

# MEDICAL AND ADULT USE MARIJUANA LICENSE APPLICATION

CITY OF VASSAR  
ZONING ADMIN/CITY MANAGER  
287 EAST HURON AVE, VASSAR MI 48768  
Office (989)823-8517

**All required information must be submitted at the time of application.  
Attach additional pages when necessary.**

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

**Type of application**

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Medical Provisioning Center (Dispensary)   | <b>\$5,000 Initial/Renewal</b> |
| <input type="checkbox"/> Adult Use Provisioning Center (Dispensary) | <b>\$5,000 Initial/Renewal</b> |
| <input type="checkbox"/> Micro Adult Use                            | <b>\$5,000 Initial/Renewal</b> |
| <input type="checkbox"/> Cultivation Center (Growing/Manufacturing) | <b>\$5,000 Initial/Renewal</b> |
| <input type="checkbox"/> Transportation                             | <b>\$5,000 Initial/Renewal</b> |
| <input type="checkbox"/> Testing                                    | <b>\$5,000 Initial/Renewal</b> |
| <input type="checkbox"/> Processing                                 | <b>\$5,000 Initial/Renewal</b> |

BUSINESS INFORMATION		
<b>Business Name:</b>	<b>Phone:</b>	
<b>Business Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Business Mailing Address (if different):</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
Square footage to be occupied:	Number of Employees:	
Hours of Operation:		
Business type: (check all that apply)		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation (including LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit Organization		
<b>If business type is anything other than a sole proprietorship, attach the following:</b>		
<input type="checkbox"/> <b>Attachment A - Articles of incorporation</b>		

List below all officers, directors, officers, and shareholders including their home addresses. If the business is a partnership, list the names and home addresses of each of the partners. If necessary, provide additional information on a separate sheet.

Name	Home Address, City, State & Zip Code	DOB	Position

<b>APPLICANT INFORMATION:</b> Highest level official or employee of business/cooperative such as Board President, Chief Executive Officer, Executive Director or comparable position.		
<b>Applicant Name:</b>	<b>Date of Birth:</b>	
<b>Applicant Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<input type="checkbox"/> <b>Attachment B - Provide state or federally issued photo identification.</b>		

<b>OPERATOR INFORMATION:</b> If different than the applicant, list the individual(s) responsible for day to day operations.		
<b>Operator Name:</b>	<b>Date of Birth:</b>	
<b>Applicant Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Operator Name:</b>	<b>Date of Birth:</b>	
<b>Applicant Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<input type="checkbox"/> <b>Attachment C - Provide state or federally issued photo identification.</b>		

**LICENSE INFORMATION**

Has the applicant and/or operator been denied an application for a medical, or adult use, marijuana dispensary, growing facility, or other related business from any jurisdiction?

Yes     No

If yes, state when, where, and why: \_\_\_\_\_

Has the applicant had a medical, or adult use, dispensary/grow facility license suspended or revoked by any jurisdiction?

Yes     No

If yes, state when, where, and why: \_\_\_\_\_

If yes, what was the next business activity or occupation of the occupant subsequent to such action of suspension or revocation? \_\_\_\_\_

Has the applicant or operator ever been convicted of a felony or controlled substances violations(s) in a federal, state, or other court?     Yes     No

If yes, please provide the following: (if necessary, provide additional information on a separate sheet):

Name and Location of Court	Conviction Charge	Sentence	Date of Sentencing	Last date of incarceration/parole/probation

**PROPERTY OWNER INFORMATION**

**Owner Name:**

**Home Address:** **Home Phone:**

**City:** **State:** **Zip:**

Does the Applicant have legal possession of the premises from the date that this license will be issued by virtue of ownership, lease or other arrangement?

- Ownership       Lease       Other: (explain in detail)

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**FACILITY INFORMATION**

Does applicant have alarm system in place?     Yes     No

If yes, name of alarm company, contact name and number: \_\_\_\_\_

Does the applicant propose to have retail sales other merchandise on site?

- Yes     No

**Additional attachments:**

- All documentation showing the proposed permit holder’s valid tenancy, ownership, or other legal interest in the proposed permitted property/premises.
- Business and operation plans showing in detail the commercial medical, or adult use, marijuana facility’s proposed plan of operation, including without limitation, the following:
  - A description of the type of facility and the anticipated or actual number of employees
  - A security plan that describes the security system used, current centrally alarmed and monitored security system service agreement and confirmation that those systems will meet State requirements.
  - A description by category of all products to be sold and services to be offered.
  - A list of material safety data sheets for all nutrients, pesticides, and other chemicals proposed for use in the facility.
  - A description plan of all equipment and methods that will be employed to stop the impact to adjacent uses, including enforceable assurances that no odor will be detected from outside the permitted premise.
  - A plan for the disposal of marijuana and related byproducts that will be used at the facility.
- Site plan and interior floor plan for the permitted premises and property.

**For Department Use Only**

Planning/Zoning                                      Approved/Not Approved                                      Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Police Department Approval: \_\_\_\_\_                                      Signed by: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fire Department Approval: \_\_\_\_\_                                      Signed by: \_\_\_\_\_

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