



**APPLICATION FOR MARIHUANA FACILITIES AND ESTABLISHMENTS PERMIT
(Ordinance 327)**

- The application must be fully and accurately completed and must include all required documentation.
- A nonrefundable application fee of \$5,000 must be submitted with the application.
- If approved, the permit is valid for a period of one (1) year from the date of approval.
- The permit is only valid for the location and type of business listed on the permit.
- A facility shall be conducted in compliance with the MMFLA, the MRTMA, the MMMA, the rules promulgated pursuant to any of these acts, and all other laws, rules, and regulations of the State of Michigan and the City of Tawas City.
- Smoking or consumption of marihuana shall not be allowed on the site of the facility.

Application Type

- New Permit:** An application for an annual permit for a marihuana facility shall be submitted to the Tawas City Clerk on the form provided by the City, which shall fulfill all the requirements indicated on this form.
- Renewal of Existing Permit:** The procedure for applying for a new permit shall apply to the renewal of an existing permit. An application for renewal of an existing permit shall be submitted no sooner than ninety (90) days and no less than thirty (30) days before the existing permit expires.
- Amendment of Existing Permit:** The procedure for applying for a new permit shall apply to the amendment of an existing permit. An amended application may be submitted at any time and shall be submitted under either of the following circumstances: (a) When there is a change in any information the permit applicant was required to provide in the most recent application as filed with the City; or (b) When there is a change in any information the permit applicant was required to provide in the most recent application for a state license on file with the State of Michigan. An application to amend an existing permit to change the location of the facility shall be submitted no later than ninety (90) days before the existing permit expires. A change to any other information on the most recent application on file with the City may be submitted at any time.

Applicant's Information

Applicant Name		Applicant Email	
Company Name		Applicant Phone Number	
Address	City	State	Zip Code
Facility Address		Property Code	

Owner	Applicant
Facility Address	Property Code

Proposed Facility Information

Facility Address	Zoning District
Parcel Number	Legal Description

Property Owner's Information

Legal Name of Owner of Proposed Facility Location		Phone Number	
Address	City	State	Zip Code
Email Address			

Are there additional property owners? No Yes If yes, attach a separate sheet listing this information for each additional owner.

Manager's Information

Name of Manager of Proposed Facility Location		Phone Number	
Address	City	State	Zip Code
Email Address			

Are there additional managers? No Yes If yes, attach a separate sheet listing this information for each additional owner.

Permit(s) Desired

Provisioning Center / Retailer Marihuana Microbusiness

I, the undersigned, have the authority to sign this application on behalf of _____ (hereinafter the Facility or Company). I have read all the above answers, including all sheets and information provided in connection with this application and they are true and correct. The Facility agrees to comply with all terms and conditions of a permit as it may be issued. I understand that the Facility has a continuing duty to provide the City of Tawas City with current information and will notify the Tawas City Clerk in writing of any changes to the Facility's location no later than ninety (90) days before the existing permit expires. A change to the mailing address, phone numbers, email address, or other contact information, as well as changes to any other information the applicant has provided to Tawas City as part of the permit application, may be submitted at any time of any such change occurring. I acknowledge that the City of Tawas City may be required from time to time to release records in its possession as it may be requested under and as required by the Michigan Freedom of Information Act, MCL 15.231 et seq.

Signature	Date
Printed Name	Title
Business	

Owner	Applicant
Facility Address	Property Code

City Use Only

Issuance of Permit and Authorization to Operate Marihuana Facility

Have the following additional requirements been met?

- Proof of ownership of the facility.**
- Approved Zoning Permit.**
- A statement with respect to each person named on the application whether the person has:**
 - (a) Ever been convicted of a felony involving controlled substances as defined under the Michigan Public Health Code, MCL 333.1101 et seq., Federal law, or the law of any other state, and, if so, the date of the conviction and the law under which the person was convicted; and
 - (b) Ever been convicted of any other type of felony under the laws of Michigan, the United States, or another state, and, if so, the date of the conviction and the law under which the person was convicted.
- The applicant has provided the City Clerk with a copy of the applicant’s state license.**
- The applicant has installed the following security measures on the premises:**
 - (a) Security cameras to monitor all areas of the premises where persons may gain or attempt to gain access to marihuana or cash. Recordings from security cameras shall be maintained for a minimum of 72 hours. The City Council may adopt additional regulations regarding this requirement, including but not limited to regulations on the design, location, maintenance, and access to the cameras and recordings. Those regulations shall take effect 30 days after being filed with the Tawas City Clerk unless or until modified or disapproved by the Tawas City Council.
 - (b) A monitored alarm system.
 - (c) A storage room for overnight storage of any marihuana product and cash on the premises. The storage room shall have only one (1) door for entry and no other potential means of entry, lawful or unlawful, such as a window or crawl space. The door shall be equipped with a locking mechanism that is different from other locks on any door within the facility.

Approved Denied (attach reasons for denial)

Tawas City Manager’s or Designee’s Signature

Date