**

**Applicant Type**

☐ **Individual**              ☐ **Corporation**              ☐ **LLC**              ☐ **LLP**              ☐ **Other** \_\_\_\_\_

**Applicant Information**

Applicant Name		Date of Birth (if individual) (month/day/year)/EIN (if entity):	
Phone Number		Secondary Phone Number (if available)	
Applicant Address	City	State	Zip
Applicant Email Address			

(Sec. 8(c)(1), (3))

All questions on this form must be answered completely and truthfully.  
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PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**BACKGROUND INFORMATION (cont.)**

**Stakeholder Information** – Corporations, LLCs, LLPs and other non-individual entity applicants must complete this sheet for every Stakeholder (the officers, directors, and managerial employees of an applicant and any persons who hold any direct or indirect ownership interest in the applicant). **THE FIRST STAKEHOLDER LISTED BELOW WILL BE THE DESIGNATED CONTACT FOR THE APPLICANT. *Make additional copies as needed.***

Name (DESIGNATED CONTACT)		Date of Birth (month/day/year)	
Phone Number		Secondary Phone Number (if available)	
Address	City	State	Zip
Email Address			

Name		Date of Birth (month/day/year)	
Phone Number		Secondary Phone Number (if available)	
Address	City	State	Zip
Email Address			

Name		Date of Birth (month/day/year)	
Phone Number		Secondary Phone Number (if available)	
Address	City	State	Zip
Email Address			

(Sec. 8(c)(1))



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PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>BACKGROUND INFORMATION (cont.)</u></b>
--

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 8(C)(2)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**Entity Information:**

- If the applicant is a corporation, LLC, LLP or other entity, the applicant must attach the entity organizational documentation, including:
  - Articles of incorporation or organization of the Applicant (**Attachment Label: Sec. 8(c)(2)**)
  - Bylaws or operating agreement of the Applicant (**Attachment Label: Sec. 8(c)(4)**)
- Submit documentation that describes the proposed ownership structure of the entity and that identifies the ownership percentages held by each stakeholder (**Attachment Label: Sec. 8(c)(7)**)
- Submit a current organization chart that includes position descriptions and the names of each person holding such position (**Attachment Label: Sec. 8(c)(8)**)

Applicant must also make the following submissions for its proposed operations:

- Security plan for proposed medical marihuana facility consistent with the requirements of LARA Rule 35 (**Attachment Label: Sec. 8(c)(17)**)
- Proof of premises liability and casualty insurance consistent with the requirements of LARA Rule 11 (**Attachment Label: Sec. 8(c)(25)**)

All questions on this form must be answered completely and truthfully.  
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PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>BACKGROUND INFORMATION (cont.)</u></b>
--

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(14)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**CRIMINAL BACKGROUND**

Applicant must make the following submission for review of applicable criminal background history:

- Criminal background reports of the applicant's and the applicant's stakeholders' criminal history dated within 30 days of the date of this application (**Attachment Label: Sec. 8(c)(14)**)
  - Such report shall be obtained through Internet Criminal History Access Tool (ICHAT) for applicants residing in Michigan and/or through another state sponsored or authorized criminal history access source for applicants who reside in other states or who have resided in other states within 5 years prior to the date of this application.
  - Such reports must be obtained by applicant and attached to this application.

DRAFT



All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**FINANCIAL BACKGROUND**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(6)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(6))**

Proposed business plan for the applicant.

DRAFT

All questions on this form must be answered completely and truthfully.  
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PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**FINANCIAL BACKGROUND (cont.)**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(10)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(10))**

Describe the planned tangible capital investment in the City of Pontiac, including detail related to the number and nature of proposed medical marihuana facilities, and whether the locations of such facilities will be owned or leased. Attach a copy of the executed deed or lease to this application.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**FINANCIAL BACKGROUND (cont.)**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(12)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(12))**

Describe the financial structure and the financing of the proposed medical marihuana facility. Graphical images are acceptable, so long as the entities or individuals referenced on the graph have been identified in this application.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>FINANCIAL BACKGROUND (cont.)</u></b>
--

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(13)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(13))**

Describe the short-term and long-term business goals and objectives for the proposed medical marihuana facility.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>FINANCIAL BACKGROUND (cont.)</b>
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**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 8(C)(9)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Submit the following additional information:

- Proposed marketing, advertising and business promotion plan for the proposed medical marihuana facility (**Attachment Label: Sec. 8(c)(9)**)
- Inventory and recordkeeping plan consistent with the requirements of LARA (**Attachment Label: Sec. 8(c)(22)**)
- Verification that the applicant has a minimum capitalization consistent with the requirements of LARA Rule 12 (**Attachment Label: Sec. 8(c)(24)**)
  - Such verification shall be provided by submitting CPA attested financial statements documenting capitalization requirements.

DRAFT

All questions on this form must be answered completely and truthfully.  
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PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>ECONOMIC BENEFITS</u></b>
---------------------------------

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(11)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(11))**

Explain the economic benefits to the City of Pontiac and job creation to be achieved, including the number and type of jobs the medical marihuana facility 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 facility.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**COMMUNITY DEVELOPMENT**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(15)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Regarding this Section, the City Clerk will consider those community benefits pledged to the City of Pontiac as part of this Application and award points based on the quality, quantity, and duration of such pledged benefits.

If an applicant does not pledge community benefits, the applicant will receive a zero (0) score for this section.

**(Attachment Label: Sec. 8(c)(15))**

Describe the applicant's proposed community outreach and education strategies.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>PLANNING (FACILITY)</b>
----------------------------

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 8(C)(18)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Applicant must make the following submissions for its proposed location:

- Floor plan of the proposed medical marihuana facility consistent with requirements of Section 6.208 of the City of Pontiac zoning ordinance (**Attachment Label: Sec. 8(c)(18)**)
- Scale diagram (in the form of a property survey prepared by a licensed professional surveyor) illustrating the property upon which the proposed medical marihuana facility is to be operated, including all available parking spaces and specifying which parking spaces are handicapped accessible (**Attachment Label: Sec. 8(c)(19)**)
- Depiction of any proposed text or graphic materials to be shown on the exterior of the proposed medical marihuana facility (**Attachment Label: Sec. 8(c)(20)**)
- Facility sanitation plan (**Attachment Label: Sec. 8(c)(21)**)
  - This plan must describe how waste will be stored and disposed and how marihuana will be rendered unusable upon disposal at the proposed medical marihuana facility.
- Location map (in the form of a survey map prepared by a licensed professional surveyor) that identifies the relative locations of, and distances from, the nearest school, childcare center, public park containing playground equipment, or religious institution (**Attachment Label: Sec. 8(c)(27)**)
  - Per Section 3.11010 – Buffer Distance Restrictions, of the City of Pontiac’s Medical Marihuana Zoning Ordinance #2363, the measurement must be taken along the centerline of the street or street of address between two fixed points on the centerline determined by projecting straight lines, at right angles to the centerline, from the primary point of ingress to the school, childcare center or religious institution, or, for a public park, from the playground equipment nearest the contemplated location, and from the primary point of ingress to the contemplated location.



All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**PATIENT EDUCATION**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(5)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(5))**

Describe the training and education that the applicant will provide to all employees.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>PATIENT EDUCATION (cont.)</u></b>
---

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 8(C)(28)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Applicant must make the following submissions for its proposed operations:

- Patient education plan (**Attachment Label: Sec. 8(c)(28)**)
- Plan for drug and alcohol awareness programs provided or arranged for by the applicant and available to public (**Attachment Label: Sec. 8(c)(29)**)

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**LAND USE**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 9(f)(2)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 9(f)(2))**

Describe the applicant's plan for mitigating detriments to resident safety.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**LAND USE (cont.)**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 9(f)(2)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 9(f)(2))**

Describe the proposed facility's consistency with the land use for the surrounding neighborhood and its impact on traffic patterns.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>LAND USE (cont.)</u></b>
--------------------------------

No application will be approved for a permit unless:

- The fire department and the departments of building and safety and planning or another relevant department have confirmed that the proposed location is in compliance with all state and local building, electrical, fire, mechanical and plumbing requirements **(Sec. 9(b)(1))**
- The departments of building and safety and planning or another relevant department has confirmed that the proposed location complies with the zoning ordinance **(Sec. 9(b)(2))**
- The proposed medical marihuana facility has been issued a certificate of occupancy and, if necessary, a building permit **(Sec. 9(b)(3))**
- The applicant is prequalified (step-one approval) for a State of Michigan medical marihuana facilities license by the Michigan Department of Licensing and Regulatory Affairs **(Sec. 17(3))**

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>LAND USE (cont.)</b>
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**Note to Applicants:** the submissions set forth on the previous page of this application and the medical marihuana facility are subject to the following submission and review standards (PLEASE NOTE THAT THE BELOW IS NOT A COMPLETE LIST OF APPLICABLE STANDARDS):

- All medical marihuana facilities must meet the following applicable building codes: (i) Michigan Building Code 2015; (ii) Michigan Mechanical 2015; (iii) Michigan Plumbing Code 2015; and (iv) National Electrical Code 2017
- Applicants shall be required to obtain permits for build out of medical marihuana facilities – such permits may include: (i) Building; (ii) Electrical; (iii) Mechanical; (iv) Plumbing; (v) Fire Alarm (Security System); and (vi) Fire Suppression
- Applicable medical marihuana facilities must meet applicable requirements of the International Fire Code 2015 edition and National Fire Protection Association (NFPA) standards (including NFPA 1 2018)
- Applicants are subject to Property Maintenance Code 2015, Section 107.5
- Review of medical marihuana applications by the City of Pontiac planning division; without limitation, review of permits is subject to the following provisions of the Pontiac zoning ordinance:
  - Uses Permitted by District: Articles 2, Chapter 2
  - Dimensional and Development Standards for Zoning District: Article 2, Chapter 3
  - Frontage Design Standards: Article 2, Chapter 4
  - Dimension & Development Standards for Specific Uses: Article 2, Chapter 5
  - Special Purpose Zoning Districts: Article 3, Chapter 11
  - General Provision: Article 4
    - Accessory Structures and Fences: Chapter 1
    - General Standards: Chapter 2
    - Parking: Chapter 3
    - Landscaping & Buffering: Chapter 4
    - Exterior Lighting: Chapter 5
    - Performance Standards: Chapter 7
  - Signs: Article 5
  - Site Plan Review: Article 6, Chapter 3
  - Special Exception Permit Review: Article 6, Chapter 3
  - Variances & Appeals: Article 6, Chapter 4
  - Permits, Fees, Violations and Penalties: Article 6, Chapter 7
  - Zoning Text & Map Amendments: Article 6, Chapter 8
  - Public Hearing Procedures: Article 6, Chapter 9
  - Definitions: Article 7, Chapter 1, 2 & 3

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>COMMUNITY IMPACT</u></b>
--------------------------------

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 9(f)(3)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 9(f)(3))**

Describe the applicant's planned outreach on behalf of the facility, including plans to eliminate or minimize traffic, noise, and odor effects.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>MANAGERIAL RESOURCES</u></b>
------------------------------------

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 9(f)(4)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 9(f)(4))**

For the applicant and for each stakeholder, disclose and describe any record of acts detrimental to the public health, security, safety, morals, good order, or general welfare.

DRAFT



All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>FINANCIAL RESOURCES</u></b>
-----------------------------------

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 9(F)(5)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Applicant must make the following submissions for its proposed operations:

- Reasonable and tangible demonstration of sufficient financial resources and business experience to execute business plan **(Attachment Label: Sec. 9(f)(5))**

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**JOB CREATION**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 9(f)(6)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 9(f)(6))**

Identify the number of full-time and part-time positions the applicant intends to create; the hourly wages or salaries the applicant intends to pay employees; any plans and strategies to attract and hire employees from the City of Pontiac; and whether the applicant plans to provide employee health and welfare benefit plans, including, but not limited to, sick leave, maternity leave, and paternity leave.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>PHILANTHROPIC AND COMMUNITY IMPROVEMENT</b>
--

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(c)(16)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Regarding this Section, the City Clerk will consider those community benefits pledged to the City of Pontiac as part of the provisioning center application and award points based on the commitment, quality, duration, community support and amount pledged of such pledged benefits.

If an applicant does not pledge community benefits, the applicant will receive a zero (0) score for this section.

**(Attachment Label: Sec. 8(c)(16), 9(f)(7))**

Describe the proposed charitable plans of the applicant, whether through financial donations or volunteer work.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>COMMUNITY BENEFITS</u></b>
----------------------------------

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (COMMUNITY BENEFITS); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Community Benefits)**

In evaluating and scoring applications, the City Clerk will consider those community benefits pledged to the City of Pontiac as part of the provisioning center application and award points based on the commitment, quality, duration, community support, and amount pledged of such pledged benefits.

If an applicant does not pledge community benefits, that applicant will receive a score of zero (0) in the following categories/subcategories of this Application's scoring: (i) Content and Sufficiency of the Information, Part D (Community Development Subcategory) (10 possible points); and (ii) Philanthropic and Community Improvement (10 possible points).

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**COMMUNITY BENEFITS (cont.)**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (COMMUNITY BENEFITS); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Community Benefits)**

If you intend to pledge Community Benefits to the City of Pontiac, please describe the benefits that you have pledged to provide to the City of Pontiac. This would include the pledges you made under *Content and Sufficiency of Information, Part D (Community Development Subcategory)* and *Philanthropic and Community Improvement*.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>PHYSICAL IMPROVEMENTS</b>
------------------------------

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 9(F)(8)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Applicant must submit documentation of the following:

- Per Section 3.11010 – Buffer Distance Restrictions, of the City of Pontiac’s Medical Marihuana Zoning Ordinance #2363, proximity of the proposed medical marihuana facility to other structures, including
  - Whether the proposed medical marihuana facility is more than 1,000 feet from an operational public or private school, and
  - More than 500 feet from an operational commercial childcare organization (non-home occupation) that is licensed or registered with the State of Michigan Department of Health and Human Services or its successor agency, a public park with playground equipment, or a religious institution that is defined as tax exempt by the city assessor.
    - Such distance between the school, childcare center, public park, or religious institution and the contemplated location shall be measured along the centerline of the street or streets of address between two fixed points on the centerline determined by projecting straight lines, at right angles to the centerline, from the primary point of ingress to the school, childcare center, or religious institution, or from the playground equipment in a public park, and from the primary point of ingress to the contemplated location (**Attachment Label: Sec. 9(f)(8)**)

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Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**\*COMPLETE FOR APPLICANT AND EACH STAKEHOLDER\***

**PONTIAC CITY TREASURER'S OFFICE**

**47450 Woodward Ave - 1st Floor**

**Pontiac, MI 48342**

**(248) 758-3272 FAX (248) 758-3177**

**PONTIAC TREASURY INFORMATION REQUEST**

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

Home Address: \_\_\_\_\_

Since: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_

Employer/Business Information

Corporate Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Address: \_\_\_\_\_

Since: \_\_\_\_\_

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 Pontiac area business in which your ownership participation exceeds 25%: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **AFFIDAVIT AND SIGNATURE**

- ☐ I swear and affirm that neither I, the applicant, nor any stakeholder of the applicant, is in default to the City of Pontiac, including for failure to pay any property taxes, special assessments, fines, fees or other financial obligations to the City. (Sec. 8(c)(23))
- ☐ I acknowledge that I, the applicant, understand that all matters related to marihuana cultivation, possession, dispensing, testing, transporting, distribution and use are currently subject to Federal laws, and that the approval of a permit hereunder does not exonerate or exculpate the applicant from exposure to any penalties associated therewith. Further, the applicant completely releases and forever discharges the City of Pontiac and its respective employees, agents, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory or recovery, which the applicant or its stakeholders may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of the applicant or stakeholders' application for a permit and, if issued a permit, the applicant or stakeholders' operation of a medical marihuana facility. (Sec. 8(c)(26))
- ☐ I, the applicant, have read and am fully aware of all plans and details listed in this application, and have been provided the opportunity to discuss its contents with any applicable professionals, including but not limited to an attorney of my choosing.
- ☐ I, the applicant, consent to inspections, examinations, searches and seizures required or undertaken in relation to this application or the City of Pontiac Medical Marihuana Facilities Ordinance, including without limitation any criminal and financial background checks.

I swear and affirm, under the penalties of perjury, that the information and statements set forth in this application, including all attachments hereto, are true and complete.

Printed Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

*Subscribed & sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_*

*Notary Signature* \_\_\_\_\_

*Printed Name* \_\_\_\_\_ *My Commission Expires* \_\_\_\_\_

*Notary Public, \_\_\_\_\_ County, MI Acting in the County of* \_\_\_\_\_

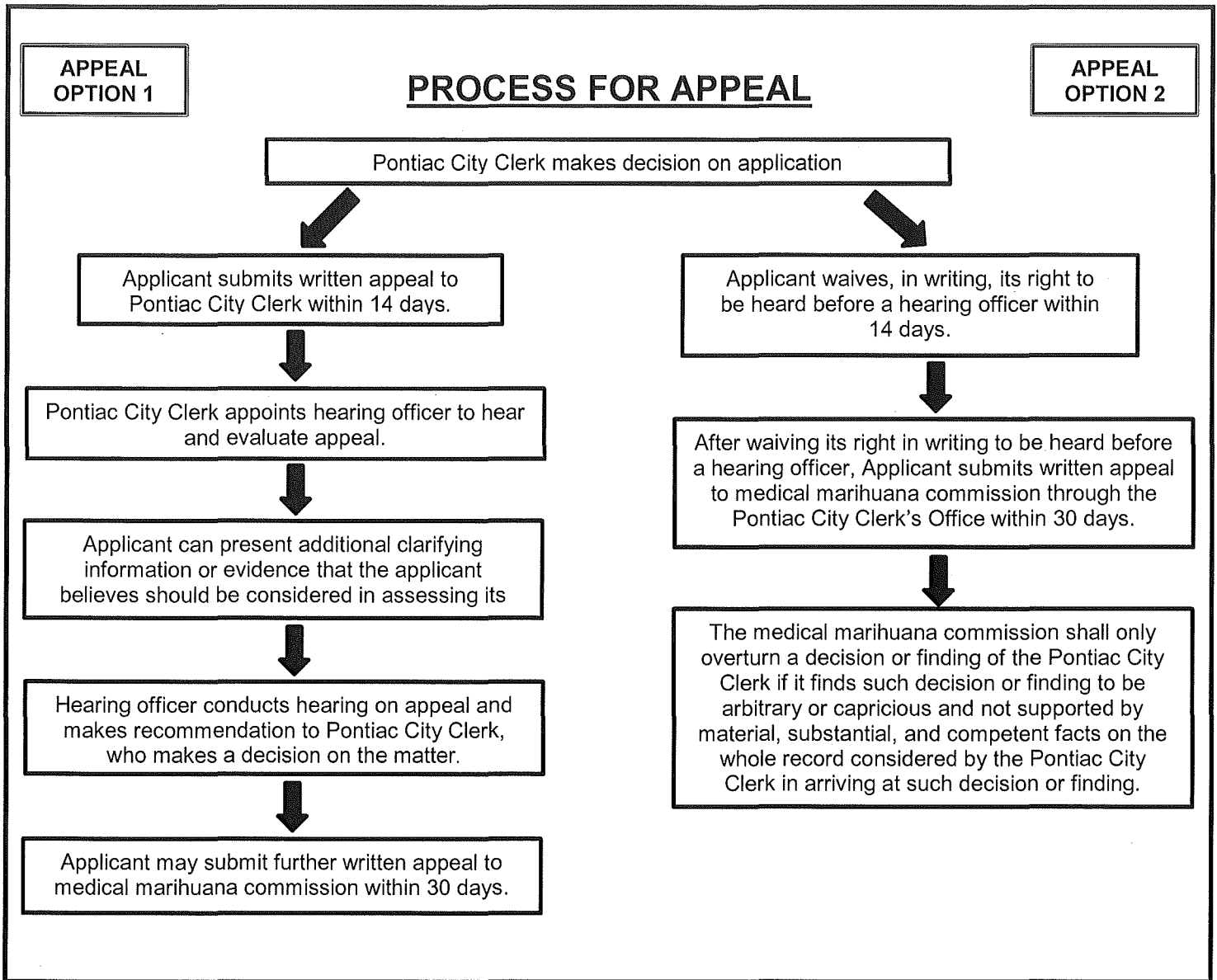
## **APPEAL RIGHTS**

Any applicant aggrieved by the denial of a permit may appeal to the Pontiac City Clerk, who shall appoint a hearing officer to hear and evaluate the appeal and make a recommendation to the Pontiac City Clerk. Such appeal shall be taken by filing with the Pontiac City Clerk, **within fourteen (14) days** after notice of the action complained of has been mailed to the applicant's last known address on the records of the Pontiac City Clerk, a written statement setting forth fully the grounds for the appeal. The Pontiac City Clerk shall review the report and recommendation of the hearing officer and make a decision on the matter. The Pontiac City Clerk's decision may be further appealed to the medical marihuana commission if applied for in writing to the medical marihuana commission **no later than thirty (30) days** after the Pontiac City Clerk's decision.

IN THE ALTERNATIVE, an applicant may choose to **WAIVE**, in writing, its opportunity to be heard before a hearing officer within fourteen (14) days after notice of the action complained of has been mailed to the applicant's last known address and then submit its appeal **directly** to the medical marihuana commission. To do so, an applicant must submit to the medical marihuana commission through the Pontiac City Clerk's Office, **within thirty (30) days** after notice of the action complained of has been mailed to the applicant's last known address on the records of the Pontiac City Clerk, a writing requesting an appeal directly to the medical marihuana commission.



Any decision by the medical marihuana commission on an appeal shall be final for purposes of judicial review. The medical marihuana commission shall review and decide all appeals that are forwarded to it by the Pontiac City Clerk under the Ordinance, and the medical marihuana commission shall review all appeals de novo. The medical marihuana commission shall only overturn a decision or finding of the Pontiac City Clerk if it finds such decision or finding to be arbitrary or capricious and not supported by material, substantial, and competent facts on the whole record considered by the Pontiac City Clerk in arriving at such decision or finding.



**#10**

**COMMUNICATION**

This document is a draft and subject to change. This document should not be relied upon for business decisions by third parties or the public. Review, consultation, or use of the document shall not create any right, privilege, contract, or claim by a third party with respect to the City of Pontiac.

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being denied.

PLEASE TYPE ONLY.

**OFFICE USE ONLY**

Application Number \_\_\_\_\_  
Date Rec'd \_\_\_\_\_  
Fee Rec'd \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Applicant Name \_\_\_\_\_



**CITY OF PONTIAC**  
**MEDICAL MARIHUANA FACILITY**

**NON-OVERLAY DISTRICT**

**PROVISIONING CENTER PERMIT APPLICATION**

**One Year Permit Term**

Applications must be submitted to the Office of the City Clerk

47450 Woodward Avenue, Pontiac, MI 48342 Monday-Friday 9:00 a.m.-4:00 p.m.

**DURING THE 21-DAY APPLICATION PERIOD, NOVEMBER 6, 2019 THROUGH NOVEMBER 27, 2019 ONLY**

**No Applications Will Be Accepted After November 27, 2019.**

**(PONTIAC ORDINANCE #2357B "CITY OF PONTIAC MEDICAL MARIHUANA FACILITIES ORDINANCE")**

**\*REVIEW AND FOLLOW THE "MEDICAL MARIHUANA FACILITY PERMIT APPLICATION INSTRUCTIONS" WHEN COMPLETING THIS APPLICATION\***

No more than five (5) Provisioning Centers will be permitted in C-1, C-3, and C-4 zoned properties located outside of the three (3) Medical Marihuana Overlay Districts. Prior to being issued a permit, the applicant will need to obtain a special exemption permit from the City of Pontiac Planning Commission.

Each applicant will be scored in each of the following eight categories:

	Category	Max. Points	Ordinance Section
1	<b>Content and Sufficiency</b> <ul style="list-style-type: none"> <li>• <i>Background Information</i> (up to 5 points)</li> <li>• <i>Financial Background</i> (up to 10 points)</li> <li>• <i>Economic Benefits</i> (up to 10 points)</li> <li>• <i>Community Development</i> (up to 10 points)</li> <li>• <i>*scored using Community Benefits Scoring</i></li> <li>• <i>Planning (Facility)</i> (up to 10 points)</li> <li>• <i>Patient Education</i> (up to 5 points)</li> </ul>	50	§9(f)(1)
2	<b>Land Use</b>	20	§9(f)(2)
3	<b>Community Impact</b>	10	§9(f)(3)
4	<b>Managerial Resources</b>	10	§9(f)(4)
5	<b>Financial Resources</b>	10	§9(f)(5)
6	<b>Job Creation</b>	10	§9(f)(6)
7	<b>Philanthropic and Community Improvement</b> <ul style="list-style-type: none"> <li>• <i>*scored using Community Benefits Scoring</i></li> </ul>	10	§9(f)(7)
8	<b>Physical Improvements</b>	10	§9(f)(8)
	<b>TOTAL POSSIBLE SCORE</b>	<b>130</b>	

In order to receive the maximum amount of points for pre-qualification with the State of Michigan in the categories of Managerial Resources and Financial Resources, the applicant must have received its pre-qualification prior to submitting its application to the City of Pontiac.

For a detailed explanation of the scoring criteria, please see the *City of Pontiac Medical Marihuana Provisioning Centers Scoring Criteria Guide*.



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Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

### APPLICATION CHECKLIST

<input type="checkbox"/>	<b>\$5,000 Application Fee (NON-REFUNDABLE)</b> (Certified Check payable to the City of Pontiac)
<input type="checkbox"/>	One (1) Original and Four (4) Copies of Completed Typed Application
<input type="checkbox"/>	All Attachments Properly Labeled with Ordinance Section Reference
<input type="checkbox"/>	If applicable, State of Michigan pre-qualification letter enclosed.
<b><u>Content and Sufficiency of Information</u></b>	
<b><u>Background Information</u></b>	
<input type="checkbox"/>	Complete Applicant Information with Each Item Clearly Identified (Sec. 8(c)(1), (3))
<input type="checkbox"/>	If Applicant is a Corporation, LLC, LLP or Other Entity - Organizational Documentation (Sec. 8(c)(2), (4))
<input type="checkbox"/>	Proposed Ownership Structure of the Entity that Identifies the Ownership Percentage Held by Each Stakeholder (Sec. 8(c)(7))
<input type="checkbox"/>	Current Organization Chart that Includes Position Descriptions and the Names of Each Person Holding such Position (Sec. 8(c)(8))
<input type="checkbox"/>	Criminal Background Reports of the Applicant and the Applicant's Stakeholders Dated within 30 Days of the Date of the Application (Sec. 8(c)(14))
<input type="checkbox"/>	Security Plan Consistent with the Requirements of LARA Rule 35 (Sec. 8(c)(17))
<input type="checkbox"/>	Proof of Premises Liability and Casualty Insurance Consistent with the Requirements of LARA Rule 11 (Sec. 8(c)(25))
<b><u>Financial Background</u></b>	
<input type="checkbox"/>	Proposed Business Plan (Sec. 8(c)(6))
<input type="checkbox"/>	Proposed Marketing, Advertising and Business Promotion Plan for the Proposed Medical Marihuana Facility (Sec. 8(c)(9))
<input type="checkbox"/>	Description of Planned Tangible Capital Investment in the City of Pontiac (Sec. 8(c)(10))
<input type="checkbox"/>	Description of the Financial Structure and Financing of the Proposed Medical Marihuana Facility (Sec. 8(c)(12))
<input type="checkbox"/>	Short-Term and Long-Term Business Goals and Objectives for the Proposed Medical Marijuana Facility (Sec. 8(c)(13))
<input type="checkbox"/>	Inventory and Recordkeeping Plan Consistent with the Requirements of LARA (Sec. 8(c)(22))
<input type="checkbox"/>	Verification that the Applicant has a Minimum Capitalization Consistent with the Requirements of LARA Rule 12 (Sec. 8(c)(24))
<b><u>Economic Benefits</u></b>	
<input type="checkbox"/>	Explanation of the Economic Benefits to the City of Pontiac and Job Creation to be Achieved (Sec. 8(c)(11))
<b><u>Community Development</u></b>	
<input type="checkbox"/>	Description of Proposed Community Outreach and Education Strategies (Sec. 8(c)(15))
<b><u>Planning (Facility)</u></b>	
<input type="checkbox"/>	Floor Plan of the Proposed Medical Marihuana Facility Consistent with Requirements of Section 6.208 of the City of Pontiac Zoning Ordinance (Sec. 8(c)(18))
<input type="checkbox"/>	Scale Diagram Illustrating the Property Upon Which the Proposed Medical Marihuana Facility is to be Operated, Including all Available Parking Spaces and Specifying Which Parking Spaces are Handicapped Accessible (Sec. 8(c)(19))
<input type="checkbox"/>	Depiction of any Proposed Text or Graphic Materials to be Shown on Exterior of Proposed Medical Marihuana Facility (Sec. 8(c)(20))
<input type="checkbox"/>	Facility Sanitation Plan (Sec. 8(c)(21))
<input type="checkbox"/>	Location Map that Identifies the Relative Locations of, and Distances from, the Nearest School, Childcare Center, Public Park containing Playground Equipment, or Religious Institution (Sec. 8(c)(27))
<b><u>Patient Education</u></b>	
<input type="checkbox"/>	Description of Employee Training and Education (Sec. 8(c)(5))
<input type="checkbox"/>	Plan for Patient Education Program Consistent with the Requirements of LARA (Sec. 8(c)(28))
<input type="checkbox"/>	Description of Drug and Alcohol Awareness Programs (Sec. 8(c)(29))
<b><u>Land Use</u></b>	
<input type="checkbox"/>	Description of Impact on Resident Safety (Sec. 9(f)(2))
<input type="checkbox"/>	Description of Impact on Traffic Patterns and Consistency with Neighborhood Land Use (Sec. 9(f)(2))
<input type="checkbox"/>	Compliance with All State and Local Building, Electrical, Fire, Mechanical and Plumbing Requirements (Sec. 9(b)(1))
<input type="checkbox"/>	Compliance with the Zoning Ordinance (Sec. 9(b)(2))
<input type="checkbox"/>	Facility has been Issued a Certificate of Occupancy and, if Necessary, a Building Permit (Sec. 9(b)(3))
<b><u>Community Impact</u></b>	
<input type="checkbox"/>	Description of Planned Outreach on Behalf of Facility Including Plans to Eliminate Traffic, Noise, and Odor Effects (Sec. 9(f)(3))
<b><u>Managerial Resources</u></b>	
<input type="checkbox"/>	Record of Acts Detrimental to the Public Health, Security, Safety, Morals, Good Order, or General Welfare (Sec. 9(f)(4))
<b><u>Financial Resources</u></b>	
<input type="checkbox"/>	Reasonable and Tangible Demonstration of Sufficient Financial Resources and Business Experience to Execute Business Plans (Sec. 9(f)(5))
<b><u>Job Creation</u></b>	
<input type="checkbox"/>	Number of Full-Time and Part-Time Positions To Be Created, Hourly Wages and Salaries; Plans to Attract Employees from City of Pontiac, and Health and Welfare Benefits (Sec. 9(f)(6))
<b><u>Philanthropic and Community Improvement</u></b>	
<input type="checkbox"/>	Description of the Proposed Charitable Plans (Sec. 8(c)(16), 9(f)(7))
<b><u>Community Benefits</u></b>	
<input type="checkbox"/>	If an Applicant Intends to Pledge Community Benefits to the City of Pontiac, Please Describe the Benefits that the Applicant has Pledged to Provide to the City of Pontiac.
<b><u>Physical Improvements</u></b>	
<input type="checkbox"/>	Proximity to Other Structures, Including 1,000 Feet from School and 500 Feet from Daycare, Public Park, or Religious Institution (Sec. 9(f)(8))
<b><u>Affidavit and Signature</u></b>	
<input type="checkbox"/>	Affidavit that Neither the Applicant nor any Stakeholder is in Default to the City of Pontiac (Sec. 8(c)(23))
<input type="checkbox"/>	Signed Acknowledgement that Marihuana Use, Cultivation, Possession, Dispensing, Testing, Transporting and Distribution Are Subject to Federal Law, and Indemnification of the City of Pontiac (Sec. 8(c)(26))

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**BACKGROUND INFORMATION**

**Establishment Information**

☐ Provisioning Center

Name of Establishment		Establishment Phone Number	
Establishment Address	City	State	Zip

Establishment is: ☐ Owned ☐ Leased

**Applicant Type**

☐ Individual ☐ Corporation ☐ LLC ☐ LLP ☐ Other \_\_\_\_\_

**Applicant Information**

Applicant Name		Date of Birth (if individual) (month/day/year)/EIN (if entity):	
Phone Number		Secondary Phone Number (if available)	
Applicant Address	City	State	Zip
Applicant Email Address			

(Sec. 8(c)(1), (3))

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**BACKGROUND INFORMATION (cont.)**

**Stakeholder Information** – Corporations, LLCs, LLPs and other non-individual entity applicants must complete this sheet for every Stakeholder (the officers, directors, and managerial employees of an applicant and any persons who hold any direct or indirect ownership interest in the applicant). THE FIRST STAKEHOLDER LISTED BELOW WILL BE THE DESIGNATED CONTACT FOR THE APPLICANT. *Make additional copies as needed.*

Name (DESIGNATED CONTACT)		Date of Birth (month/day/year)	
Phone Number		Secondary Phone Number (if available)	
Address	City	State	Zip
Email Address			

Name		Date of Birth (month/day/year)	
Phone Number		Secondary Phone Number (if available)	
Address	City	State	Zip
Email Address			

Name		Date of Birth (month/day/year)	
Phone Number		Secondary Phone Number (if available)	
Address	City	State	Zip
Email Address			

(Sec. 8(c)(1))



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PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>BACKGROUND INFORMATION (cont.)</u></b>
--

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 8(C)(2)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**Entity Information:**

- If the applicant is a corporation, LLC, LLP or other entity, the applicant must attach the entity organizational documentation, including:
  - Articles of incorporation or organization of the Applicant (**Attachment Label: Sec. 8(c)(2)**)
  - Bylaws or operating agreement of the Applicant (**Attachment Label: Sec. 8(c)(4)**)
- Submit documentation that describes the proposed ownership structure of the entity and that identifies the ownership percentages held by each stakeholder (**Attachment Label: Sec. 8(c)(7)**)
- Submit a current organization chart that includes position descriptions and the names of each person holding such position (**Attachment Label: Sec. 8(c)(8)**)

Applicant must also make the following submissions for its proposed operations:

- Security plan for proposed medical marijuana facility consistent with the requirements of LARA Rule 35 (**Attachment Label: Sec. 8(c)(17)**)
- Proof of premises liability and casualty insurance consistent with the requirements of LARA Rule 11 (**Attachment Label: Sec. 8(c)(25)**)

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>BACKGROUND INFORMATION (cont.)</u></b>
--

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(14)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**CRIMINAL BACKGROUND**

Applicant must make the following submission for review of applicable criminal background history:

- Criminal background reports of the applicant's and the applicant's stakeholders' criminal history dated within 30 days of the date of this application (**Attachment Label: Sec. 8(c)(14)**)
  - Such report shall be obtained through Internet Criminal History Access Tool (ICHAT) for applicants residing in Michigan and/or through another state sponsored or authorized criminal history access source for applicants who reside in other states or who have resided in other states within 5 years prior to the date of this application.
  - Such reports must be obtained by applicant and attached to this application.

DRAFT



All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>FINANCIAL BACKGROUND</u></b>
------------------------------------

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(6)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(6))**

Proposed business plan for the applicant.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>FINANCIAL BACKGROUND</u> (cont.)</b>
--

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(10)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(10))**

Describe the planned tangible capital investment in the City of Pontiac, including detail related to the number and nature of proposed medical marihuana facilities, and whether the locations of such facilities will be owned or leased. Attach a copy of the executed deed or lease to this application.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**FINANCIAL BACKGROUND (cont.)**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(12)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(12))**

Describe the financial structure and the financing of the proposed medical marihuana facility. Graphical images are acceptable, so long as the entities or individuals referenced on the graph have been identified in this application.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**FINANCIAL BACKGROUND (cont.)**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(13)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(13))**

Describe the short-term and long-term business goals and objectives for the proposed medical marihuana facility.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>FINANCIAL BACKGROUND (cont.)</b>
-------------------------------------

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 8(C)(9)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Submit the following additional information:

- Proposed marketing, advertising and business promotion plan for the proposed medical marihuana facility (**Attachment Label: Sec. 8(c)(9)**)
- Inventory and recordkeeping plan consistent with the requirements of LARA (**Attachment Label: Sec. 8(c)(22)**)
- Verification that the applicant has a minimum capitalization consistent with the requirements of LARA Rule 12 (**Attachment Label: Sec. 8(c)(24)**)
  - Such verification shall be provided by submitting CPA attested financial statements documenting capitalization requirements.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**ECONOMIC BENEFITS**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(11)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(11))**

Explain the economic benefits to the City of Pontiac and job creation to be achieved, including the number and type of jobs the medical marihuana facility 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 facility.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>COMMUNITY DEVELOPMENT</b>
------------------------------

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(15)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Regarding this Section, the City Clerk will consider those community benefits pledged to the City of Pontiac as part of this Application and award points based on the quality, quantity, and duration of such pledged benefits.

If an applicant does not pledge community benefits, the applicant will receive a zero (0) score for this section.

**(Attachment Label: Sec. 8(c)(15))**

Describe the applicant's proposed community outreach and education strategies.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>PLANNING (FACILITY)</b>
----------------------------

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 8(C)(18)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Applicant must make the following submissions for its proposed location:

- Floor plan of the proposed medical marihuana facility consistent with requirements of Section 6.208 of the City of Pontiac zoning ordinance (**Attachment Label: Sec. 8(c)(18)**)
- Scale diagram (in the form of a property survey prepared by a licensed professional surveyor) illustrating the property upon which the proposed medical marihuana facility is to be operated, including all available parking spaces and specifying which parking spaces are handicapped accessible (**Attachment Label: Sec. 8(c)(19)**)
- Depiction of any proposed text or graphic materials to be shown on the exterior of the proposed medical marihuana facility (**Attachment Label: Sec. 8(c)(20)**)
- Facility sanitation plan (**Attachment Label: Sec. 8(c)(21)**)
  - This plan must describe how waste will be stored and disposed and how marihuana will be rendered unusable upon disposal at the proposed medical marihuana facility.
- Location map (in the form of a survey map prepared by a licensed professional surveyor) that identifies the relative locations of, and distances from, the nearest school, childcare center, public park containing playground equipment, or religious institution (**Attachment Label: Sec. 8(c)(27)**)
  - Per Section 3.11010 – Buffer Distance Restrictions, of the City of Pontiac's Medical Marihuana Zoning Ordinance #2363, the measurement must be taken along the centerline of the street or street of address between two fixed points on the centerline determined by projecting straight lines, at right angles to the centerline, from the primary point of ingress to the school, childcare center or religious institution, or, for a public park, from the playground equipment nearest the contemplated location, and from the primary point of ingress to the contemplated location.



All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**PATIENT EDUCATION**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(5)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(5))**

Describe the training and education that the applicant will provide to all employees.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>PATIENT EDUCATION</u> (cont.)</b>
---

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 8(C)(28)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Applicant must make the following submissions for its proposed operations:

- Patient education plan (**Attachment Label: Sec. 8(c)(28)**)
- Plan for drug and alcohol awareness programs provided or arranged for by the applicant and available to public (**Attachment Label: Sec. 8(c)(29)**)

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>LAND USE</u></b>
------------------------

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 9(f)(2)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 9(f)(2))**

Describe the applicant's plan for mitigating detriments to resident safety.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**LAND USE (cont.)**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 9(f)(2)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 9(f)(2))**

Describe the proposed facility's consistency with the land use for the surrounding neighborhood and its impact on traffic patterns.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>LAND USE (cont.)</u></b>
--------------------------------

No application will be approved for a permit unless:

- The fire department and the departments of building and safety and planning or another relevant department have confirmed that the proposed location is in compliance with all state and local building, electrical, fire, mechanical and plumbing requirements **(Sec. 9(b)(1))**
- The departments of building and safety and planning or another relevant department has confirmed that the proposed location complies with the zoning ordinance **(Sec. 9(b)(2))**
- The proposed medical marihuana facility has been issued a certificate of occupancy and, if necessary, a building permit **(Sec. 9(b)(3))**
- The applicant is prequalified (step-one approval) for a State of Michigan medical marihuana facilities license by the Michigan Department of Licensing and Regulatory Affairs **(Sec. 17(3))**

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>LAND USE (cont.)</b>
-------------------------

**Note to Applicants:** the submissions set forth on the previous page of this application and the medical marihuana facility are subject to the following submission and review standards (PLEASE NOTE THAT THE BELOW IS NOT A COMPLETE LIST OF APPLICABLE STANDARDS):

- All medical marihuana facilities must meet the following applicable building codes: (i) Michigan Building Code 2015; (ii) Michigan Mechanical 2015; (iii) Michigan Plumbing Code 2015; and (iv) National Electrical Code 2017
- Applicants shall be required to obtain permits for build out of medical marihuana facilities – such permits may include: (i) Building; (ii) Electrical; (iii) Mechanical; (iv) Plumbing; (v) Fire Alarm (Security System); and (vi) Fire Suppression
- Applicable medical marihuana facilities must meet applicable requirements of the International Fire Code 2015 edition and National Fire Protection Association (NFPA) standards (including NFPA 1 2018)
- Applicants are subject to Property Maintenance Code 2015, Section 107.5
- Review of medical marihuana applications by the City of Pontiac planning division; without limitation, review of permits is subject to the following provisions of the Pontiac zoning ordinance:
  - Uses Permitted by District: Articles 2, Chapter 2
  - Dimensional and Development Standards for Zoning District: Article 2, Chapter 3
  - Frontage Design Standards: Article 2, Chapter 4
  - Dimension & Development Standards for Specific Uses: Article 2, Chapter 5
  - Special Purpose Zoning Districts: Article 3, Chapter 11
  - General Provision: Article 4
    - Accessory Structures and Fences: Chapter 1
    - General Standards: Chapter 2
    - Parking: Chapter 3
    - Landscaping & Buffering: Chapter 4
    - Exterior Lighting: Chapter 5
    - Performance Standards: Chapter 7
  - Signs: Article 5
  - Site Plan Review: Article 6, Chapter 3
  - Special Exception Permit Review: Article 6, Chapter 3
  - Variances & Appeals: Article 6, Chapter 4
  - Permits, Fees, Violations and Penalties: Article 6, Chapter 7
  - Zoning Text & Map Amendments: Article 6, Chapter 8
  - Public Hearing Procedures: Article 6, Chapter 9
  - Definitions: Article 7, Chapter 1, 2 & 3

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**COMMUNITY IMPACT**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 9(f)(3)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 9(f)(3))**

Describe the applicant's planned outreach on behalf of the facility, including plans to eliminate or minimize traffic, noise, and odor effects.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>MANAGERIAL RESOURCES</u></b>
------------------------------------

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 9(f)(4)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 9(f)(4))**

For the applicant and for each stakeholder, disclose and describe any record of acts detrimental to the public health, security, safety, morals, good order, or general welfare.

DRAFT



All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>FINANCIAL RESOURCES</u></b>
-----------------------------------

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 9(F)(5)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Applicant must make the following submissions for its proposed operations:

- Reasonable and tangible demonstration of sufficient financial resources and business experience to execute business plan (**Attachment Label: Sec. 9(f)(5)**)

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**JOB CREATION**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 9(f)(6)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 9(f)(6))**

Identify the number of full-time and part-time positions the applicant intends to create; the hourly wages or salaries the applicant intends to pay employees; any plans and strategies to attract and hire employees from the City of Pontiac; and whether the applicant plans to provide employee health and welfare benefit plans, including, but not limited to, sick leave, maternity leave, and paternity leave.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>PHILANTHROPIC AND COMMUNITY IMPROVEMENT</b>
--

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(c)(16)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Regarding this Section, the City Clerk will consider those community benefits pledged to the City of Pontiac as part of the provisioning center application and award points based on the commitment, quality, duration, community support and amount pledged of such pledged benefits.

If an applicant does not pledge community benefits, the applicant will receive a zero (0) score for this section.

**(Attachment Label: Sec. 8(c)(16), 9(f)(7))**

Describe the proposed charitable plans of the applicant, whether through financial donations or volunteer work.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>COMMUNITY BENEFITS</u></b>
----------------------------------

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (COMMUNITY BENEFITS); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Community Benefits)**

In evaluating and scoring applications, the City Clerk will consider those community benefits pledged to the City of Pontiac as part of the provisioning center application and award points based on the commitment, quality, duration, community support, and amount pledged of such pledged benefits.

If an applicant does not pledge community benefits, that applicant will receive a score of zero (0) in the following categories/subcategories of this Application's scoring: (i) Content and Sufficiency of the Information, Part D (Community Development Subcategory) (10 possible points); and (ii) Philanthropic and Community Improvement (10 possible points).

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**COMMUNITY BENEFITS (cont.)**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (COMMUNITY BENEFITS AGREEMENT); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Community Benefits)**

If you intend to pledge Community Benefits to the City of Pontiac, please describe the benefits that you have pledged to provide to the City of Pontiac. This would include the pledges you made under *Content and Sufficiency of Information, Part D (Community Development Subcategory)* and *Philanthropic and Community Improvement*.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>PHYSICAL IMPROVEMENTS</u></b>
-------------------------------------

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 9(F)(8)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Applicant must submit documentation of the following:

- Per Section 3.11010 – Buffer Distance Restrictions, of the City of Pontiac’s Medical Marihuana Zoning Ordinance #2363, proximity of the proposed medical marihuana facility to other structures, including
  - Whether the proposed medical marihuana facility is more than 1,000 feet from an operational public or private school, and
  - More than 500 feet from an operational commercial childcare organization (non-home occupation) that is licensed or registered with the State of Michigan Department of Health and Human Services or its successor agency, a public park with playground equipment, or a religious institution that is defined as tax exempt by the city assessor.
    - Such distance between the school, childcare center, public park, or religious institution and the contemplated location shall be measured along the centerline of the street or streets of address between two fixed points on the centerline determined by projecting straight lines, at right angles to the centerline, from the primary point of ingress to the school, childcare center, or religious institution, or from the playground equipment in a public park, and from the primary point of ingress to the contemplated location (**Attachment Label: Sec. 9(f)(8)**)

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**\*COMPLETE FOR APPLICANT AND EACH STAKEHOLDER\***

**PONTIAC CITY TREASURER'S OFFICE**

**47450 Woodward Ave - 1st Floor**

**Pontiac, MI 48342**

**(248) 758-3272 FAX (248) 758-3177**

**PONTIAC TREASURY INFORMATION REQUEST**

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

Home Address: \_\_\_\_\_

Since: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_

Employer/Business Information

Corporate Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Address: \_\_\_\_\_

Since: \_\_\_\_\_

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 Pontiac area business in which your ownership participation exceeds 25%: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **AFFIDAVIT AND SIGNATURE**

- ☐ I swear and affirm that neither I, the applicant, nor any stakeholder of the applicant, is in default to the City of Pontiac, including for failure to pay any property taxes, special assessments, fines, fees or other financial obligations to the City. (Sec. 8(c)(23))
- ☐ I acknowledge that I, the applicant, understand that all matters related to marihuana cultivation, possession, dispensing, testing, transporting, distribution and use are currently subject to Federal laws, and that the approval of a permit hereunder does not exonerate or exculpate the applicant from exposure to any penalties associated therewith. Further, the applicant completely releases and forever discharges the City of Pontiac and its respective employees, agents, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory or recovery, which the applicant or its stakeholders may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of the applicant or stakeholders' application for a permit and, if issued a permit, the applicant or stakeholders' operation of a medical marihuana facility. (Sec. 8(c)(26))
- ☐ I, the applicant, have read and am fully aware of all plans and details listed in this application, and have been provided the opportunity to discuss its contents with any applicable professionals, including but not limited to an attorney of my choosing.
- ☐ I, the applicant, consent to inspections, examinations, searches and seizures required or undertaken in relation to this application or the City of Pontiac Medical Marihuana Facilities Ordinance, including without limitation any criminal and financial background checks.

I swear and affirm, under the penalties of perjury, that the information and statements set forth in this application, including all attachments hereto, are true and complete.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

*Subscribed & sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_*

*Notary Signature \_\_\_\_\_*

*Printed Name \_\_\_\_\_ My Commission Expires \_\_\_\_\_*

*Notary Public, \_\_\_\_\_ County, MI Acting in the County of \_\_\_\_\_*

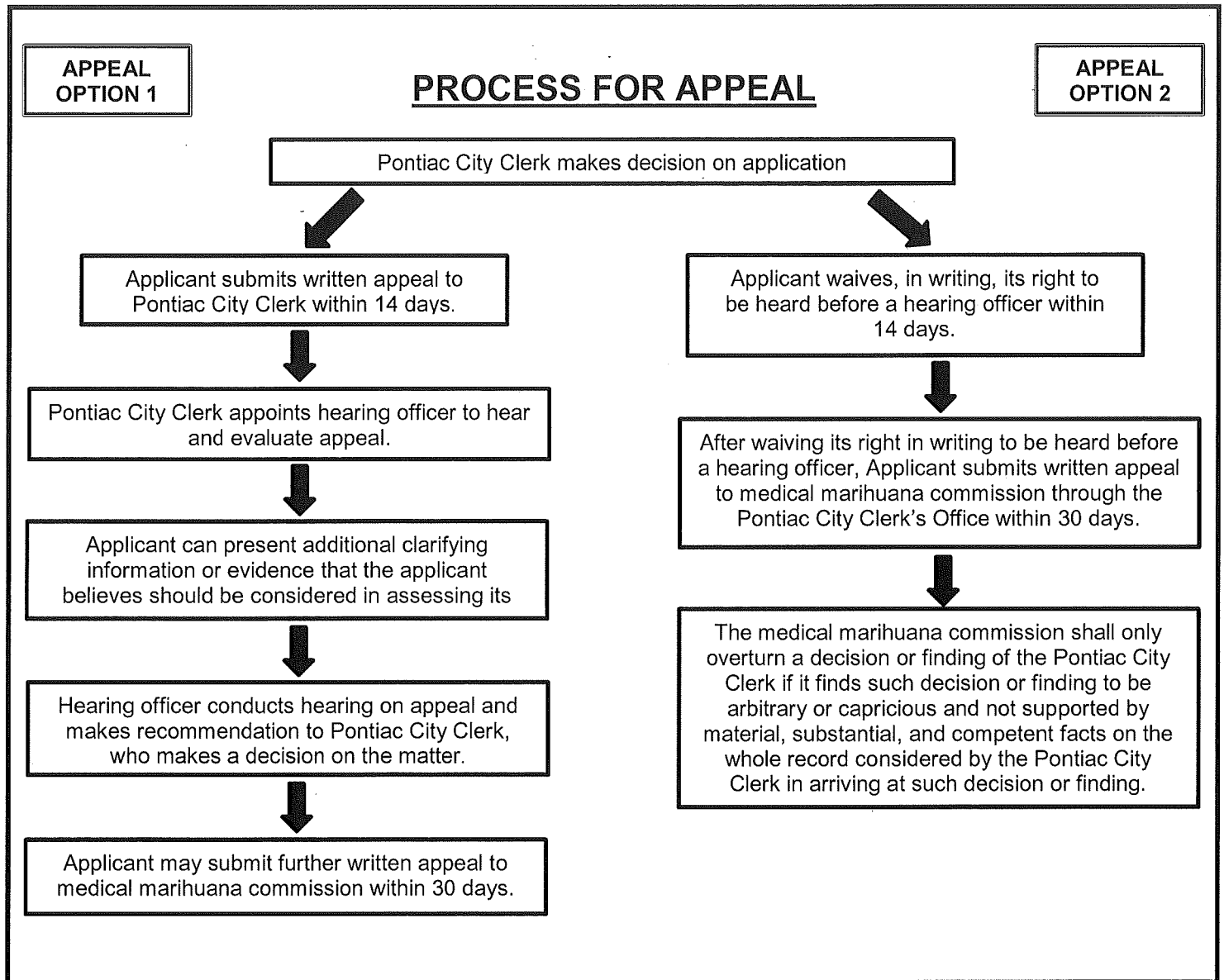
## **APPEAL RIGHTS**

Any applicant aggrieved by the denial of a permit may appeal to the Pontiac City Clerk, who shall appoint a hearing officer to hear and evaluate the appeal and make a recommendation to the Pontiac City Clerk. Such appeal shall be taken by filing with the Pontiac City Clerk, **within fourteen (14) days** after notice of the action complained of has been mailed to the applicant's last known address on the records of the Pontiac City Clerk, a written statement setting forth fully the grounds for the appeal. The Pontiac City Clerk shall review the report and recommendation of the hearing officer and make a decision on the matter. The Pontiac City Clerk's decision may be further appealed to the medical marihuana commission if applied for in writing to the medical marihuana commission **no later than thirty (30) days** after the Pontiac City Clerk's decision.

IN THE ALTERNATIVE, an applicant may choose to **WAIVE**, in writing, its opportunity to be heard before a hearing officer within fourteen (14) days after notice of the action complained of has been mailed to the applicant's last known address and then submit its appeal **directly** to the medical marihuana commission. To do so, an applicant must submit to the medical marihuana commission through the Pontiac City Clerk's Office, **within thirty (30) days** after notice of the action complained of has been mailed to the applicant's last known address on the records of the Pontiac City Clerk, a writing requesting an appeal directly to the medical marihuana commission.



Any decision by the medical marihuana commission on an appeal shall be final for purposes of judicial review. The medical marihuana commission shall review and decide all appeals that are forwarded to it by the Pontiac City Clerk under the Ordinance, and the medical marihuana commission shall review all appeals de novo. The medical marihuana commission shall only overturn a decision or finding of the Pontiac City Clerk if it finds such decision or finding to be arbitrary or capricious and not supported by material, substantial, and competent facts on the whole record considered by the Pontiac City Clerk in arriving at such decision or finding.



**#11**

**COMMUNICATION**

This document is a draft and subject to change. This document should not be relied upon for business decisions by third parties or the public. Review, consultation, or use of the document shall not create any right, privilege, contract, or claim by a third party with respect to the City of Pontiac.

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being denied.

PLEASE TYPE ONLY.

#### OFFICE USE ONLY

Application Number \_\_\_\_\_

Date Rec'd \_\_\_\_\_

Fee Rec'd \_\_\_\_\_

Receipt # \_\_\_\_\_

Applicant Name \_\_\_\_\_



## CITY OF PONTIAC MEDICAL MARIHUANA FACILITY WALTON BLVD. OVERLAY DISTRICT PROVISIONING CENTER PERMIT APPLICATION



#### One Year Permit Term

Applications must be submitted to the Office of the City Clerk

47450 Woodward Avenue, Pontiac, MI 48342 Monday-Friday 9:00 a.m.-4:00 p.m.

**DURING THE 21-DAY APPLICATION PERIOD, NOVEMBER 6, 2019 THROUGH NOVEMBER 27, 2019 ONLY**

**No Applications Will Be Accepted After November 27, 2019.**

(PONTIAC ORDINANCE #2357B "CITY OF PONTIAC MEDICAL MARIHUANA FACILITIES ORDINANCE")

**\*REVIEW AND FOLLOW THE "MEDICAL MARIHUANA FACILITY PERMIT APPLICATION INSTRUCTIONS" WHEN COMPLETING THIS APPLICATION\***

**The City Will Award No More Than Five (5) Permits to Operate Provisioning Centers in C-3, M-1, and M-2 zoned properties in the Walton Blvd. Overlay District**

Each applicant will be scored in each of the following eight categories:

	Category	Max. Points	Ordinance Section
1	<b>Content and Sufficiency</b> <ul style="list-style-type: none"> <li>• <i>Background Information</i> (up to 5 points)</li> <li>• <i>Financial Background</i> (up to 10 points)</li> <li>• <i>Economic Benefits</i> (up to 10 points)</li> <li>• <i>Community Development</i> (up to 10 points)</li> <li>• *scored using Community Benefits Scoring</li> <li>• <i>Planning (Facility)</i> (up to 10 points)</li> <li>• <i>Patient Education</i> (up to 5 points)</li> </ul>	50	§9(f)(1)
2	<b>Land Use</b>	20	§9(f)(2)
3	<b>Community Impact</b>	10	§9(f)(3)
4	<b>Managerial Resources</b>	10	§9(f)(4)
5	<b>Financial Resources</b>	10	§9(f)(5)
6	<b>Job Creation</b>	10	§9(f)(6)
7	<b>Philanthropic and Community Improvement</b> <ul style="list-style-type: none"> <li>• *scored using Community Benefits Scoring</li> </ul>	10	§9(f)(7)
8	<b>Physical Improvements</b>	10	§9(f)(8)
	<b>TOTAL POSSIBLE SCORE</b>	<b>130</b>	

In order to receive the maximum amount of points for pre-qualification with the State of Michigan in the categories of Managerial Resources and Financial Resources, the applicant must have received its pre-qualification prior to submitting its application to the City of Pontiac.

For a detailed explanation of the scoring criteria, please see the *City of Pontiac Medical Marihuana Provisioning Centers Scoring Criteria Guide*.



All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

### APPLICATION CHECKLIST

<input type="checkbox"/>	<b>\$5,000 Application Fee (NON-REFUNDABLE) (Certified Check payable to the City of Pontiac)</b>
<input type="checkbox"/>	One (1) Original and Four (4) Copies of Completed Typed Application
<input type="checkbox"/>	All Attachments Properly Labeled with Ordinance Section Reference
<input type="checkbox"/>	If applicable, State of Michigan pre-qualification letter enclosed.
<b><u>Content and Sufficiency of Information</u></b>	
<i>Background Information</i>	
<input type="checkbox"/>	Complete Applicant Information with Each Item Clearly Identified (Sec. 8(c)(1), (3))
<input type="checkbox"/>	If Applicant is a Corporation, LLC, LLP or Other Entity - Organizational Documentation (Sec. 8(c)(2), (4))
<input type="checkbox"/>	Proposed Ownership Structure of the Entity that Identifies the Ownership Percentage Held by Each Stakeholder (Sec. 8(c)(7))
<input type="checkbox"/>	Current Organization Chart that Includes Position Descriptions and the Names of Each Person Holding such Position (Sec. 8(c)(8))
<input type="checkbox"/>	Criminal Background Reports of the Applicant and the Applicant's Stakeholders Dated within 30 Days of the Date of the Application (Sec. 8(c)(14))
<input type="checkbox"/>	Security Plan Consistent with the Requirements of LARA Rule 35 (Sec. 8(c)(17))
<input type="checkbox"/>	Proof of Premises Liability and Casualty Insurance Consistent with the Requirements of LARA Rule 11 (Sec. 8(c)(25))
<i>Financial Background</i>	
<input type="checkbox"/>	Proposed Business Plan (Sec. 8(c)(6))
<input type="checkbox"/>	Proposed Marketing, Advertising and Business Promotion Plan for the Proposed Medical Marihuana Facility (Sec. 8(c)(9))
<input type="checkbox"/>	Description of Planned Tangible Capital Investment in the City of Pontiac (Sec. 8(c)(10))
<input type="checkbox"/>	Description of the Financial Structure and Financing of the Proposed Medical Marihuana Facility (Sec. 8(c)(12))
<input type="checkbox"/>	Short-Term and Long-Term Business Goals and Objectives for the Proposed Medical Marijuana Facility (Sec. 8(c)(13))
<input type="checkbox"/>	Inventory and Recordkeeping Plan Consistent with the Requirements of LARA (Sec. 8(c)(22))
<input type="checkbox"/>	Verification that the Applicant has a Minimum Capitalization Consistent with the Requirements of LARA Rule 12 (Sec. 8(c)(24))
<i>Economic Benefits</i>	
<input type="checkbox"/>	Explanation of the Economic Benefits to the City of Pontiac and Job Creation to be Achieved (Sec. 8(c)(11))
<i>Community Development</i>	
<input type="checkbox"/>	Description of Proposed Community Outreach and Education Strategies (Sec. 8(c)(15))
<i>Planning (Facility)</i>	
<input type="checkbox"/>	Floor Plan of the Proposed Medical Marihuana Facility Consistent with Requirements of Section 6.208 of the City of Pontiac Zoning Ordinance (Sec. 8(c)(18))
<input type="checkbox"/>	Scale Diagram Illustrating the Property Upon Which the Proposed Medical Marihuana Facility is to be Operated, Including all Available Parking Spaces and Specifying Which Parking Spaces are Handicapped Accessible (Sec. 8(c)(19))
<input type="checkbox"/>	Depiction of any Proposed Text or Graphic Materials to be Shown on Exterior of Proposed Medical Marihuana Facility (Sec. 8(c)(20))
<input type="checkbox"/>	Facility Sanitation Plan (Sec. 8(c)(21))
<input type="checkbox"/>	Location Map that Identifies the Relative Locations of, and Distances from, the Nearest School, Childcare Center, Public Park containing Playground Equipment, or Religious Institution (Sec. 8(c)(27))
<i>Patient Education</i>	
<input type="checkbox"/>	Description of Employee Training and Education (Sec. 8(c)(5))
<input type="checkbox"/>	Plan for Patient Education Program Consistent with the Requirements of LARA (Sec. 8(c)(28))
<input type="checkbox"/>	Description of Drug and Alcohol Awareness Programs (Sec. 8(c)(29))
<b><u>Land Use</u></b>	
<input type="checkbox"/>	Description of Impact on Resident Safety (Sec. 9(f)(2))
<input type="checkbox"/>	Description of Impact on Traffic Patterns and Consistency with Neighborhood Land Use (Sec. 9(f)(2))
<input type="checkbox"/>	Compliance with All State and Local Building, Electrical, Fire, Mechanical and Plumbing Requirements (Sec. 9(b)(1))
<input type="checkbox"/>	Compliance with the Zoning Ordinance (Sec. 9(b)(2))
<input type="checkbox"/>	Facility has been Issued a Certificate of Occupancy and, if Necessary, a Building Permit (Sec. 9(b)(3))
<b><u>Community Impact</u></b>	
<input type="checkbox"/>	Description of Planned Outreach on Behalf of Facility Including Plans to Eliminate Traffic, Noise, and Odor Effects (Sec. 9(f)(3))
<b><u>Managerial Resources</u></b>	
<input type="checkbox"/>	Record of Acts Detrimental to the Public Health, Security, Safety, Morals, Good Order, or General Welfare (Sec. 9(f)(4))
<b><u>Financial Resources</u></b>	
<input type="checkbox"/>	Reasonable and Tangible Demonstration of Sufficient Financial Resources and Business Experience to Execute Business Plans (Sec. 9(f)(5))
<b><u>Job Creation</u></b>	
<input type="checkbox"/>	Number of Full-Time and Part-Time Positions To Be Created, Hourly Wages and Salaries; Plans to Attract Employees from City of Pontiac, and Health and Welfare Benefits (Sec. 9(f)(6))
<b><u>Philanthropic and Community Improvement</u></b>	
<input type="checkbox"/>	Description of the Proposed Charitable Plans (Sec. 8(c)(16), 9(f)(7))
<b><u>Community Benefits</u></b>	
<input type="checkbox"/>	If an Applicant Intends to Pledge Community Benefits to the City of Pontiac, Please Describe the Benefits that the Applicant has Pledged to Provide to the City of Pontiac.
<b><u>Physical Improvements</u></b>	
<input type="checkbox"/>	Proximity to Other Structures, Including 1,000 Feet from School and 500 Feet from Daycare, Public Park, or Religious Institution (Sec. 9(f)(8))
<b><u>Affidavit and Signature</u></b>	
<input type="checkbox"/>	Affidavit that Neither the Applicant nor any Stakeholder is in Default to the City of Pontiac (Sec. 8(c)(23))
<input type="checkbox"/>	Signed Acknowledgement that Marihuana Use, Cultivation, Possession, Dispensing, Testing, Transporting and Distribution Are Subject to Federal Law, and Indemnification of the City of Pontiac (Sec. 8(c)(26))

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**BACKGROUND INFORMATION**

**Establishment Information**

☐ **Provisioning Center**

Name of Establishment		Establishment Phone Number	
Establishment Address	City	State	Zip

Establishment is: ☐ Owned ☐ Leased

**Applicant Type**

☐ Individual ☐ Corporation ☐ LLC ☐ LLP ☐ Other \_\_\_\_\_

**Applicant Information**

Applicant Name		Date of Birth (if individual) (month/day/year)/EIN (if entity):	
Phone Number		Secondary Phone Number (if available)	
Applicant Address	City	State	Zip
Applicant Email Address			

(Sec. 8(c)(1), (3))

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**BACKGROUND INFORMATION (cont.)**

**Stakeholder Information** – Corporations, LLCs, LLPs and other non-individual entity applicants must complete this sheet for every Stakeholder (the officers, directors, and managerial employees of an applicant and any persons who hold any direct or indirect ownership interest in the applicant). THE FIRST STAKEHOLDER LISTED BELOW WILL BE THE DESIGNATED CONTACT FOR THE APPLICANT. *Make additional copies as needed.*

Name (DESIGNATED CONTACT)		Date of Birth (month/day/year)	
Phone Number		Secondary Phone Number (if available)	
Address	City	State	Zip
Email Address			

Name		Date of Birth (month/day/year)	
Phone Number		Secondary Phone Number (if available)	
Address	City	State	Zip
Email Address			

Name		Date of Birth (month/day/year)	
Phone Number		Secondary Phone Number (if available)	
Address	City	State	Zip
Email Address			

(Sec. 8(c)(1))



All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>BACKGROUND INFORMATION (cont.)</u></b>
--

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 8(C)(2)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**Entity Information:**

- If the applicant is a corporation, LLC, LLP or other entity, the applicant must attach the entity organizational documentation, including:
  - Articles of incorporation or organization of the Applicant (**Attachment Label: Sec. 8(c)(2)**)
  - Bylaws or operating agreement of the Applicant (**Attachment Label: Sec. 8(c)(4)**)
- Submit documentation that describes the proposed ownership structure of the entity and that identifies the ownership percentages held by each stakeholder (**Attachment Label: Sec. 8(c)(7)**)
- Submit a current organization chart that includes position descriptions and the names of each person holding such position (**Attachment Label: Sec. 8(c)(8)**)

Applicant must also make the following submissions for its proposed operations:

- Security plan for proposed medical marihuana facility consistent with the requirements of LARA Rule 35 (**Attachment Label: Sec. 8(c)(17)**)
- Proof of premises liability and casualty insurance consistent with the requirements of LARA Rule 11 (**Attachment Label: Sec. 8(c)(25)**)

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>BACKGROUND INFORMATION (cont.)</u></b>
--

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(14)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**CRIMINAL BACKGROUND**

Applicant must make the following submission for review of applicable criminal background history:

- Criminal background reports of the applicant's and the applicant's stakeholders' criminal history dated within 30 days of the date of this application (**Attachment Label: Sec. 8(c)(14)**)
  - Such report shall be obtained through Internet Criminal History Access Tool (ICHAT) for applicants residing in Michigan and/or through another state sponsored or authorized criminal history access source for applicants who reside in other states or who have resided in other states within 5 years prior to the date of this application.
  - Such reports must be obtained by applicant and attached to this application.

DRAFT



All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**FINANCIAL BACKGROUND**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(6)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(6))**

Proposed business plan for the applicant.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**FINANCIAL BACKGROUND (cont.)**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(10)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(10))**

Describe the planned tangible capital investment in the City of Pontiac, including detail related to the number and nature of proposed medical marihuana facilities, and whether the locations of such facilities will be owned or leased. Attach a copy of the executed deed or lease to this application.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**FINANCIAL BACKGROUND (cont.)**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(12)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(12))**

Describe the financial structure and the financing of the proposed medical marihuana facility. Graphical images are acceptable, so long as the entities or individuals referenced on the graph have been identified in this application.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**FINANCIAL BACKGROUND (cont.)**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(13)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(13))**

Describe the short-term and long-term business goals and objectives for the proposed medical marihuana facility.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>FINANCIAL BACKGROUND (cont.)</b>
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**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 8(C)(9)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Submit the following additional information:

- Proposed marketing, advertising and business promotion plan for the proposed medical marihuana facility (**Attachment Label: Sec. 8(c)(9)**)
- Inventory and recordkeeping plan consistent with the requirements of LARA (**Attachment Label: Sec. 8(c)(22)**)
- Verification that the applicant has a minimum capitalization consistent with the requirements of LARA Rule 12 (**Attachment Label: Sec. 8(c)(24)**)
  - Such verification shall be provided by submitting CPA attested financial statements documenting capitalization requirements.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>ECONOMIC BENEFITS</u></b>
---------------------------------

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(11)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(11))**

Explain the economic benefits to the City of Pontiac and job creation to be achieved, including the number and type of jobs the medical marihuana facility 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 facility.

DRAFT

All questions on this form must be answered completely and truthfully.  
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PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>COMMUNITY DEVELOPMENT</u></b>
-------------------------------------

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(15)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Regarding this Section, the City Clerk will consider those community benefits pledged to the City of Pontiac as part of this Application and award points based on the quality, quantity, and duration of such pledged benefits.

If an applicant does not pledge community benefits, the applicant will receive a zero (0) score for this section.

**(Attachment Label: Sec. 8(c)(15))**

Describe the applicant's proposed community outreach and education strategies.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>PLANNING (FACILITY)</u></b>
-----------------------------------

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 8(C)(18)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Applicant must make the following submissions for its proposed location:

- Floor plan of the proposed medical marihuana facility consistent with requirements of Section 6.208 of the City of Pontiac zoning ordinance (**Attachment Label: Sec. 8(c)(18)**)
- Scale diagram (in the form of a property survey prepared by a licensed professional surveyor) illustrating the property upon which the proposed medical marihuana facility is to be operated, including all available parking spaces and specifying which parking spaces are handicapped accessible (**Attachment Label: Sec. 8(c)(19)**)
- Depiction of any proposed text or graphic materials to be shown on the exterior of the proposed medical marihuana facility (**Attachment Label: Sec. 8(c)(20)**)
- Facility sanitation plan (**Attachment Label: Sec. 8(c)(21)**)
  - This plan must describe how waste will be stored and disposed and how marihuana will be rendered unusable upon disposal at the proposed medical marihuana facility.
- Location map (in the form of a survey map prepared by a licensed professional surveyor) that identifies the relative locations of, and distances from, the nearest school, childcare center, public park containing playground equipment, or religious institution (**Attachment Label: Sec. 8(c)(27)**)
  - Per Section 3.11010 – Buffer Distance Restrictions, of the City of Pontiac’s Medical Marihuana Zoning Ordinance #2363, the measurement must be taken along the centerline of the street or street of address between two fixed points on the centerline determined by projecting straight lines, at right angles to the centerline, from the primary point of ingress to the school, childcare center or religious institution, or, for a public park, from the playground equipment nearest the contemplated location, and from the primary point of ingress to the contemplated location.



All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**PATIENT EDUCATION**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(C)(5)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(5))**

Describe the training and education that the applicant will provide to all employees.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>PATIENT EDUCATION (cont.)</u></b>
---

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 8(C)(28)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Applicant must make the following submissions for its proposed operations:

- Patient education plan (**Attachment Label: Sec. 8(c)(28)**)
- Plan for drug and alcohol awareness programs provided or arranged for by the applicant and available to public (**Attachment Label: Sec. 8(c)(29)**)

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**LAND USE**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 9(f)(2)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 9(f)(2))**

Describe the applicant's plan for mitigating detriments to resident safety.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**LAND USE (cont.)**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 9(f)(2)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 9(f)(2))**

Describe the proposed facility's consistency with the land use for the surrounding neighborhood and its impact on traffic patterns.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>LAND USE (cont.)</b>
-------------------------

No application will be approved for a permit unless:

- The fire department and the departments of building and safety and planning or another relevant department have confirmed that the proposed location is in compliance with all state and local building, electrical, fire, mechanical and plumbing requirements **(Sec. 9(b)(1))**
- The departments of building and safety and planning or another relevant department has confirmed that the proposed location complies with the zoning ordinance **(Sec. 9(b)(2))**
- The proposed medical marihuana facility has been issued a certificate of occupancy and, if necessary, a building permit **(Sec. 9(b)(3))**
- The applicant is prequalified (step-one approval) for a State of Michigan medical marihuana facilities license by the Michigan Department of Licensing and Regulatory Affairs **(Sec. 17(3))**

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>LAND USE (cont.)</b>
-------------------------

**Note to Applicants:** the submissions set forth on the previous page of this application and the medical marihuana facility are subject to the following submission and review standards (PLEASE NOTE THAT THE BELOW IS NOT A COMPLETE LIST OF APPLICABLE STANDARDS):

- All medical marihuana facilities must meet the following applicable building codes: (i) Michigan Building Code 2015; (ii) Michigan Mechanical 2015; (iii) Michigan Plumbing Code 2015; and (iv) National Electrical Code 2017
- Applicants shall be required to obtain permits for build out of medical marihuana facilities – such permits may include: (i) Building; (ii) Electrical; (iii) Mechanical; (iv) Plumbing; (v) Fire Alarm (Security System); and (vi) Fire Suppression
- Applicable medical marihuana facilities must meet applicable requirements of the International Fire Code 2015 edition and National Fire Protection Association (NFPA) standards (including NFPA 1 2018)
- Applicants are subject to Property Maintenance Code 2015, Section 107.5
- Review of medical marihuana applications by the City of Pontiac planning division; without limitation, review of permits is subject to the following provisions of the Pontiac zoning ordinance:
  - Uses Permitted by District: Articles 2, Chapter 2
  - Dimensional and Development Standards for Zoning District: Article 2, Chapter 3
  - Frontage Design Standards: Article 2, Chapter 4
  - Dimension & Development Standards for Specific Uses: Article 2, Chapter 5
  - Special Purpose Zoning Districts: Article 3, Chapter 11
  - General Provision: Article 4
    - Accessory Structures and Fences: Chapter 1
    - General Standards: Chapter 2
    - Parking: Chapter 3
    - Landscaping & Buffering: Chapter 4
    - Exterior Lighting: Chapter 5
    - Performance Standards: Chapter 7
  - Signs: Article 5
  - Site Plan Review: Article 6, Chapter 3
  - Special Exception Permit Review: Article 6, Chapter 3
  - Variances & Appeals: Article 6, Chapter 4
  - Permits, Fees, Violations and Penalties: Article 6, Chapter 7
  - Zoning Text & Map Amendments: Article 6, Chapter 8
  - Public Hearing Procedures: Article 6, Chapter 9
  - Definitions: Article 7, Chapter 1, 2 & 3

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>COMMUNITY IMPACT</u></b>
--------------------------------

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 9(f)(3)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 9(f)(3))**

Describe the applicant's planned outreach on behalf of the facility, including plans to eliminate or minimize traffic, noise, and odor effects.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>MANAGERIAL RESOURCES</u></b>
------------------------------------

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 9(f)(4)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 9(f)(4))**

For the applicant and for each stakeholder, disclose and describe any record of acts detrimental to the public health, security, safety, morals, good order, or general welfare.

DRAFT



All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b><u>FINANCIAL RESOURCES</u></b>
-----------------------------------

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 9(F)(5)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Applicant must make the following submissions for its proposed operations:

- Reasonable and tangible demonstration of sufficient financial resources and business experience to execute business plan **(Attachment Label: Sec. 9(f)(5))**

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**JOB CREATION**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 9(f)(6)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 9(f)(6))**

Identify the number of full-time and part-time positions the applicant intends to create; the hourly wages or salaries the applicant intends to pay employees; any plans and strategies to attract and hire employees from the City of Pontiac; and whether the applicant plans to provide employee health and welfare benefit plans, including, but not limited to, sick leave, maternity leave, and paternity leave.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>PHILANTHROPIC AND COMMUNITY IMPROVEMENT</b>
--

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (SEC. 8(c)(16)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Regarding this Section, the City Clerk will consider those community benefits pledged to the City of Pontiac as part of the provisioning center application and award points based on the commitment, quality, duration, community support and amount pledged of such pledged benefits.

If an applicant does not pledge community benefits, the applicant will receive a zero (0) score for this section.

**(Attachment Label: Sec. 8(c)(16), 9(f)(7))**

Describe the proposed charitable plans of the applicant, whether through financial donations or volunteer work.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>COMMUNITY BENEFITS</b>
---------------------------

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (COMMUNITY BENEFITS); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Community Benefits)**

In evaluating and scoring applications, the City Clerk will consider those community benefits pledged to the City of Pontiac as part of the provisioning center application and award points based on the commitment, quality, duration, community support, and amount pledged of such pledged benefits.

If an applicant does not pledge community benefits, that applicant will receive a score of zero (0) in the following categories/subcategories of this Application's scoring: (i) Content and Sufficiency of the Information, Part D (Community Development Subcategory) (10 possible points); and (ii) Philanthropic and Community Improvement (10 possible points).

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**COMMUNITY BENEFITS (cont.)**

**\*IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY ATTACH AN ADDENDUM. ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (COMMUNITY BENEFITS AGREEMENT); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Community Benefits)**

If you intend to pledge Community Benefits to the City of Pontiac, please describe the benefits that you have pledged to provide to the City of Pontiac. This would include the pledges you made under *Content and Sufficiency of Information, Part D (Community Development Subcategory)* and *Philanthropic and Community Improvement*.

DRAFT

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

<b>PHYSICAL IMPROVEMENTS</b>
------------------------------

**\*ALL ATTACHMENTS TO THIS APPLICATION SHOULD BE CLEARLY LABELED WITH AN ORDINANCE REFERENCE FOR THE APPLICABLE REQUIREMENT (FOR EXAMPLE, SEC. 9(F)(8)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Applicant must submit documentation of the following:

- Per Section 3.11010 – Buffer Distance Restrictions, of the City of Pontiac’s Medical Marihuana Zoning Ordinance #2363, proximity of the proposed medical marihuana facility to other structures, including
  - Whether the proposed medical marihuana facility is more than 1,000 feet from an operational public or private school, and
  - More than 500 feet from an operational commercial childcare organization (non-home occupation) that is licensed or registered with the State of Michigan Department of Health and Human Services or its successor agency, a public park with playground equipment, or a religious institution that is defined as tax exempt by the city assessor.
    - Such distance between the school, childcare center, public park, or religious institution and the contemplated location shall be measured along the centerline of the street or streets of address between two fixed points on the centerline determined by projecting straight lines, at right angles to the centerline, from the primary point of ingress to the school, childcare center, or religious institution, or from the playground equipment in a public park, and from the primary point of ingress to the contemplated location (**Attachment Label: Sec. 9(f)(8)**)

All questions on this form must be answered completely and truthfully.  
Any incomplete information may result in an application being delayed or denied.

PLEASE TYPE ONLY.

Applicant Name \_\_\_\_\_

**\*COMPLETE FOR APPLICANT AND EACH STAKEHOLDER\***

**PONTIAC CITY TREASURER'S OFFICE**

47450 Woodward Ave - 1st Floor

Pontiac, MI 48342

(248) 758-3272 FAX (248) 758-3177

**PONTIAC TREASURY INFORMATION REQUEST**

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

Home Address: \_\_\_\_\_

Since: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_

**Employer/Business Information**

Corporate Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Address: \_\_\_\_\_

Since: \_\_\_\_\_

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 Pontiac area business in which your ownership participation exceeds 25%: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## AFFIDAVIT AND SIGNATURE

- ☐ I swear and affirm that neither I, the applicant, nor any stakeholder of the applicant, is in default to the City of Pontiac, including for failure to pay any property taxes, special assessments, fines, fees or other financial obligations to the City. (Sec. 8(c)(23))
- ☐ I acknowledge that I, the applicant, understand that all matters related to marihuana cultivation, possession, dispensing, testing, transporting, distribution and use are currently subject to Federal laws, and that the approval of a permit hereunder does not exonerate or exculpate the applicant from exposure to any penalties associated therewith. Further, the applicant completely releases and forever discharges the City of Pontiac and its respective employees, agents, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory or recovery, which the applicant or its stakeholders may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of the applicant or stakeholders' application for a permit and, if issued a permit, the applicant or stakeholders' operation of a medical marihuana facility. (Sec. 8(c)(26))
- ☐ I, the applicant, have read and am fully aware of all plans and details listed in this application, and have been provided the opportunity to discuss its contents with any applicable professionals, including but not limited to an attorney of my choosing.
- ☐ I, the applicant, consent to inspections, examinations, searches and seizures required or undertaken in relation to this application or the City of Pontiac Medical Marihuana Facilities Ordinance, including without limitation any criminal and financial background checks.

I swear and affirm, under the penalties of perjury, that the information and statements set forth in this application, including all attachments hereto, are true and complete.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

*Subscribed & sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_*

*Notary Signature \_\_\_\_\_*

*Printed Name \_\_\_\_\_ My Commission Expires \_\_\_\_\_*

*Notary Public, \_\_\_\_\_ County, MI Acting in the County of \_\_\_\_\_*

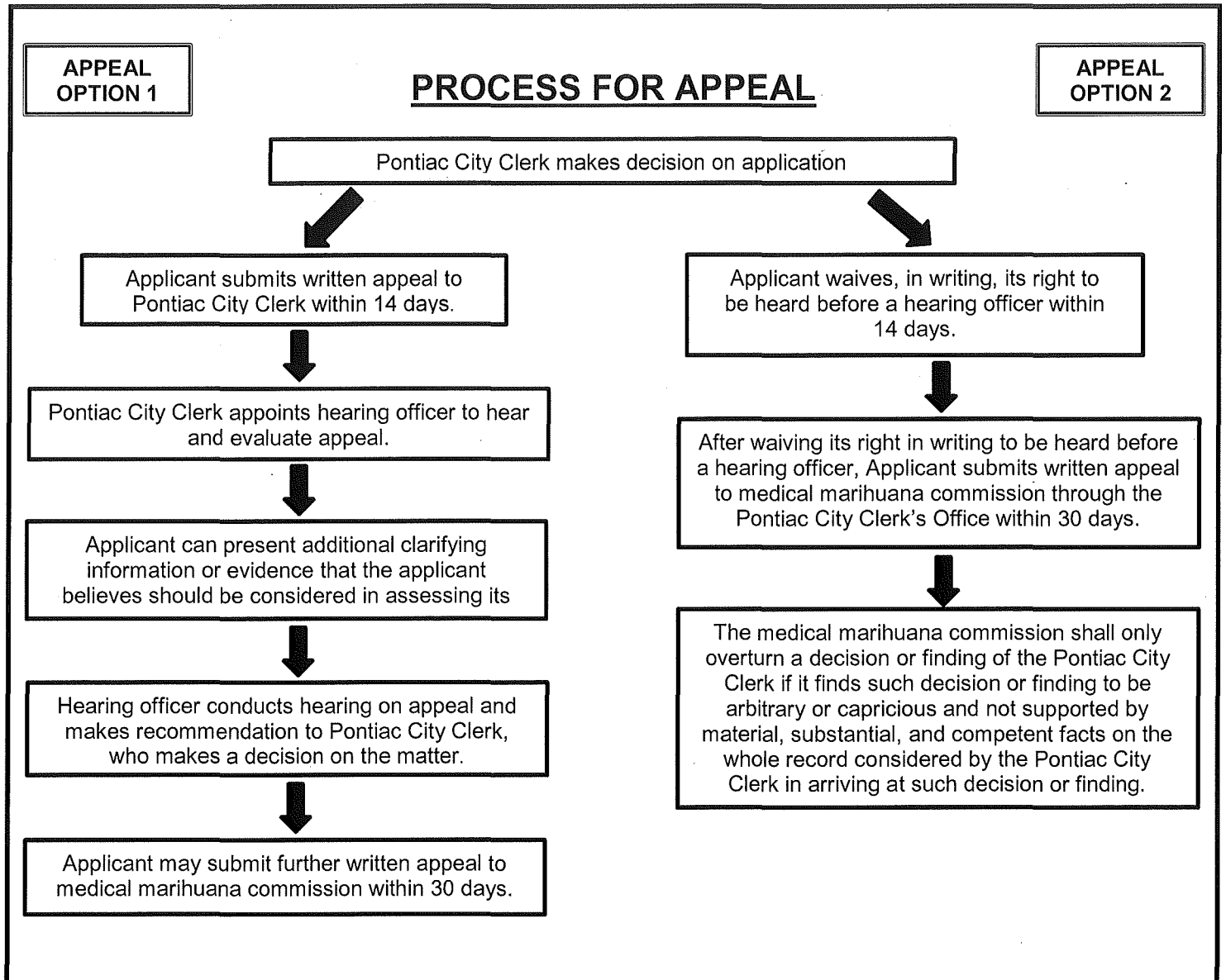
## APPEAL RIGHTS

Any applicant aggrieved by the denial of a permit may appeal to the Pontiac City Clerk, who shall appoint a hearing officer to hear and evaluate the appeal and make a recommendation to the Pontiac City Clerk. Such appeal shall be taken by filing with the Pontiac City Clerk, **within fourteen (14) days** after notice of the action complained of has been mailed to the applicant's last known address on the records of the Pontiac City Clerk, a written statement setting forth fully the grounds for the appeal. The Pontiac City Clerk shall review the report and recommendation of the hearing officer and make a decision on the matter. The Pontiac City Clerk's decision may be further appealed to the medical marihuana commission if applied for in writing to the medical marihuana commission **no later than thirty (30) days** after the Pontiac City Clerk's decision.

IN THE ALTERNATIVE, an applicant may choose to **WAIVE**, in writing, its opportunity to be heard before a hearing officer within fourteen (14) days after notice of the action complained of has been mailed to the applicant's last known address and then submit its appeal **directly** to the medical marihuana commission. To do so, an applicant must submit to the medical marihuana commission through the Pontiac City Clerk's Office, **within thirty (30) days** after notice of the action complained of has been mailed to the applicant's last known address on the records of the Pontiac City Clerk, a writing requesting an appeal directly to the medical marihuana commission.



Any decision by the medical marihuana commission on an appeal shall be final for purposes of judicial review. The medical marihuana commission shall review and decide all appeals that are forwarded to it by the Pontiac City Clerk under the Ordinance, and the medical marihuana commission shall review all appeals de novo. The medical marihuana commission shall only overturn a decision or finding of the Pontiac City Clerk if it finds such decision or finding to be arbitrary or capricious and not supported by material, substantial, and competent facts on the whole record considered by the Pontiac City Clerk in arriving at such decision or finding.



**#12**

**COMMUNICATION**

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### CITY OF PONTIAC MEDICAL MARIHUANA PROVISIONING CENTERS SCORING CRITERIA GUIDE

Applicants seeking a license to operate a medical marihuana provisioning center within the City of Pontiac will be evaluated and scored according to several criteria set out in the City of Pontiac Medical Marihuana Facilities Ordinance.

Each applicant will be scored in each of the following eight categories:

	Category	Maximum Possible Points	Applicable Ordinance Section
1	<b>Content and Sufficiency</b> <u>Subcategories</u> <ul style="list-style-type: none"> <li>• <i>Background Information</i> (up to 5 points)</li> <li>• <i>Financial Background</i> (up to 10 points)</li> <li>• <i>Economic Benefits</i> (up to 10 points)</li> <li>• <i>Community Development</i> (up to 10 points) *scored using Community Benefits Scoring</li> <li>• <i>Planning (Facility)</i> (up to 10 points)</li> <li>• <i>Patient Education</i> (up to 5 points)</li> </ul>	50	§9(f)(1)
2	<b>Land Use</b>	20	§9(f)(2)
3	<b>Community Impact</b>	10	§9(f)(3)
4	<b>Managerial Resources</b>	10	§9(f)(4)
5	<b>Financial Resources</b>	10	§9(f)(5)
6	<b>Job Creation</b>	10	§9(f)(6)
7	<b>Philanthropic and Community Improvement</b> *scored using Community Benefits Scoring	10	§9(f)(7)
8	<b>Physical Improvements</b>	10	§9(f)(8)
	<b>TOTAL POSSIBLE SCORE</b>	<b>130</b>	

In a category in which an applicant can earn a maximum of five (5) points, applicants will receive:

- One (1) point if their submission is **Very Deficient**, or
- Five (5) points if their submission is **Satisfactory**.

In a category in which an applicant can earn a maximum of ten (10) points, applicants will receive:

- One (1) point if their submission is **Very Deficient**,
- Five (5) points if their submission is **Somewhat Deficient**, or
- Ten (10) points if their submission is **Satisfactory**.

In the category in which an applicant can earn a maximum of twenty (20) points, applicants will receive:

- One (1) point if their submission is **Very Deficient**,
- Ten (10) points if their submission is **Somewhat Deficient**, or
- Twenty (20) points if their submission is **Satisfactory**.

A submission will be deemed **Satisfactory** in a particular category if it satisfies the criteria set out for that category, as applicable.

A submission will be deemed **Somewhat Deficient** in a particular category if it partially satisfies the criteria set out for that category but fails to satisfy all criteria, as applicable.

A submission will be deemed **Very Deficient** in a particular category if it significantly fails to satisfy the criteria set out for that category, as applicable.

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In order to receive the maximum amount of points for pre-qualification with the State of Michigan in the categories of Managerial Resources and Financial Resources, the applicant must have received its pre-qualification prior to submitting its Provisioning Center Application to the City of Pontiac.

### **Community Benefits Scoring**

In the Community Development Subcategory of Content and Sufficiency (up to 10 points) and the Philanthropic and Community Improvement Category (up to 10 points), applicants will be scored based on the community benefits pledged to the City. Community benefits points will be awarded, as determined by the City Clerk, based on the commitment, quality, duration and community support of such pledged benefits.

If an applicant does not pledge community benefits, such applicant will receive a zero (0) score for such Community Development Subcategory and Philanthropic and Community Improvement Category.

In each Community Benefits Scoring category in which an applicant can earn a maximum of three (3) points, applicants will receive:

- One (1) point if their submission is ***Very Deficient***, or
- Three (3) points if their submission is ***Satisfactory***.

In each Community Benefits Scoring category in which an applicant can earn a maximum of four (4) points, applicants will receive:

- One (1) point if their submission is ***Very Deficient***, or
- Four (4) points if their submission is ***Satisfactory***.

The ***Total Possible Score*** for an application is **130 points**.

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MEDICAL MARIHUANA PROVISIONING CENTERS SCORING CRITERIA				
#1	<u>CONTENT AND SUFFICIENCY OF THE INFORMATION</u>	Sub-Category Maximum Possible Points	Maximum Possible Points	Applicable Ordinance Section
	<b>CRITERIA</b>		<b>50</b>	
A	<i>Background Information Subcategory</i>	<b>5</b>		
1	Full name, date of birth, physical address, email address, and telephone number of applicant and entity's stakeholders			§8(c)(1)
2	Articles of incorporation, operating agreement, and bylaws			§8(c)(2),(4)
3	Entity's employee identification number			§8(c)(3)
4	Proposed ownership structure			§8(c)(7)
5	Current organization chart			§8(c)(8)
6	Applicant's criminal history			§8(c)(14)
7	Description of security plan consistent with LARA requirements			§8(c)(17)
8	Affidavit that no applicant or stakeholder is in default to the city			§8(c)(23)
9	Proof of premises liability and casualty insurance			§8(c)(25)
10	Signed acknowledgment of understanding regarding federal law			§8(c)(26)

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MEDICAL MARIHUANA PROVISIONING CENTERS SCORING CRITERIA				
#1	<u>CONTENT AND SUFFICIENCY OF THE INFORMATION</u>	Sub-Category Maximum Possible Points	Maximum Possible Points	Applicable Ordinance Section
	<b>CRITERIA</b>		<b>50</b>	
B	<i>Financial Background Subcategory</i>	<b>10</b>		
11	Proposed business plan			§8(c)(6)
12	Marketing, advertising, and business promotion plan			§8(c)(9)
13	Description of planned tangible capital investment in the city			§8(c)(10)
14	Description of financial structure and financing of facility			§8(c)(12)
15	Source of financing of facility, including documentation of any loans or lines of credit			
16	Sources of capital contributions			
17	Solvency of investors			
18	Whether facility has established account with financial institution			
19	Description of financial recordkeeping and accounting system			
20	Controls in place to assure financial integrity of facility, including how cash is secured			
21	Pre-qualification with State of Michigan (maximum points awarded)			
22	Short-term business goals and objectives			§8(c)(13)
23	Long-term business goals and objectives			
24	Strategic plan for meeting business goals			
25	Identification and investment of resources necessary to achieve business goals			
26	Proposed inventory and recordkeeping plan			§8(c)(22)
27	Frequency of inventory audits and other inventory controls			
28	Method of inventory costing (FIFO, LIFO, etc.)			§8(c)(24)
29	Verification of minimum capitalization			
30	Documentation, including bank or financial statements of minimum capitalization			

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MEDICAL MARIHUANA PROVISIONING CENTERS SCORING CRITERIA				
#1	<u>CONTENT AND SUFFICIENCY OF THE INFORMATION</u>	Sub-Category Maximum Possible Points	Maximum Possible Points	Applicable Ordinance Section
	CRITERIA		50	

C	<i>Economic Benefits Subcategory</i>	10		
31	Job creation to be achieved			§8(c)(11)
32	Number and type of jobs to be created			
33	Compensation to be offered for each position			
34	Projected annual budget and revenue of facility			
35	Projected timeline for facility to break even			
D	<i>Community Development Subcategory</i>	10		

The City Clerk will consider those community benefits pledged to the City of Pontiac as part of the provisioning center application and award points based on the following criteria.

If an applicant does not pledge community benefits, such applicant will receive a zero (0) score for this subcategory.

36	Commitment to providing community benefits and quality of pledged community benefits	4		§8(c)(15),
	<ul style="list-style-type: none"> <li>A description of the proposed community outreach and education strategies.</li> </ul>			
37	Duration of pledged community benefits	3		
	<ul style="list-style-type: none"> <li>A description of the amount of time or financial commitment to each program.</li> <li>A description of the length (days, weeks, months) of each commitment and cumulative duration.</li> </ul>			
38	Community support for pledged community benefits	3		
	<ul style="list-style-type: none"> <li>Community outreach meetings that occur at a variety of places (community centers, churches, etc.).</li> <li>A description of the planned frequency of community outreach meetings.</li> <li>A description of the applicant's plans for responding to community concerns.</li> <li>A description of the applicant's efforts to connect with community leaders.</li> </ul>			

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MEDICAL MARIHUANA PROVISIONING CENTERS SCORING CRITERIA				
#1	<u>CONTENT AND SUFFICIENCY OF THE INFORMATION</u>	Sub-Category Maximum Possible Points	Maximum Possible Points	Applicable Ordinance Section
	<b>CRITERIA</b>		<b>50</b>	
	<ul style="list-style-type: none"> <li>A description of the involvement of key stakeholders in community development programs.</li> </ul>			
E	<i>Planning (Facility) Subcategory</i>	<b>10</b>		
39	Floor plan for facility			§8(c)(18)
40	Description of renovations needed to meet floor plan			
41	Time needed to complete renovation and setup			
42	Scale diagram illustrating property			§8(c)(19)
43	Any proposed text or graphic materials to be posted on exterior of building			§8(c)(20)
44	Size and nature of external graphics (signboard, electronic, etc.)			
45	Number of external graphics or signs			
46	Verification of compliance with state and local building and safety codes			§8(c)(21)
47	Certificate of occupancy			
48	Facility sanitation plan			
49	Plan for ensuring proper treatment and security of waste			
50	Contracts with service providers for waste disposal and treatment			



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MEDICAL MARIHUANA PROVISIONING CENTERS SCORING CRITERIA				
#1	<u>CONTENT AND SUFFICIENCY OF THE INFORMATION</u>	Sub-Category Maximum Possible Points	Maximum Possible Points	Applicable Ordinance Section
	<b>CRITERIA</b>		<b>50</b>	
F	<i>Patient Education Subcategory</i>	<b>5</b>		
51	Description of education and training to be provided to employees			§8(c)(5)
52	Patient education plan			§8(c)(28)
53	Training to be provided to employees on patient education			
54	Whether licensed professional provides employee training			
55	Resources available to employees in educating patients (written materials, online, etc.)			
56	Brochures and other resources available to patients			
57	Drug and alcohol awareness programs			§8(c)(29)
58	Training provided to employees for recognizing substance abuse			
59	Partnerships with community organizations for substance abuse awareness programs			
60	Materials provided to patients regarding drug and alcohol awareness			
	<b>TOTAL – Content and Sufficiency of the Information</b>			

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MEDICAL MARIHUANA PROVISIONING CENTERS SCORING CRITERIA				
#2	<u>LAND USE</u>	Sub-Category Possible Points	Maximum Possible Points	Applicable Ordinance Section
	<b>CRITERIA</b>		<b>20</b>	
A	<i>Resident Safety Subcategory</i>	<b>10</b>		
1	Detriment to resident safety			§9(f)(2)
2	System for communicating potential safety threats to neighborhood residents			
3	Plan for securing facility including surveillance			
4	Agreements with law enforcement or private security company to ensure area safety			
B	<i>Neighborhood Land Use Subcategory</i>	<b>10</b>		
5	Consistency with neighborhood land use			§9(f)(2)
6	Efforts to ensure character of neighborhood maintained			
7	Plan to ensure product and materials are kept away from minors			
8	Partnerships with community organizations to mitigate negative effects			
9	Partnerships with area businesses to mitigate issues			
10	Effect on traffic patterns			
11	Consultation with law enforcement regarding traffic flow			
12	Availability of adequate parking near facility			
13	Whether parking is exclusive to facility or share with other businesses			
	<b>TOTAL – Land Use</b>			

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MEDICAL MARIHUANA PROVISIONING CENTERS SCORING CRITERIA			
#3	<u>COMMUNITY IMPACT</u>	Maximum Possible Points	Applicable Ordinance Section
	<b>CRITERIA</b>	<b>10</b>	
1	Planned community outreach initiatives		§9(f)(3)
2	Meetings with community leaders and stakeholders		
3	Availability of facility managers to address community concerns		
4	Promptness in responding to community concerns		
5	Physical improvements to building		
6	Capital investment in building and time for completion		
7	Impact on traffic		
8	Plan for ensuring uninterrupted street access		
9	Effect on noise level		
10	Efforts to control facility area and eliminate loitering		
11	Mitigation of odor effects		
12	Technology in place to mitigate odors		
	<b>TOTAL – Community Impact</b>		

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MEDICAL MARIHUANA PROVISIONING CENTERS SCORING CRITERIA			
#4	<u>MANAGERIAL RESOURCES</u>	Maximum Possible Points	Applicable Ordinance Section
	<b>CRITERIA</b>	<b>10</b>	
1	Record of acts detrimental to public health, security, safety, morals, good order, or general welfare		§9(f)(4)
2	Description of each primary stakeholder's relevant business experience		
3	History of operating similar medical marihuana facilities		
4	Whether applicant currently operates other medical marihuana facilities		
5	Whether facility managers are stakeholders of applicant		
6	Whether facility manager has operated other medical marihuana facilities		
7	Proof of regulatory compliance		
8	Criminal background history by applicant and stakeholders		
9	Pre-qualification with State of Michigan (maximum points awarded)		
	<b>TOTAL – Managerial Resources</b>		

In order to receive the maximum amount of points for pre-qualification with the State, the applicant must have received its pre-qualification prior to submitting its Provisioning Center Application with the City.

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MEDICAL MARIHUANA PROVISIONING CENTERS SCORING CRITERIA			
#5	<u>FINANCIAL RESOURCES</u>	Maximum Possible Points	Applicable Ordinance Section
	CRITERIA	10	
1	Sufficient financial resources to fund business plan		§9(f)(5)
2	Description of allocation of financial resources to each phase of business plan		
3	Anticipated reinvestment of profits into business		
4	Copies of financial statements and tax returns of applicant and primary stakeholders for last three years		
5	Business experience to execute business plan		
6	Managerial history of key stakeholders and managers including copies of resumes		
7	CPA attestation of net worth or bank statements		
8	Pre-qualification with State of Michigan (maximum points awarded)		
	<b>TOTAL – Financial Resources</b>		

In order to receive the maximum amount of points for pre-qualification with the State, the applicant must have received its pre-qualification prior to submitting its Provisioning Center Application with the City.

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MEDICAL MARIHUANA PROVISIONING CENTERS SCORING CRITERIA			
#6	<u>JOB CREATION</u>	Maximum Possible Points	Applicable Ordinance Section
	CRITERIA	10	
1	Anticipated job creation		§9(f)(6)
2	Number of full-time and part-time positions expected to be created		
3	Nature of each position		
4	Hourly wages or salaries for each position		
5	Qualifications required for each position (high school, college, certifications, etc.)		
6	Healthcare and benefits to be provided		
7	Plan and strategy to attract employees from City of Pontiac		
8	Plans and initiatives for recruiting prospective employees		
9	Marketing of jobs and recruiting efforts via a variety of media, including in-person meetings within community		
<b>TOTAL – Job Creation</b>			



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MEDICAL MARIHUANA PROVISIONING CENTERS SCORING CRITERIA				
#7	<u>PHILANTHROPIC AND COMMUNITY IMPROVEMENT</u>	Benefits Rating	Maximum Points Possible	Applicable Ordinance Section
	<b>CRITERIA</b>		<b>10</b>	
<p>The City Clerk will consider those community benefits pledged to the City of Pontiac as part of the provisioning center application and award points based on the following criteria.</p> <p>If an applicant does not pledge community benefits, such applicant will receive a zero (0) score for this subcategory.</p>				
1	Commitment to providing community benefits and quality of pledged community benefits	4		§9(f)(7) §8(c)(16)
	<ul style="list-style-type: none"> <li>• A description of proposed charitable plans, whether through financial donations or volunteer work.</li> <li>• A description of the community improvement programs aimed at the City of Pontiac.</li> </ul>			
2	Duration of pledged community benefits	3		
	<ul style="list-style-type: none"> <li>• A description of the amount of time or financial commitment to each program.</li> <li>• A description of the length (days, weeks, months) of each commitment and cumulative duration.</li> </ul>			
3	Community support for pledged community benefits	3		
	<ul style="list-style-type: none"> <li>• A description of the applicant's plans for responding to community concerns.</li> <li>• A description of the applicant's efforts to connect with community leaders.</li> <li>• A description of the involvement of key stakeholders in charitable programs.</li> </ul>			
<b>TOTAL – Philanthropic and Community Improvement</b>				

This document is a draft and subject to change. This document should not be relied upon for business decisions by third parties or the public. Review, consultation, or use of the document shall not create any right, privilege, contract, or claim by a third party with respect to the City of Pontiac.

MEDICAL MARIHUANA PROVISIONING CENTERS SCORING CRITERIA			
#8	<u>PHYSICAL IMPROVEMENTS</u>	Maximum Possible Points	Applicable Ordinance Section
	CRITERIA	10	
1	Proximity to other structures		§9(f)(8)
2	More than 1,000 feet from operational public or private school		
3	More than 500 feet from operational commercial childcare organization, public park with playground equipment, or religious institution		
	<b>TOTAL – Physical Improvements</b>		

The application should certify that distances have been measured in accordance with the procedure set out in Ordinance Section 9(f)(8) and should either (1) specify the distance of the proposed facility from each such structure or (2) certify that no structures are located within the prescribed distances.



**#13**

**COMMUNICATION**

# Proposed Application Review Process for Provisioning Centers

1

The Office of the City Clerk will divide all applications into one of four (1 of 4) districts. Applicants will be scored and ranked by district.

2

The City Clerk will check with the following departments to ensure that the applicant is not in default with the City.

50th District Court Review, to be completed by City Clerk

Income Tax

Treasury

3

The Scoring Team will consist of the City Clerk, Planning Manager, Professional Expert- Financial Advisor to the City Clerk and the Professional Expert-Legal Advisor to the City Clerk.

The City Clerk, Planning Manager and Professional Expert-Financial Advisor will score the relevant sections of the application.

The Scoring Team will meet after all the applications in a district have been scored by the City Clerk, Planning Manager and Professional Expert-Financial Advisor to tally the total score and rank the applications. (The scoring team will meet at least four times.)

The Legal Advisor will complete a compliance review of scored provisioning center applications to ensure criteria have been consistently applied by members of the scoring team.

4

No Scoring or Ranking will be announced until after the Legal Advisor compliance review and all four of the districts have been scored and ranked. The Legal Advisor will conduct the criminal background checks of the top 5 ranked applicants by district.

5

The City Clerk will announce the application rankings by district.

6

The City Clerk will refer the applications of the top 5 ranked applicants to the following.

Building

- Sec. 9(b)(1)
- Sec. 9(b)(3)

Planning

- Sec. 8(c)(18)-(20)
- Sec. 8(c)(27), (30)
- Sec. 9(b)(2)

Fire

- Sec. 8(c)(31)
- Sec. 9(b)(1)

Sheriff

- Sec. 8(c)(17)

Finance

- Sec. 8(c)(25)

DPW

- Sec. 8(c)(21)

Legal Advisor

- Sec. 8(c)(5)

7

The City Clerk will award permits to the top 5 applicants from each district after they have received 9(b)(1) clearance from Building and Fire, 9(b)(2) clearance from Planning, and 9(b)(3) clearance from Building.

## **Appeal Process**

- An applicant denied a permit may appeal to the City Clerk, who shall appoint a hearing officer to hear and evaluate an appeal and make a recommendation to the City Clerk. Such appeal would be taken by filing a written statement of appeal with the City Clerk, within fourteen (14) days after notice of the denial.
  - The City Clerk would review the report and recommendation of the hearing officer and make a decision on the matter.
- The City Clerk's decision may be further appealed to the Medical Marijuana Commission by written appeal no later than thirty (30) days after the City Clerk's decision.
- IN THE ALTERNATIVE, an applicant may waive, in writing within fourteen (14) days after notice of the denial, its opportunity to be heard before a hearing officer, and instead submit its appeal directly to the Medical Marijuana Commission no later than (30) days after mailing of the denial decision.
- The Medical Marijuana Commission shall only overturn a decision or finding of the clerk if it finds such decision or finding to be arbitrary or capricious and not supported by material, substantial, and competent facts on the whole record considered by the clerk in arriving at such decision or finding (Ordinance 2357B).

**APPEAL  
OPTION 1**

**PROCESS FOR APPEAL**

**APPEAL  
OPTION 2**

Pontiac City Clerk makes decision on application

Applicant submits written appeal to  
Pontiac City Clerk within 14 days.

Pontiac City Clerk appoints hearing officer to hear  
and evaluate appeal.

Applicant can present additional clarifying  
information or evidence that the applicant  
believes should be considered in assessing its

Hearing officer conducts hearing on appeal and  
makes recommendation to Pontiac City Clerk,  
who makes a decision on the matter.

Applicant may submit further written appeal to  
medical marihuana commission within 30 days.

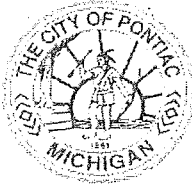
Applicant waives, in writing, its right to  
be heard before a hearing officer within  
14 days.

After waiving its right in writing to be heard before  
a hearing officer, Applicant submits written appeal  
to medical marihuana commission through the  
Pontiac City Clerk's Office within 30 days.

The medical marihuana commission shall only  
overturn a decision or finding of the Pontiac City  
Clerk if it finds such decision or finding to be  
arbitrary or capricious and not supported by  
material, substantial, and competent facts on the  
whole record considered by the Pontiac City  
Clerk in arriving at such decision or finding.

**#14**

**COMMUNICATION**



CITY OF PONTIAC  
**Planning Commission**

47450 Woodward Ave • Pontiac, Michigan 48342  
Telephone: (248) 758-2800

**Mayor Deirdre Waterman**

August 30, 2019

The Honorable Kermit Williams, President of Pontiac and  
Members of the Pontiac City Council  
City of Pontiac  
47450 Woodward Avenue  
Pontiac, Michigan 48342

Dear President Williams and Members of City Council:

It came to our attention at the Planning Commission August 7, 2019 meeting that City Council passed a resolution to appeal the Planning Commission decision even after overriding the Mayor's veto to grant a Special Exception application to sell package liquor at 1124 Joslyn Avenue, also known as Joslyn Beverage.

We cannot stress enough the concern and confusion this has caused the Planning Commission that City Council would appeal our decision. How can Council think this was justifiable given the Commission's technical review and examination of the Master Plan and Zoning Ordinance? The Planning Division and Commission have the skill sets and expertise in planning and zoning to provide correct, proper recommendations that should be respected by City Council, and not dismissed with such capriciousness.

We heard no sound and/or solid rationale for any reasoning behind the appeal by City Council, including Pro Tem Carter's July 16<sup>th</sup> statement.

*"...I stand ready that I would support this even though it was denied by the Planning Commission. Being an upstanding individual in our district and the fact that we need to have our own Ordinance modified...There is no rule, law or statute of operating within a half mile of each other. It doesn't exist. It never exists...so I want it to be reflected with our own City ordinance, not to be stronger than the state because the state says it doesn't exist and we can't control the monopoly on where people operate. And other than that, since he has a license from the state, then I feel that we can vote on it allow him to have his license".*

Additionally, during the July 16<sup>th</sup> Council meeting, our Planning Manager was not recognized to present the facts and Planning Commission's recommendation, and City Council went so far on July 29<sup>th</sup> to override the Mayor's veto prior to Council's final vote. Then City Council passed a resolution on July 30<sup>th</sup> to instruct City Attorney within 30 days to modify retail sales of alcoholic beverage requirements in the Zoning Ordinance; another irrational action that attempts to justify their decision.

It was clear the applicant, A & S Kaja Enterprise, Inc. did not meet the current Zoning Ordinance, Section 2.515 requiring 500 feet from a place of worship and no more than two properties can sell packaged alcoholic beverages within a mile. The Councils knows St Paul Community Lutheran Church and Bible Fellowship Christian Church are within 500 feet and Joslyn Market, Trademark Liquor and King Liquor are located within one mile of Joslyn Beverage.

This is unacceptable when the Planning Commission voted 5-0 to deny application SEP 19-03. We truly don't believe City Council understands the dangerous precedent and legal consequences you have placed upon the City...if you did, you would have not voted to grant the appeal. See Joslyn Fuel attached letter, who expressed frustration at the City for not enforcing its Ordinances equally against all non-consumption beverage owners.

We were of the impression that City Council were rational decision-makers, based on sound, Pontiac's solid community planning and current, approved Zoning Ordinance requirement, which City Council must reference and adhere to. Now we question City Council's misguided conclusions. The Planning Commission is extremely concerned.

As of now, the Planning Commission believes we cannot make recommendations to City Council for any petitioner requesting permission to sell alcohol. This sudden and unexplained change in how the Zoning Ordinance is being interpreted by City Council is creating an unfair, chaotic and unnecessary situation for petitioners, the Planning Commission, business owners, and to residents of the City of Pontiac.

Respectfully Submitted,  
Pontiac Planning Commission



Joslyn Fuel, Inc.  
1260 Joslyn Ave.  
Pontiac, MI 48340

August 15, 2019

Mr. Patrick Brzozowski  
Code Enforcement Division  
Building and Safety Department  
47450 Woodward Ave.  
Pontiac, MI 48342

*Via U.S. Mail*

Dear Mr. Brzozowski:

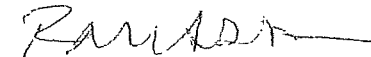
I am the owner of Joslyn Fuel, Inc., which owns the Marathon gas station located at 1260 Joslyn Ave. Since June of 2014, Joslyn Fuel has held a Specially Designated Merchant and a Specially Designated Distributor liquor license from the Michigan Liquor Control Commission for the sale of beer, wine and spirits for off-premises consumption. On multiple occasions, the City has advised Joslyn Fuel, both verbally and in writing, that it cannot sell alcohol for off-premises consumption at the Marathon Station. Most recently, in a February 26, 2019 e-mail to my attorney, the City Planner, Donovan Smith, stated that page 2-5 of the zoning ordinance provides that all sales of packaged alcoholic beverages in the City require a Special Exemption Permit.

I am writing to advise you that two of Joslyn Fuel's competitors are currently selling packaged alcohol in the City of Pontiac without special exemption permits, and apparently without any interference from the City. As recently as last week I visited Joslyn Beverage located at 1124 Joslyn Ave. and the Shell gas station located at 1430 Joslyn Ave., and found that packaged alcohol is being offered for sale at both locations. Both businesses recently applied to the City for Special Exemption Permits for packaged alcohol sales and were denied by the Planning Commission at its April 3, 2019 meeting, and again on appeal to the City Council at its May 7, 2019 meeting.

I ask that the City enforce its ordinances equally against all business owners. If the City does not intend to permit Joslyn Fuel to sell packaged alcohol without a Special Exemption Permit, then the same rule should apply to its competitors.

I would appreciate the City's written response to this correspondence.

Very Truly Yours,



Raj Anghan, President  
Joslyn Fuel, Inc.

CC: Deirdre Waterman, Mayor  
Pontiac City Council  
Pontiac Planning Commission  
Garland Doyle, City Clerk  
Michael Wilson, Building Official  
Donovan Smith, City Planner  
Anthony Chubb, City Attorney

**#15**

**RESOLUTION**



# CITY OF PONTIAC

## OFFICIAL MEMORANDUM

*Executive Branch*

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**TO:** Honorable City Council President Kermit Williams, and City Council Members

**FROM:** Mayor Deirdre Waterman thru the Office of Jane Bais DiSessa, Deputy Mayor

**DATE:** August 29, 2019

**RE:** **Resolution to authorize the Mayor to negotiate the terms of a purchase agreement for the acquisition of the property located on 235 Wesson Street and conduct due diligence for the benefit of the City, at a cost not to exceed \$45,000.**

The following resolution is recommended for your consideration:

Whereas, on or about July 22, 2019 the City of Pontiac was presented with a Real Estate Purchase and Sale Agreement (the "Purchase Agreement") by PLTC I Realty Investment, LLC, a Michigan limited liability company, for the sale by seller and the purchase by the City of multiple parcels of land consisting of: (i) an 8 acre parcel located at 235 Wessen Street upon which the Wessen Tennis Club currently operates ("Parcel A"); (ii) 2 vacant lots at the corner of Wessen and Branch Streets ("Parcel B"); and (iii) 2 vacant lots located at the corner of Houston and Branch Streets ("Parcels C and D") for a recited sale price of \$2,550,000.

Whereas, the City Council's Real Estate Subcommittee referred the Purchase Agreement to the Mayor's Office for further review.

Whereas, council for the Seller has provided the City Attorney with copies of certain items of due diligence which will not be comprehensively reviewed or vetted without the approval of Council.

Whereas, the Mayor's Office cannot, without the approval of Council: (i) determine if the purchase price proposed by the seller is appropriate; (ii) negotiate terms and conditions to the Purchase Agreement so that it may be resubmitted to Council for its consideration and execution if so approved; and (iii) undertake all necessary due diligence inspections and investigations as any purchaser of commercial property would undertake to determine the suitability of the property for the City's contemplated use, which investigations include, without limitation: title and survey review, environmental review and appraisal.

NOW, THEREFORE, IT IS RESOLVED: the Mayor is authorized to negotiate the terms of a purchase agreement for the acquisition of the above-described property for Council's review and consideration and to conduct or obtain, for the benefit of the City, the following items of due diligence:

- A physical inspection of all improvements located upon the property;

- Receipt and review of a title insurance commitment (obtained at the Seller's cost and expense) to ascertain whether the seller has good and marketable title to the property;
- Obtain: (i) a Phase I Environmental Site Assessment and Report; (ii) Phase II Environmental Site Assessment and Report; and because the property has been environmentally impacted; (iii) a Baseline Environmental Site Assessment which would be submitted to the Michigan Department of Environmental Quality of the City proceeded with the purchase of the property;
- A survey of the property being acquired; and
- An appraisal of the property to determine whether the proposed purchase price tendered by the seller is appropriate.

With all related legal fees (associated with the negotiation of the purchase agreement and review of all items of due diligence) and due diligence costs not to exceed \$45,000.00 and to be completed within 60 days of the date of this Resolution.

JBD

**#16**

**RESOLUTION**



# CITY OF PONTIAC

## OFFICIAL MEMORANDUM

*Executive Branch*

---

**TO:** Honorable Mayor, Council President and City Council Members

**FROM:** Hughey Newsome, Interim Finance Director

**Thru:** Office of Deputy Mayor, Jane Bais-DiSessa

**DATE:** 9/12/2019

**RE:** **Resolution to Restore the Finance Director's Salary via Amendment to Budget Account that pays Finance Department Salaries.**

The FY 2010-2020 budget as adopted by City Council on June 28, 2019, includes an approved General Fund allocation of \$298,771 for the salaries of personnel working within the Finance Department. The appropriation represents an allocation of \$50,000 set aside to pay the Finance Director's salary, as directed by the City Council during the budget adoption process. As such, effective July 1, 2019, the amount available to pay the Finance Director for his / her during FY 2019-2020 was lowered to \$50,000.

As the outgoing Interim Finance Director, I am very concerned that such a low amount would be inadequate to attract and recruit a qualified replacement Finance Director. Consider that the city cannot advertise for wages higher than what is available in the budget; therefore, there is no way the city can find a permanent Finance Director that is willing to work for more than \$50,000.

Indeed, as the city continues to progress from Emergency Financial Management through recovery and into prosperity, it is paramount that the city has a solid Finance Director to focus on the city's finances.

With that, the Finance Department is requesting that the following budget amendment be performed. This amendment would take money out of General Fund fund balance and restore the line item 101-206-702.000 to \$388,771. This would allow us to recruit a solid person for the role.

**Memo - Budget Amendments**

**November 28, 2018**

**Page 2 of 2.**

As such, with an effective date of proposed effective date of September 10, 2019, the following resolution is recommended:

*Whereas, the City of Pontiac timely approved the FY 2019-2020 budget on June 29, 2019; and*

*Whereas, the adopted FY 2019-2020 General Fund budget includes an appropriation for salaries for personnel in the Finance Department using account number 101-206-702.000; and*

*Whereas, the appropriation for account number 101-206-702.000 was \$298,771, which represented a cut in the salary for the Finance Director to \$50,000 per year; and*

*Whereas, the requested appropriation in the Mayor's Recommended budget for account number 101-206-702.000 was \$388,771; and,*

*Whereas, the General Fund fund balance would have adequate funding available since it was originally available before the reduction by the duly elected City Council;*

*Now therefore, be it resolved that the City Council of the City of Pontiac approves the budget amendment for the fiscal year 2019-2020 to move \$90,000 from General Fund fund balance to account number 101-206-702.000 as requested by the Mayor.*

**#17**

**RESOLUTION**





## MEMORANDUM

City of Pontiac  
Finance Director's Office  
47450 Woodward Avenue  
Pontiac, Michigan 48342  
Telephone: (248) 758-3118  
Fax: (248) 758-3118

---

DATE : 10/3/2019

TO: Honorable Mayor and City Council

FROM: Irwin Williams, CPA, Plante & Moran – Finance Director's Office

THROUGH: Jane Bais DiSessa – Deputy Mayor

SUBJECT: Drain assessment to be levied on Tax Roll

---

As part of our year-end financial statement preparation and audit, we closely examined our outstanding receivables list. The list identified all unpaid invoices for grass cutting, litter cleanup, nuisance and demo OC. According to the Code of Ordinances section 98-21, these charges, if remain unpaid, shall be assessed against the lot as a single lot assessment. Section 98-22 requires that if an invoice is unpaid, parcel, owner, and amount shall be reported to City Council. Section 98-23, states after review by the City Council, the Council may act to have the unpaid invoices spread on the tax rolls.

We have established a cutoff date of September 30, 2019 as a final date that these assessments should be paid before we, upon council authorization, place them on the Winter 2019 tax rolls for collection. Current record shows balance as given below:

Grass cutting	\$18,406.15
Litter cleanup	\$ 1,065.14
Demo OC	\$ 3,650.00
Nuisance	\$ 2,700.00
	-----
Total	\$25,821.29

If Council agrees that the above special assessments should be spread to the tax rolls, then the following resolution would be in order:

*Whereas, the Pontiac City Council believes that it is in the best interest of the City, that property owners who receive a direct benefit from the grass cutting, litter cleanup, demo and nuisance ordinance should pay for the benefit;*

*Now, therefore, be it resolved, that the Pontiac City Council directs that the City Treasurer spread \$25,821.29 of aged special assessment receivable on the 2019 winter tax rolls.*

Billing Regi: Page: 1-Jan  
11:18 AM DB: Pontiac

Invoices #	Srv	Owner	Mailing Address	Amt. Chg.	Amt. Billed
Customer #	Code	Prop. Address		Pmts/Crdts	Amt. Due
Parcel #					
19-0007301	GRASS	Darling, Daniel	236 Richard Ave	235.00	235.00
64-14-08-356-005		236 Richard Ave AVE	Pontiac, MI	0.00	235.00
64-14-08-356-005		Pontiac, MI			
19-0007290	GRASS	Hicks, Teresa L	97 W Colgate Ave	235.00	235.00
64-14-08-380-016		97 W Colgate AVE	Pontiac, MI	0.00	235.00
64-14-08-380-016		Pontiac, MI			
19-0007291	GRASS	Mintz, Leon	341 E Sheffield Ave	370.00	370.00
64-14-16-102-027		341 E Sheffield Ave	Pontiac, MI	0.00	370.00
64-14-16-102-027		Pontiac, MI			
18-0006929	GRASS	Newport Investment Pro	PO Box 1513	235.00	235.00
64-14-16-104-011		E Princeton	Clarkston, MI	0.00	235.00
64-14-16-104-011		Pontiac, MI			
18-0006930	GRASS	Newport Investment Pro	PO Box 1513	235.00	235.00
64-14-16-479-017		778 E Mansfield AVE	Clarkston, MI	0.00	235.00
64-14-16-479-017		Pontiac, MI			
19-0007289	GRASS	Westman, Art	PO Box 689	235.00	235.00
64-14-17-329-012		117 W Fairmount Ave	Lake Orion, MI	0.00	235.00
64-14-17-329-012		Pontiac, MI			
18-0006931	GRASS	Hearne, John	143 W Kennett Rd	295.00	295.00
64-14-17-359-006		143 W Kennett Rd	Pontiac, MI	0.00	295.00
64-14-17-359-006		Pontiac, MI			
19-0007288	GRASS	Hearne, John	143 W Kennett Rd	235.00	235.00
64-14-17-359-006		143 W Kennett Rd	Pontiac, MI	0.00	235.00
64-14-17-359-006		Pontiac, MI			
19-0007300	GRASS	US Bank National Assoc	3217 Decker Lake Dr	235.00	235.00
64-14-17-403-039		85 E Fairmount Ave	Salt Lake City, UT	0.00	235.00
64-14-17-403-039		Pontiac, MI			
18-0006932	GRASS	King, William & Barbar	831 Pensacola Ave	370.00	370.00
64-14-19-207-034		831 Pensacola Ave	Pontiac, MI	0.00	370.00
64-14-19-207-034		Pontiac, MI			

18-0006934	GRASS	Chapman, Victoria Lynn	653 Kinney Rd	370.00	370.00
64-14-19-281-019			Pontiac, MI	0.00	370.00
64-14-19-281-019			Pontiac, MI		
19-0007287	GRASS	Bevins Jr, Carl	5035 Ridgetop Dr	235.00	235.00
64-14-20-126-001		Dearborn	Waterford, MI	0.00	235.00
64-14-20-126-001			Pontiac, MI		
18-0006935	GRASS	Sherry Ortega	P.O. Box 385	235.00	235.00
64-14-20-328-004		182 Pingree Ave	Chambersburg, PA	0.00	235.00
64-14-20-328-004			Pontiac, MI		
19-0007298	GRASS	Nghbrhd Real Est Initi	701 Woodward Hts Ste 1	640.00	640.00
64-14-21-354-019		147 Chamberlain St	Ferndale, MI	0.00	640.00
64-14-21-354-019			Pontiac, MI		
19-0007263	GRASS	World Consolidated, I	26600 Harper Avenue	305.00	305.00
64-14-21-357-009		412 N Paddock St	Saint Clair Shores, MI	0.00	305.00
64-14-21-357-009			Pontiac, MI		
19-0007299	GRASS	Smith, Patrick L	477 Harper	235.00	235.00
64-14-21-378-009		477 Harper St	Pontiac, MI	0.00	235.00
64-14-21-378-009			Pontiac, MI		
19-0007305	GRASS	University Place Holdi	27041 Southfield Rd St	715.00	715.00
64-14-22-201-001		1131 University	Lathrup Village, MI	0.00	715.00
64-14-22-201-001			Pontiac, MI		
19-0007296	GRASS	Johnson, Amos G	817 Aylesbury Ct	505.00	505.00
64-14-22-276-009		699 Bay St	Canton, MI	0.00	505.00
64-14-22-276-009			Pontiac, MI		
18-0006936	GRASS	Martin, Donna	36 W Strathmore Ave	165.00	165.00
64-14-22-377-026		493 Emerson Ave AVE	Pontiac, MI	0.00	165.00
64-14-22-377-026			Pontiac, MI		
19-0007293	GRASS	Caffery, Patrick	446 Kenilworth Ave	235.00	235.00
64-14-22-379-004		442 Kenilworth Ave	Pontiac, MI	0.00	235.00
64-14-22-379-004			Pontiac, MI		
18-0006937	GRASS	Pedrogo, Joseph A	446 Cameron Ave	235.00	235.00
64-14-22-380-003		446 Cameron Ave	Auburn Hills, MI	0.00	235.00
64-14-22-380-003			Pontiac, MI		
19-0007304	GRASS	United Social Effort F	15565 Northland Dr E S	920.00	920.00
64-14-27-306-014		31 N Astor St	Southfield, MI	0.00	920.00
64-14-27-306-014			Pontiac, MI		

19-0007295	GRASS	Grace Temple Missionar	401 University Dr	715.00	715.00
64-14-28-128-045		401 University Dr	Pontiac, MI	0.00	715.00
64-14-28-128-045		Pontiac, MI			
19-0007294	GRASS	Jefferson-Dupont, Mary	277 Chippa Willow Rd	235.00	235.00
64-14-28-176-042		385 University Dr	Ridgeland, SC	0.00	235.00
64-14-28-176-042		Pontiac, MI			
19-0007262	GRASS	Brown, Eric	1989 Emerald Dr	305.00	305.00
64-14-28-376-019		8 S Paddock St	Jonesboro, GA	0.00	305.00
64-14-28-376-019		Pontiac, MI			
19-0007281	GRASS	Reroot Pontiac	76 Henderson St	235.00	235.00
64-14-29-151-005		N Johnson	Pontiac, MI	0.00	235.00
64-14-29-151-005		Pontiac, MI			
19-0007264	GRASS	A/S Property Tax Group	PO Box 8100, Downtown	715.00	715.00
64-14-29-185-003		183 N Cass Ave	Montreal Quebec H3C 3	0.00	715.00
64-14-29-185-003		Pontiac, MI			
19-0007285	GRASS	Huantes, Liobardo	3100 Catalpa Ct	235.00	235.00
64-14-29-203-004		20 Cross	Auburn Hills, MI	0.00	235.00
64-14-29-203-004		Pontiac, MI			
19-0007286	GRASS	Reroot Pontiac	76 Henderson Street	235.00	235.00
64-14-29-203-005		24 Cross	Pontiac, MI	0.00	235.00
64-14-29-203-005		Pontiac, MI			
19-0007278	GRASS	Knight, Anthony D	260 South Blvd	235.00	235.00
64-14-29-354-015		118 Mary Day Ave	Pontiac, MI	0.00	235.00
64-14-29-354-015		Pontiac, MI			
18-0006819	GRASS	Michigan Dept. of Tran	P.O. Box 30050	370.00	370.00
64-14-29-405-005		156 W Huron St	Lansing, MI	0.00	370.00
64-14-29-405-005		Pontiac, MI			
19-0007306	GRASS	Detroit SMSA Ltd Partn	1010 Pine St # 9E-L-01	510.00	510.00
64-14-29-408-017		Woodward	Saint Louis, MO	0.00	510.00
64-14-29-408-017		Pontiac, MI			
19-0007283	GRASS	Mohammed Alfasih	22722 Grand River	510.00	510.00
64-14-30-454-042		600 W Huron	Detroit, MI	0.00	510.00
64-14-30-454-042		Pontiac, MI			
19-0007279	GRASS	Waters, Don E	70 Thorpe St	235.00	235.00
64-14-30-478-009		70 Thorpe St	Pontiac, MI	0.00	235.00

64-14-30-478-009	Pontiac, MI				
19-0007277	GRASS Kassab, Verney	4171 15 Mile Rd	235.00	235.00	
64-14-32-156-024	Crawford	Sterling Heights, MI	0.00	235.00	
64-14-32-156-024	Pontiac, MI				
19-0007284	GRASS Hopkins, Russell	64 W Tennyson Ave	235.00	235.00	
64-14-32-427-019	Rapid	Pontiac, MI	0.00	235.00	
64-14-32-427-019	Pontiac, MI				
19-0007276	GRASS Hardin, Luretha	248 W Wilson Ave	235.00	235.00	
64-14-32-433-041	248 W Wilson Ave	Pontiac, MI	0.00	235.00	
64-14-32-433-041	Pontiac, MI				
19-0007327	GRASS Compton, Herman D	522 Highland Ave	235.00	235.00	
64-14-32-434-015	W Wilson	Pontiac, MI	0.00	235.00	
64-14-32-434-015	Pontiac, MI				
19-0007268	GRASS Elam, Alice J	276 S Shirley Street	235.00	235.00	
64-14-32-483-003	235 Crystal Lake Dr	Pontiac, MI	0.00	235.00	
64-14-32-483-003	Pontiac, MI				
17-0006042	GRASS 144 COTTAGE LLC	69416 BROOKHILL DR	235.00	235.00	
64-14-33-155-002	144 COTTAGE ST	ROMEO, MI	0.00	235.00	
64-14-33-155-002	PONTIAC, MI				
17-0006289	GRASS FRANK, WILBERT	272 S SANFORD	370.00	370.00	
64-14-33-209-048	272 S SANFORD	PONTIAC, MI	0.00	370.00	
64-14-33-209-048	Pontiac, MI				
18-0006740	GRASS Rewald, Conrad	217 S Sanford	235.00	235.00	
64-14-33-210-009	217 S Sanford	Pontiac, MI	0.00	235.00	
64-14-33-210-009	Pontiac, MI				
19-0007273	GRASS Newport Investment Pro	PO Box 1513	235.00	235.00	
64-14-33-278-001	432 Osmun Street	Clarkston, MI	0.00	235.00	
64-14-33-278-001	Pontiac, MI				
19-0007271	GRASS Ramirez III, Miguel	Be 40 Court Street	235.00	235.00	
64-14-33-284-001	496 Elm Street	Pontiac, MI	0.00	235.00	
64-14-33-284-001	Pontiac, MI				
19-0007269	GRASS Kato, Robert	1680 Michigan Ave Ste	235.00	235.00	
64-14-33-327-014	144 Prospect St	Miami Beach, FL	0.00	235.00	
64-14-33-327-014	Pontiac, MI				
19-0007272	GRASS Albritton, James E	500 Raeburn St PO Box	235.00	235.00	

64-14-33-433-002	500 Raeburn St	Pontiac, MI	0.00	235.00
64-14-33-433-002	Pontiac, MI			
19-0007270	GRASS Simms, Ebony	504 Central Ave	235.00	235.00
64-14-33-478-018	504 Central Ave	Pontiac, MI	0.00	235.00
64-14-33-478-018	Pontiac, MI			
19-0007282	GRASS Diaz Leon Chavez, Migu	271 Michigan Ave	370.00	370.00
64-14-33-478-030	435 Irwin Ave	Pontiac, MI	0.00	370.00
64-14-33-478-030	Pontiac, MI			
18-0006940	GRASS Laffiette, Jacquelin	20 Lafitte Dr	370.00	370.00
64-19-04-103-020	386 Bloomfield Ave	Buckatunna, MS	0.00	370.00
64-19-04-103-020	Pontiac, MI			
19-0007267	GRASS Laffiette, Jacquelin	20 Lafitte Dr	370.00	370.00
64-19-04-103-020	386 Bloomfield Ave	Buckatunna, MS	0.00	370.00
64-19-04-103-020	Pontiac, MI			
18-0006941	GRASS Roger Jackson	270 Cherokee Rd	295.00	295.00
64-19-04-107-021	494 Bloomfield Ave	Pontiac, MI	0.00	295.00
64-19-04-107-021	Pontiac, MI			
18-0006822	GRASS Michigan Land Bank Fas	P.O. Box 30766	235.00	235.00
64-19-04-151-014	560 Harvey Ave	Lansing, MI	0.00	235.00
64-19-04-151-014	Pontiac, MI			
18-0006938	GRASS Angela Powell	1044 Williamson Cir	370.00	370.00
64-19-04-159-001	Highland	Pontiac, MI	0.00	370.00
64-19-04-159-001	Pontiac, MI			
19-0007266	GRASS Burton, Brandon	275 Rockwell Ave	235.00	235.00
64-19-04-160-021	646 Howland Ave	Pontiac, MI	0.00	235.00
64-19-04-160-021	Pontiac, MI			
18-0006939	GRASS Special Touch Learning	1208 Woodlake Ln	235.00	235.00
64-19-05-226-001	321 South W Blvd	Pontiac, MI	0.00	235.00
64-19-05-226-001	Pontiac, MI			
19-0007274	GRASS Special Touch Learning	1208 Woodlake Ln	235.00	235.00
64-19-05-226-001	321 South W Blvd	Pontiac, MI	0.00	235.00
64-19-05-226-001	Pontiac, MI			
19-0007222	GRASS JC Transporting, Inc.	2510 Telegraph Rd Ste	256.15	256.15
64-19-05-278-036	Luther	Bloomfield Hills, MI	0.00	256.15
64-19-05-278-036	Pontiac, MI			

19-0007265	GRASS	Bridges, Obie	470 Pearsall Ave	235.00	235.00
64-19-05-280-021		470 Pearsall Ave	Pontiac, MI	0.00	235.00
64-19-05-280-021		Pontiac, MI			

Billing Items Summary		Item Amt.	Item Bal.
WEEDS Totals	58 Billing Items	18,406.15	18,406.15

=====			
TOTALS	58	18,406.15	
		0.00	18,406.15
			18,406.15

9/19/2019 Page: 1-Jan  
 11:37 AM DB: Pontiac

Invoices #	Srv	Owner	Mailing Address	Amt. Chg.	Amt. Billed
Customer #	Code	Prop. Address		Pmts/Crdts	Amt. Due
Parcel #					
18-0006889	DPW	A & G Rentals LLC	3340 Crooks Rd	62.27	62.27
64-14-32-304-021		17 Gillespie Ave	Rochester, MI	0.00	62.27
64-14-32-304-021		Pontiac, MI			
18-0006886	DPW	American Estate Tr	6900 Westcliff Dr Ste	182.27	182.27
64-14-28-413-002		44 N Shirley Ave	Las Vegas, NV	0.00	182.27
64-14-28-413-002		Pontiac, MI			
19-0007244	DPW	Corr, Jennifer L	31 Adams Street	29.99	29.99
64-14-33-252-021		31 Adams St	Pontiac, MI	0.00	29.99
64-14-33-252-021		Pontiac, MI			
18-0006892	DPW	Elizabeth J Jarvis Rev	22416 Maple St	62.27	62.27
64-14-17-401-040		41 E Longfellow Ave	, MI	0.00	62.27
64-14-17-401-040		Pontiac, MI			
18-0006943	DPW	Henke, Debra Jo	88 Poplar Avenue	29.99	29.99
64-14-20-452-027		88 Poplar Avenue	Pontiac, MI	0.00	29.99
64-14-20-452-027		Pontiac, MI			
18-0006893	DPW	Hodges, Terry	231 18th St NW Unit 73	62.27	62.27
64-14-32-156-022		81 Lake St	Atlanta, GA	0.00	62.27
64-14-32-156-022		Pontiac, MI			
18-0006887	DPW	Hollis-Lowe, Ju'Juan	432 Cesar E. Chavez	62.27	62.27
64-14-28-184-005		146 N Jessie St	Pontiac, MI	0.00	62.27
64-14-28-184-005		Pontiac, MI			
19-0007102	DPW	Latham, Bernard	298 Raeburn Street	192.27	192.27
64-14-33-403-012		298 Raeburn St.	Pontiac, MI	0.00	192.27
64-14-33-403-012		Pontiac, MI			
18-0006981	DPW	Parking Properties LLC	400 Renaissance Ctr S	62.27	62.27
64-14-22-334-010		Featherstone	Detroit, MI	0.00	62.27
64-14-22-334-010		Pontiac, MI			
18-0006898	DPW	Raman, Joy	26644 Farmbrook Villa	62.27	62.27
64-14-32-184-006		Grant	Southfield, MI	0.00	62.27
64-14-32-184-006		Pontiac, MI			



18-0006980	DPW	Sanchez, Martha	2677 Lovington Ln	82.37	82.37
64-14-08-452-006		32 E Brooklyn Ave	Waterford, MI	0.00	82.37
64-14-08-452-006		Pontiac, MI			
19-0007189	DPW	Seyferth, Francis G	2550 Topsham Drive	29.99	29.99
64-14-20-452-037		44 Poplar Avenue	Rochester Hills, MI	0.00	29.99
64-14-20-452-037		Pontiac, MI			
18-0006982	DPW	United Social Effort F	15565 Northland Dr E S	62.27	62.27
64-14-27-306-014		31 N Astor St	Southfield, MI	0.00	62.27
64-14-27-306-014		Pontiac, MI			
18-0006891	DPW	Xiong, Hua Lee	42 E Longfellow Avenue	82.37	82.37
64-14-17-402-011		42 E Longfellow Avenue	Pontiac, MI	0.00	82.37
64-14-17-402-011		Pontiac, MI			

Billing Items Summary		Item Amt.	Item Bal.
LCUP Totals	14 Billing Items	1,065.14	1,065.14

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TOTALS	14 Invoices	1,065.14	0.00	1,065.14
		0.00	1,065.14	

10/03/2019  
02:41 PM

Aged Accounts Receivable Report for City of Pontiac  
Population: All Records  
Aging as of 09/30/19

Page: 1/1  
DB: Pontiac

CUSTOMER # NAME	INVOICE #	SERVICE DATE	CURRENT	OVER 30	OVER 60	OVER 90	OVER 120	TOTAL
64-14-07-480-010 Ramsayer, Erik	19-0007342	07/22/2019	1,550.00	0.00	0.00	0.00	0.00	1,550.00
64-14-21-408-006 AARONCO Management Co. Inc.	19-0007341	09/06/2019	450.00	0.00	0.00	0.00	0.00	450.00
64-19-05-226-004 Smart Living Solutions	19-0007343	07/12/2019	1,250.00	0.00	0.00	0.00	0.00	1,250.00
GRAND TOTALS:			3,650.00	0.00	0.00	0.00	0.00	3,650.00
JOURNALIZED AMOUNTS ONLY:								3,650.00
NON-JOURNALIZED AMOUNTS ONLY:								0.00
BILLING ITEM BREAKDOWN								
DemoOC			3,650.00	0.00	0.00	0.00	0.00	3,650.00

10/03/2019  
02:42 PM

Aged Accounts Receivable Report for City of Pontiac  
Population: All Records  
Aging as of 09/30/19

Page: 1/1  
DB: Pontiac

CUSTOMER # NAME	INVOICE #	SERVICE DATE	CURRENT	OVER 30	OVER 60	OVER 90	OVER 120	TOTAL
64-14-29-153-025 231 Norton LLC	17-0006196	10/13/2017	0.00	0.00	0.00	0.00	2,700.00	2,700.00

GRAND TOTALS:	0.00	0.00	0.00	0.00	2,700.00	2,700.00
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JOURNALIZED AMOUNTS ONLY:	2,700.00
NON-JOURNALIZED AMOUNTS ONLY:	0.00

BILLING ITEM BREAKDOWN

NUISC	0.00	0.00	0.00	0.00	2,700.00	2,700.00
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**#18**

**RESOLUTION**



## MEMORANDUM

City of Pontiac  
Finance Director's Office  
47450 Woodward Avenue  
Pontiac, Michigan 48342  
Telephone: (248) 758-3118  
Fax: (248) 758-3197

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DATE : 10/3/2019

TO: Honorable Mayor and City Council

FROM: Irwin Williams, CPA, Plante & Moran – Finance Director's Office

THROUGH: Jane Bais DiSessa – Deputy Mayor

SUBJECT: Drain assessment to be levied on Tax Roll

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Attached is a summary report from the Water Resource Commissioner's office that shows the Chapter 4 drain assessments to be paid by the City of Pontiac in the amount of \$78,410.54. This total includes \$18,422.01 that should be assessed to property owners that border the related drains and lakes.

There are 7,022 total parcels that would be assessed a charge, 518 non-residential and 6,504 residential parcels. As the attached spreadsheet shows, the majority of residential parcels will be assessed an average drain charge from \$0.12 to \$18.89 for the fiscal year 2019. Only 11 residential parcels will pay an average of \$74.70. The full detailed assessment list is available from the Treasurer's office.

This assessment will be the responsibility of the General Fund in addition to the Chapter 20 and Chapter 4 at large assessments.

If Council agrees that the property assessments should be spread to the tax rolls, then the following resolution would be in order:

*Whereas, the Water Resources Commissioner has notified the City of property assessments for nearly 7,022 parcels in the City of Pontiac that specifically benefited the property owner; and,*

*Whereas, the property assessments to the homeowners in their respective drain districts will have an average assessment between \$0.12 to \$74.70 per parcel, and;*

*Whereas, the Pontiac City Council believes that it is in the best interest of the City, that property owners who receive a direct benefit from the drain should pay for the benefit;*

*Now, therefore, be it resolved, that the Pontiac City Council directs that the City Treasurer spread \$18,422.01 of property assessment on the 2019 winter tax rolls by director by the Water Resources Commissioner.*

Drain Name	At Large	Non Residential			Residential			Combined Total
		# of Parcels	Average	Total	# of Parcels	Average	Total	
BARTLETT DRAIN	\$ 256.30	75	\$ 6.12	\$ 459.01	647	\$ 0.23	\$ 146.43	\$ 861.74
CRYSTAL LAKE LEVEL	\$ 25,500.00	-	\$ -	\$ -	-	\$ -	\$ -	\$ 25,500.00
GALLOWAY DRAIN	\$ 87.66	4	\$ 66.35	\$ 265.39	75	\$ 1.62	\$ 121.54	\$ 474.59
GALLOWAY LAKE FARMS DRAIN	\$ 245.80	2	\$ 127.96	\$ 255.91	22	\$ 10.56	\$ 232.41	\$ 734.12
JEWEL DRAIN	\$ -	123	\$ 12.46	\$ 1,532.75	1,234	\$ 0.78	\$ 967.25	\$ 2,500.00
JOSEPHINE DRAIN	\$ 2,200.70	-	\$ -	\$ -	57	\$ 5.25	\$ 299.30	\$ 2,500.00
LINDEN DRAIN	\$ 50.86	-	\$ -	\$ -	32	\$ 1.54	\$ 49.14	\$ 100.00
PONTIAC CREEK EXT DRAIN	\$ 3,291.75	35	\$ 82.07	\$ 2,872.37	64	\$ 18.89	\$ 1,208.69	\$ 7,372.81
SINKING BRIDGE DRAIN	\$ 133.25	178	\$ 2.09	\$ 372.51	2,108	\$ 0.12	\$ 258.26	\$ 764.02
SKAE DRAIN	\$ 75.00	4	\$ 10.19	\$ 40.75	1	\$ 1.84	\$ 1.84	\$ 117.59
SYLVAN-OTTER LAKE LEVEL	\$ 22,000.00	6	\$ 50.41	\$ 302.46	367	\$ 2.87	\$ 1,053.82	\$ 23,356.28
TILDEN DRAIN	\$ 1,193.46	14	\$ 17.44	\$ 244.10	284	\$ 5.64	\$ 1,601.64	\$ 3,039.20
TUTTLE DRAIN	\$ -	-	\$ -	\$ -	5	\$ 2.80	\$ 13.98	\$ 13.98
WARD ORCHARD DRAIN	\$ 50.00	7	\$ 30.51	\$ 213.60	2	\$ 2.53	\$ 5.06	\$ 268.66
WATERFORD - MULTI LAKE LEVEL	\$ -	-	\$ -	\$ -	11	\$ 74.70	\$ 821.70	\$ 821.70
WEST END DRAIN	\$ 4,903.75	70	\$ 26.96	\$ 1,887.18	1,595	\$ 2.00	\$ 3,194.92	\$ 9,985.85
<b>Grand Total</b>	<b>\$ 59,988.53</b>	<b>518</b>	<b>\$ 16.31</b>	<b>\$ 8,446.03</b>	<b>6,504</b>	<b>\$ 1.53</b>	<b>\$ 9,975.98</b>	<b>\$ 78,410.54</b>



# WRC

WATER RESOURCES COMMISSIONER

*Jim Nash*

August 29, 2019

The Honorable Rose Wilson  
City of Pontiac  
47450 Woodward Avenue  
Pontiac, MI 48342

**Reference: Preliminary 2019 Special Assessments for Oakland County Drains / Lake Level Control Facilities**

Dear Ms. Wilson:

This letter is intended to inform you of the special assessment amounts for the operation and maintenance of Oakland County drains and lake level control facilities located in your community. Several reports are attached that provide detailed information regarding the special assessment amounts that will appear on the 2020 winter tax bill for your residents and the amount due from your community.

If your community pays the county drain special assessments from your general fund and does not spread the assessment to the tax rolls, please continue to pay the special assessment amounts as summarized below.

PROJECT CODE AND NAME		AT LARGE	PROPERTY	TOTAL
D1059	BARTLETT DRAIN	\$256.30	\$605.44	\$861.74
L0667	CRYSTAL LAKE LEVEL	\$25,500.00	\$0.00	\$25,500.00
D0115	GALLOWAY DRAIN	\$87.66	\$386.93	\$474.59
D0117	GALLOWAY LAKE FARMS DRAIN	\$245.80	\$488.32	\$734.12
D1107	JEWEL DRAIN	\$0.00	\$2,500.00	\$2,500.00
D0351	JOSEPHINE DRAIN	\$2,200.70	\$299.30	\$2,500.00
D0352	LINDEN DRAIN	\$50.86	\$49.14	\$100.00
D0220	PONTIAC CREEK EXT DRAIN	\$3,291.75	\$4,081.06	\$7,372.81
D0258	SINKING BRIDGE DRAIN	\$133.25	\$630.77	\$764.02
D1045	SKAE DRAIN	\$75.00	\$42.59	\$117.59
L0283	SYLVAN-OTTER LAKE LEVEL	\$22,000.00	\$1,356.28	\$23,356.28
D0350	TILDEN DRAIN	\$1,193.46	\$1,845.74	\$3,039.20
D0326	TUTTLE DRAIN	\$0.00	\$13.98	\$13.98
D1053	WARD ORCHARD DRAIN	\$50.00	\$218.66	\$268.66
L0458	WATERFORD - MULTI LAKE LEVEL	\$0.00	\$821.70	\$821.70
D0313	WEST END DRAIN	\$4,903.75	\$5,082.10	\$9,985.85
Subtotal:		\$59,988.53	\$18,422.01	\$78,410.54

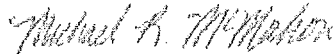


Please contact Scott Vess, Deputy Oakland County Treasurer, at 248-858-0616 with any questions concerning payment of the special assessment. If you would like to use this letter to pay the assessments then please use the reference above with your community name and send to:

Oakland County Treasurer  
1200 N Telegraph Rd Dept 479  
Pontiac, MI 48341

Thank you for your attention to this issue.

Sincerely,

A handwritten signature in cursive script that reads "Michael R. McMahon".

Michael R. McMahon, P.E.  
Chief Engineer

c: Scott Vess, Oakland County Treasurer's Office



**#19**

**RESOLUTION**



# CITY OF PONTIAC

## OFFICIAL MEMORANDUM

Executive Branch

---

**TO:** Honorable City Council President Kermit Williams, and City Council Members

**FROM:** Jane Bais DiSessa, Deputy Mayor

**CC:** Honorable Mayor Deirdre Waterman and Robert Burch, Interim PYREC Manager

**DATE:** August 29, 2019

**RE:** Resolution to approve a budget amendment for fiscal year 2019/2020 to allocate a total of \$101,550.33 (includes fringe benefits), from the Youth Recreation Fund's (208) fund balance to account 208-756-702.00 to restore the Pontiac Youth Recreation and Enrichment Center's (PYREC) Youth Recreation Assistant Manager and Sport's Manager positions to a full-time status.

On November 8, 2019, the Citizens of Pontiac overwhelmingly passed a millage to ensure that the youth of the City of Pontiac have a safe, sustainable, and educational youth and recreation center for the children of Pontiac.

In order to fulfill our obligation to the voters of Pontiac and give our youth the absolute best opportunity to expand their horizons, it is respectfully requested that the City Council reinstate the originally budgeted full-time PYREC positions, known as the "Sports Manager" (\$50,094.24, includes benefits) and the "Assistant Youth Recreation Manager" (\$51,456.09, includes benefits). See attachment for itemized funding costs for these two positions.

The reinstatement of these positions will constitute the necessary staffing levels to ensure the safety of all PYREC participants at any given time in the center. In addition, these positions will provide the administrative support required to develop and implement quality recreational programming. As PYREC continues to grow, proper staffing levels are an essential resource that will help secure the success of Pontiac's recreation and enrichment programs for our youth.

As such, the following resolution is recommended for your consideration:

*Whereas, on November 8<sup>th</sup> 2016 the citizens of Pontiac passed a millage proposition to fund youth recreation services for the citizens of Pontiac; and*

*Whereas, adequate staffing levels are necessary to help administer the City's growing youth programs; and*

*Whereas, funding had been previously allocated and approved for full-time staff of a Youth Recreation Assistant Manager and a Sports Manager; and*

*Whereas, the restoration of these positions will ensure a safe, sustainable, and educational environment for the youth of the City of Pontiac.*

**NOW THEREFORE** be resolved that the City Council hereby approves a budget amendment for fiscal year 2019/2020 to allocate a total of \$101,550.33 (includes fringe benefits), from the Youth Recreation Fund's (208) fund balance to account 208-756-702.00 to restore the Pontic Youth Recreation and Enrichment Center's (PYREC) Youth Recreation Assistant Manager and Sport's Manager positions to a full-time status.

JDB/JJ

Attachment

Position	FT/PT	Rate	Reg Pay per Year	OT Pay	SS 6.2%	MA 1.45%	Medical	Dental	MoO STD	MERS	Life	WC	Total Fringe Benefits	Total Cost
Youth Recreation Assistant Manager	Full time	Salary	52,000.00	-	3,224.00	754.00	13,980.75	267.84	312.00	3,500.00	345.54	2,800.00	25,184.13	77,184.13
		November 2019 - June 2020	34,666.67	-	2,149.33	502.67	9,320.50	178.56	208.00	2,333.33	230.36	1,866.67	16,789.42	51,456.09
Sports Manager	Full time	Salary	47,436.48	-	2,941.06	687.83	18,232.31	408.84	284.62	2,235.00	315.22	2,600.00	27,704.88	75,141.36
		November 2019 - June 2020	31,624.32	-	1,960.71	458.55	12,154.87	272.56	189.75	1,490.00	210.15	1,733.33	18,469.92	50,094.24