

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

**OFFICE USE ONLY**  
Application Number \_\_\_\_\_  
Date Rec'd \_\_\_\_\_  
Fee Rec'd \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Applicant Name \_\_\_\_\_

PLEASE TYPE ONLY.



**CITY OF PONTIAC**  
**MEDICAL MARIHUANA FACILITY**  
**PROCESSOR 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.**

**APPLICATION CHECKLIST**

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

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

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p><b>\$5,000 Application Fee (NON-REFUNDABLE) (Certified Check payable to the City of Pontiac)</b></p> <p>One (1) Original and Four (4) Copies of Completed Typed Application</p> <p>All Attachments Properly Labeled with Ordinance Section Reference</p>
<b>Applicant Information</b>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Complete Applicant Information with Each Item Clearly Identified (Sec. 8(c)(1), (3))</p> <p>If Applicant is a Corporation, LLC, LLP or Other Entity - Organizational Documentation (Sec. 8(c)(2), (4))</p> <p>Proposed Ownership Structure of the Entity that Identifies the Ownership Percentage Held by Each Stakeholder (Sec. 8(c)(7))</p> <p>Current Organization Chart that Includes Position Descriptions and the Names of Each Person Holding such Position (Sec. 8(c)(8))</p>
<b>Financial Background</b>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Proposed Business Plan (Sec. 8(c)(6))</p> <p>Description of the Financial Structure and Financing of the Proposed Medical Marihuana Facility (Sec. 8(c)(12))</p> <p>Short-Term and Long-Term Business Goals and Objectives for the Proposed Medical Marijuana Facility (Sec. 8(c)(13))</p> <p>Proposed Marketing, Advertising and Business Promotion Plan for the Proposed Medical Marihuana Facility (Sec. 8(c)(9))</p> <p>Verification that the Applicant has a Minimum Capitalization Consistent with the Requirements of LARA Rule 12 (Sec. 8(c)(24))</p>
<b>Community Investment</b>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Description of Planned Tangible Capital Investment in the City of Pontiac (Sec. 8(c)(10))</p> <p>Explanation of the Economic Benefits to the City of Pontiac and Job Creation to be Achieved (Sec. 8(c)(11))</p> <p>Description of Proposed Community Outreach and Education Strategies (Sec. 8(c)(15))</p> <p>Description of Proposed Charitable Plans (Sec. 8(c)(16))</p>
<b>Facility Location Requirements</b>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>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))</p> <p>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))</p> <p>Depiction of any Proposed Text or Graphic Materials to be Shown on Exterior of Proposed Medical Marihuana Facility (Sec. 8(c)(20))</p> <p>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))</p> <p>Compliance with All State and Local Building, Electrical, Fire, Mechanical and Plumbing Requirements (Sec. 9(b)(1))</p> <p>Compliance with the Zoning Ordinance (Sec. 9(b)(2))</p> <p>Facility has been Issued a Certificate of Occupancy and, if Necessary, a Building Permit (Sec. 9(b)(3))</p>
<b>Facility Operations</b>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Description of Employee Training and Education (Sec. 8(c)(5))</p> <p>Security Plan Consistent with the Requirements of LARA Rule 35 (Sec. 8(c)(17))</p> <p>Facility Sanitation Plan (Sec. 8(c)(21))</p> <p>Inventory and Recordkeeping Plan Consistent with the Requirements of LARA (Sec. 8(c)(22))</p> <p>Proof of Premises Liability and Casualty Insurance Consistent with the Requirements of LARA Rule 11 (Sec. 8(c)(25))</p>
<b>Criminal Background</b>	
<input type="checkbox"/>	<p>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))</p>
<b>Affidavit and Signature</b>	
<input type="checkbox"/> <input type="checkbox"/>	<p>Affidavit that Neither the Applicant nor any Stakeholder is in Default to the City of Pontiac (Sec. 8(c)(23))</p> <p>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))</p>

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

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.

<b>APPLICANT INFORMATION</b>
------------------------------

**Establishment Information**

Processor

<b>Name of Establishment</b>		<b>Establishment Phone Number</b>	
<b>Establishment Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

**Establishment is:**     Owned             Leased

**Applicant Type**

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

**Applicant Information**

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

(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.

<b>APPLICANT INFORMATION (cont.)</b>
--------------------------------------

**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.*

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

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

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

(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.

<b><u>APPLICANT 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))**

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.

**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.

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.

**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.

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.

**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.

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.

<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)**)
- 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.



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.

**COMMUNITY INVESTMENT**

**\*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.

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.

**COMMUNITY INVESTMENT (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)(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.

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.

**COMMUNITY INVESTMENT (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)(15)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

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

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

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.

**COMMUNITY INVESTMENT (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)(16)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

**(Attachment Label: Sec. 8(c)(16))**

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

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.

<b>FACILITY LOCATION REQUIREMENTS</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 marijuana 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 marijuana 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 marijuana facility (**Attachment Label: Sec. 8(c)(20)**)
- 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)**)
  - 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.

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 marijuana 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 marijuana facilities license by the Michigan Department of Licensing and Regulatory Affairs (**Sec. 17(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.

<b><u>FACILITY LOCATION REQUIREMENTS (cont.)</u></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.

**FACILITY OPERATIONS**

**\*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.

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.

<b><u>FACILITY OPERATIONS</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)(17)); FAILURE TO PROPERLY LABEL ATTACHMENTS MAY RESULT IN YOUR APPLICATION BEING DELAYED OR DENIED\***

Applicant must 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)**)
- 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.
- Inventory and recordkeeping plan consistent with the requirements of LARA (**Attachment Label: Sec. 8(c)(22)**)
- 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.

<b><u>CRIMINAL BACKGROUND</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\***

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.

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.

**\*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, indemnnors, 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** its opportunity to be heard before a hearing officer and to instead 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. **(By appealing directly to the medical marihuana commission,**

the applicant **WAIVES** its opportunity for a hearing and further **WAIVES** its opportunity to present additional clarifying information or evidence that the applicant believes should be considered in assessing its application.)

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. A decision or finding is arbitrary if it is fixed or arrived at through an exercise of will or by caprice, without consideration or adjustment with reference to principles, circumstances or significance. *Mich Farm Bureau v Dept of Env'tl Quality*, 292 Mich App 106, 141; 807 NW2d 686 (2011). A decision or finding is capricious if it is apt to change suddenly, freakish or whimsical. *Id.* Substantial evidence is that which a reasonable mind would accept as adequate to support a decision or finding, being more than a mere scintilla, but less than a preponderance of the evidence. *Shirvell v Dept of Atty Gen*, 308 Mich App 702, 731; 866 NW2d 478 (2015).

