

CITY OF DAVISON

PROVISIONING CENTER PERMIT APPLICATION

Application number: _____

Date received: _____

Please complete this form and submit it with all applicable materials to the City Clerk.

This application is for: New license Amendment to an existing license.

Existing license number, if amending: _____

I. APPLICANT INFORMATION

Applicant Name: _____

Doing Business As: _____

Individual Partnership Corporation LLC Individual Other: _____

Applicant Contact: (Last Name)

(First Name)

(M.I.)

Title/Position:

Current Mailing Address: (Street)

(Apt./Ste.)

(City)

(State)

(Zip)

Phone Number:

Email:

Website Address:

State of Michigan Prequalification (ERGA) Number:

List all owners, officers, directors, and managerial employees of the applicant and all persons who hold any direct or indirect ownership interest in the applicant (add additional pages as necessary).

II. BUSINESS/FACILITY INFORMATION

Business/Facility Name:

Location Address: (Street) (Apt./Ste.)

(City) (State) (Zip)

Proposed Hours of Operation

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Closed							

III. PROPERTY INFORMATION

Parcel Number:

Zoning District:

Legal Description: (attach as a separate sheet if the legal description does not fit in the space provided)

Structure is a ____ New Building or ____ Existing Building? Will it require renovation? __ Yes or __ No

IV. ATTACHMENTS	
	\$5,000.00 non-refundable Fee (established by the City of Davison)
	Name and address of the proposed medical marihuana facility
	<p>Applicant individual(s) information, including:</p> <ul style="list-style-type: none"> (a) Name (b) Date of birth (c) Physical address, including residential and any business address(es) attached to the applicant (d) Copy of government issued photo identification (e) Email address, and one or more phone numbers, including emergency contact information
	<p>Stakeholders' information, including:</p> <ul style="list-style-type: none"> (a) Name(s) (b) Date(s) of birth (c) Physical address(es), including residential and any business address(es) (d) Copy of government issued photo identification (e) Email address (f) One or more phone numbers of each individual (g) Designation of the highest-ranking stakeholder and/or general partner as an emergency contact person and information for the emergency contact person
	<p>Applicant entity registration documents:</p> <ul style="list-style-type: none"> (a) Articles of incorporation/organization (b) Assumed name registration documents (c) Internal Revenue Service SS-4, EIN confirmation letter(s) (d) Copy of the operating agreement of the applicant if a limited liability company (e) Copy of the partnership agreement if a partnership, or a copy of the by-laws or shareholder agreement if a corporation (f) Its legal status, and proof of registration with, or a certificate of good standing from, the State of Michigan, as applicable
	Site plan
	Description of the type of marihuana facility, including the anticipated or actual number of employees

	<p>Comprehensive facility operation plan for the marihuana commercial entity, including:</p> <ul style="list-style-type: none"> (a) Organizational chart (b) Security plan with details on cameras, storage safe, and alarm system (c) Lighting plan (d) Disposal plan (e) Emissions plan (f) Description of all toxic, flammable, or other regulated materials (including the location of such materials, and how such materials will be stored)
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V. ACKNOWLEDGEMENTS

Applicant acknowledges and agrees that it is subject to the City of Davison ordinances and all other statues, laws and regulations.

VI. SIGNATURE

The undersigned affirms that he/she is the (circle one: **owner, employee, representative**) of the business involved in this application and that the foregoing answers, statements and information are in all respects true and, to the best of his/her knowledge, correct. The undersigned acknowledges that they shall comply with all statutes, laws, ordinances, and regulations that may apply to operating a medical marihuana facility. By making this application, the undersigned grants all officials, staff and consultants of the City of Davison access to the subject property as required and appropriate to assess site conditions in support of a determination as to the suitability of the proposed project and/or current or future City of Davison Medical Marihuana Licensing Ordinance compliance.

Signature: _____

Date: _____

FOR CITY USE ONLY

Application No.:	Fee Tendered:
Filing Date:	Expiration Date:
Signature of City Employee who receives application:	

Scoring Criteria

Initial scoring and ranking shall be conducted and applied by the City on the basis of assigned points from zero (0) points to one hundred and ten (110) points with the lowest overall total score as zero (0) points and the highest possible total score being one hundred and ten (110) points. Eighty (80) points are necessary to be considered a qualified application. The points are allocated on an all-or-nothing basis. Once an application has been submitted, there shall be no additions and or edits made to the application until the applicant has been noticed by the City during its deficiency period. Applicant's will have 10 days to address any deficiencies in their application. Only qualified applications will be entered into the lottery drawing.

Points	Criteria
5	The content and sufficiency of the information provided by Applicant in the application.
20	Whether the majority stakeholder of the Applicant is a resident in the 48423-zip code. (A majority applicant is defined as one (1) person that has at least 51% ownership in the company).
20	Whether the majority stakeholder of the Applicant can provide proof of ownership of another Davison-area business(es) within the last eight (8) months. For the purposes of this criterion, "Davison-area" means within a three (3) mile radius of the City limits.
5	The business probity, moral reputation, and relevant criminal history of Applicant or any of its stakeholders; whether the Applicant or any of its stakeholders have a record of acts detrimental to the public health, security, safety, morals, good order, or general welfare prior to the date of the application; whether the Applicant or any of its stakeholders have any other professional licenses, including by way of example, but not limited to, such licenses as a medical doctor, lawyer, or accountant; and whether the Applicant (including all owners or stakeholders) can attest and demonstrate that it is not in default to the City or the State of Michigan.
5	Whether the Applicant has provided a robust patient education plan that provides guidance and information to medical marihuana patients regarding the risks and benefits of medicinal marihuana products, including hemp-based products.
	Whether the Applicant has provided a comprehensive and financially supported community improvement plan focusing on community improvement and outreach that demonstrates commitment to the City and the Davison community schools through a signed agreement with the City. Community improvement and outreach on behalf of the Applicant or its

10	<p>stakeholders may include, but are not limited to significant physical improvements to the area around the property or other areas contiguous to the property that would include, but not be limited to, plans to eliminate or minimize traffic, noise, and odor effects on the surrounding neighborhood and improve the surrounding neighborhood and area. Community improvement and outreach may also include plans to make significant physical improvements to other local private or public roads, right of ways, alleys, parks or any other private or public property that is in the City of Davison.</p>
20	<p>Whether the Applicant's proposed site plan and business plan is consistent with the land use for the surrounding neighborhood and will not have a detrimental effect on traffic patterns, health, welfare or safety of residents or abutting properties.</p> <ul style="list-style-type: none"> • If an Applicant is proposing to develop vacant land and their plans meet all necessary zoning requirements, the Applicant shall receive a minimum of ten (10) points for this section.
10	<p>The number of full-time and part-time positions anticipated by Applicant, and whether Applicant has articulated plans or strategies to attract, hire and retain employees that are residents of the City. Whether Applicant has articulated plans or strategies in providing competitive compensation, benefits, or educational programs to its employees.</p>
15	<p>Whether Applicant has planned and financially supported community outreach to the City and its residents. This includes, but is not limited to, planned outreach or educational services, charitable or philanthropic activity, community improvement or educational programs, or other factors that will improve the health, safety, and welfare of the City, its residents, and the surrounding area.</p>