



# City of Leslie

## Medical Marihuana Facility Permit Renewal Application

Pursuant to Chapter 19 & 98.278 – Leslie, MI Code of Ordinances

Applications must be submitted by one (1) month prior to expiration by the Applicant, their State Licensed Attorney or Authorized Agent

### Business Information

Business Name:			
Address:			
City:	State:	ZIP Code:	Phone:
Business E-mail:		Business Website:	

### Name & Location of Facility Owned Leased

Facility Name:	
Address:	
Real Property ID #:	Personal Property ID #:

### Applicant Information (person principally in charge of operation of business)

Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	DOB:
Michigan ID/Driver's License #:		Primary Contact #:	
Email Address:		Secondary Contact #:	

### Type of Facility (\$5,000.00 per license Non Refundable) Check all that apply

Grower:	<input type="checkbox"/>	Class A (500 plants) x _____ # of licenses	<input type="checkbox"/>	Safety Compliance
	<input type="checkbox"/>	Class B (1,000 plants) x _____ # of licenses	<input type="checkbox"/>	Secure Transporter
	<input type="checkbox"/>	Class C (1,500 plants) x _____ # of licenses	<input type="checkbox"/>	
Processor:	<input type="checkbox"/>	Method(s) of Extraction:		

### Property Owner of Record Information (all owners) If additional owners, include on separate page

Name:	
Address:	
Name:	
Address:	

### Authorization and Preferences

I prefer all Correspondence and/or Permits be sent by:  Postal Mail  Email

Email or Mailing Address:

Does any person other than the applicant(s) named in this application have authority to discuss this permit application with City staff?  Yes  No If "Yes" complete the following:

Name:	Affiliation with Applicant:		
Address:			
City:	State:	Zip Code:	Phone:
Email:	Attorney License No: (if applicable):		

Is this person the main contact for all purposes pertaining to this permit application?  Yes  No

**Attach an additional sheet if there are more authorized contacts to list**

Facility Name:	Facility Address:
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**Inspections:**

What are the operating hours for this facility?

Who is the contact person to schedule inspections?

Name:	Title:	Phone:
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**Ownership Type**

<input type="checkbox"/> Individual/Sole Proprietor Sole <input type="checkbox"/> Member LLC <input type="checkbox"/> LLC	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Type: _____ <input type="checkbox"/> Other (specify) _____
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**A. Complete this section if you marked Individual/Sole Proprietor or Sole Member LLC**

Name:	Title:		
Maiden Name or Aliases:	Home Address:		
City:	State:	Zip Code:	Phone:
Michigan Driver's License #:	Date of Birth:		

**B. Complete this section if you marked LLC, Partnership, Corporation or Other**

Official Business Name:		
Business Address:		
City:	State:	ZIP Code:
E-mail:	Phone:	
Michigan Corporate/LLC ID #	Date of Incorporation/Qualification:	

**C. Complete this section if you marked LLC, Partnership, Corporation or Other**

**List all Owners, Partners or Corporate Officers (Stakeholders)**

Name:	Title:		
Maiden Name or Aliases:	Home Address:		
City:	State:	Zip Code:	Phone:
Business Email:	Personal Email:		
Name:	Title:		
Maiden Name or Aliases:	Home Address:		
City:	State:	Zip Code:	Phone:
Business Email:	Personal Email:		

**Attach an additional sheet if there are more persons to list**

**D. Business Facility Management Information**

**List all Managers of the Facility**

Name:	Title:		
Maiden Name or Aliases:	Home Address:		
City:	State:	Zip Code:	Phone:
Business Email:	Personal Email:		
Name:	Title:		
Maiden Name or Aliases:	Home Address:		
City:	State:	Zip Code:	Phone:
Business Email:	Personal Email:		

**Attach an additional sheet if there are more persons to list**

Facility Name:	Facility Address:
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**Additional Documents Required**

In order for this application to be complete, you must also submit the following documents:

- \_\_\_ **Completed List of Employees**
  - a. **Copy of valid Driver's License or photo ID for each employee listed must be submitted**
- \_\_\_ **Completed Financial Information Request Form**
- \_\_\_ **Completed Criminal History Disclosure and Background Record Authorization Form for each person listed on the Application**
- \_\_\_ **Copy of a Michigan ID or Driver's License for the applicant, all business owners and managers of the facility**
- \_\_\_ **Copy of the State of Michigan Marihuana Establishment Operating License**
- \_\_\_ **Proof of payment of any outstanding taxes, utilities, liens, etc., as determined by the City Treasurer (if applicable)**
- \_\_\_ **Evidence of valid and effective insurance policies signed by a qualified insurance agent,**
  - a. **Worker's compensation insurance in accordance with Michigan statutory limits and Employers Liability Insurance with a minimum limit of \$100,000.00 for each accident for any employee**
  - b. **Public liability and personal injury insurance with minimum limits of \$100,000.00 for each occurrence with respect to bodily injury liability and property damage liability, or both combined.**  
*Documentation must explicitly state the following: (a) the policy number; (b) name of insurance company; (c) name and address of the agent or authorized representative; (d) name and address of insured; (e) location of coverage; (f) policy expiration dates; (g) specific coverage amounts (h) City must be listed as a Certificate Holder and must include an endorsement placed on each policy requiring 10 days' notice by mail to the City before the insurer may cancel the policy for any reason*
- \_\_\_ **Copy of executed property Deed and/or lease which indicates use of site for subject permit**
- \_\_\_ **Property Owner Consent Form (if applicable)**
- \_\_\_ **Entity Information (if changes have been made)**
  - \_\_\_ **Official Registration Document (e.g., Articles of Incorporation)**
  - \_\_\_ **Copy of Bylaws or Other Governing Documents**
  - \_\_\_ **Copy of Organizational Structure (if applicable)**
  - \_\_\_ **Authorizing Resolution (if applicable)**
  - \_\_\_ **Certificate of Assumed Name (if applicable)**

Term One (1) year:

**Renewal application is due one (1) month prior to expiration of license(s) . Any application received after that date will be subject to a late fee of \$200.00**

Please submit your completed application, all additional required documents and required fees (\$5,000 per license) to:

City of Leslie  
City Clerk's Office  
602 W. Bellevue  
Leslie, MI 49251

If you have any questions please contact the Leslie Clerk's Office at (517) 589-8236 or via email at [clerk@cityofleslie.org](mailto:clerk@cityofleslie.org).

**The City will not accept copied or electronic signatures and/or initials. Any application that is missing original signatures or initials on all required forms will be considered incomplete and will be rejected.**

**The Applicant is responsible for being sufficiently familiar with and having a working knowledge of the ordinance requirements. Copies of Chapters 19 and 98.278 are available on the City of Leslie website at [www.cityofleslie.org](http://www.cityofleslie.org).**

I hereby certify that the information provided above is accurate to the best of my knowledge. I agree to operate the aforementioned business in compliance with the guidelines established pursuant to Chapter 19 of the Codified Ordinances of Leslie, Michigan. In addition, I agree to cooperate with the investigator/inspector assigned to screening this application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



CITY OF LESLIE

Marihuana Facility

Financial Information Request

Pursuant to Chapter 19 & 98.278 - Leslie, MI Code of Ordinances

A separate form for each individual listed on the Permit application is required, including applicant, stakeholders and facility managers.

Marihuana Facility Business Information

Name of Company:

Federal Employer ID Number:

Business Address:

Parcel Property ID:

City:

State:

Zip:

Personal Property ID:

Phone:

Business Website:

Business Email contact:

Applicant Information

Name of Applicant:

Title:

Address:

City:

State:

Zip Code:

Social Security Number:

Date of Birth:

Michigan ID/Driver's License Number:

Years of Residency:

Do you, or this business, owe the City of Battle Creek money for any reason? Yes No

If yes, please explain:

Name of any other City of Battle Creek area businesses or properties in which your ownership participation exceeds 25%:

Please submit this completed form to: City of Leslie City Clerk's Office 602 W. Bellevue St. Leslie, MI 49251

If you have any questions please contact the Leslie Clerk's Office at (517) 589-8236 or via email at clerk@cityofleslie.org.

The Applicant is responsible for being sufficiently familiar with and having a working knowledge of the ordinance requirements. A copy of Chapter 19 and/or 98.278 is available on the City of Leslie website at www.cityofleslie.org.

I hereby certify that the information provided above is accurate to the best of my knowledge. I agree to operate the aforementioned business in compliance with the guidelines established pursuant to Chapters 19 & 98.278 of the Codified Ordinances of Leslie, Michigan and all applicable ordinances, statutes, regulations, and laws. In addition, I agree to cooperate with the investigator/inspector assigned to screening this application.

Applicant's Signature: Date:

FOR OFFICE USE ONLY

City Treasurer [ ] Approved [ ] Denied Signature: Comments:

Income Tax [ ] Approved [ ] Denied Signature: Comments:



# Marihuana Facility List of Employees

As part of the permit process, each person employed by the permit holder must be reported. The permit holder shall report new employees to the City of Leslie within seven (7) business days. A copy of valid picture identification for each employee listed must be submitted with this form.

**Non-Refundable Fee for Each Employee Added after Annual Permit is issued: \$20.00**

New Application

Renewal Application

New/Additional Employees *please also provide a list of employees no longer employed (if applicable)*

Business Information			
Business Name:			
Facility Name:			
Facility Address:			
City:		State:	ZIP Code:
Contact Number:		Email Address:	
Facility Employee Information			
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:	Race:	
Contact Number:	_____ Male	_____ Female	
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:	Race:	
Contact Number:	_____ Male	_____ Female	
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:	Race:	
Contact Number:	_____ Male	_____ Female	
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:	Race:	
Contact Number:	_____ Male	_____ Female	
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:	Race:	
Contact Number:	_____ Male	_____ Female	
<i>Attach an additional sheet if there are more employees to list</i>			



CITY OF LESLIE  
CITY CLERK

**PROPERTY OWNER CONSENT FORM**

I, \_\_\_\_\_, declare under penalty of perjury that:

1. For the property listed below, I am (choose one) \_\_\_ the record title owner or \_\_\_ a representative of a trust or business entity named \_\_\_\_\_ that owns the property and I have been duly authorized to represent such trust or business entity for purposes of executing this document. (must provide supporting documentation)

\_\_\_\_\_

\_\_\_\_\_

*Physical Address of Property*

2. I, or the trust or business entity I represent, am aware that the applicant \_\_\_\_\_ is in the process of applying to the City of Leslie for a business permit to operate a marihuana facility on the property described above in conformance with all the provisions of Chapters 19 and 98.278 of the Codified Ordinances of Leslie, Michigan.
3. If such application is granted, I will allow the applicant to engage in the operation of the applied for marihuana business on the property.
4. I, or the trust or business entity I represent, understand that, as the owner of the parcel of the proposed marihuana business, I am required to sign this agreement in order for the applicant's application to go forward and understand that I may be liable under local, state, or federal law for the marihuana activities I am allowing on my property.

\_\_\_\_\_

*Property Owner Signature*

\_\_\_\_\_

*Date*

Acknowledged by \_\_\_\_\_ before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Notary public, State of Michigan, County of \_\_\_\_\_

My commission expires \_\_\_\_\_

602 W BELLEVUE ST.

LESLIE

MICHIGAN 49251

PHONE (517) 589-8236

FAX (517) 878-6868

WWW.CITYOFLESLIE.ORG