



CITY OF BERKLEY

COMMUNITY DEVELOPMENT

3338 COOLIDGE HIGHWAY
BERKLEY, MICHIGAN 48072
(248) 658-3320

MARIHUANA BUSINESS LICENSE

NEW LICENSE APPLICATION

- Submissions Open: March 16, 2020 at 10:00 AM
- Submissions Close: March 30, 2020 at 4:00 PM
- Submissions will only be accepted 10 AM - 4 PM
- Submissions must include one Physical Copy & one Digital Copy via Flash Drive

SECTION 1: BUSINESS INFORMATION

ENTITY NAME:	
PRINCIPAL ADDRESS:	

RESPONSIBLE PARTY / MAIN CONTACT:

Name:	Phone Number:	Email Address:
Mailing Address (Street, Suite, City, Zip):		
Driver's License / State ID #		

Marihuana Business Type:	State of Michigan License/Prequalification #:
<input type="checkbox"/> Adult-Use Retailer	
<input type="checkbox"/> Medical Provisioning Center	
Seeking Co-Location of Uses:	<input type="checkbox"/> Yes <input type="checkbox"/> No
State Sales Tax Number:	

Business Structure:

- ☐ Corporation
☐ Limited Liability Company
☐ Partnership
☐ Sole Proprietorship

SECTION 2: BUILDING INFORMATION

The building/property is:	Building Total Square Footage:	Building Usable Square Footage: (or 70% of Total Square Footage)
<input type="checkbox"/> Leased*		
<input type="checkbox"/> Owned	Has the building been vacant or underused (At least 50% vacant) for 4 months or longer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Owned, via Land Contract**		
<input type="checkbox"/> Owned, via Purchase Agreement		
<p>*If Leased, Property Owner Information Section must be completed, and Consent signed by owner.</p> <p>**If Owned via Land Contract, Property Owner Information Section must be completed for current owner, and Consent signed by current owner of deed.</p>	Does the marihuana business property immediately abut a residential property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the property currently have, or will development provide, a public or private alleyway?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Will the proposed marihuana business be located within 1000 feet of a school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Will the proposed marihuana business location displace an existing operational business?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FOR INTERNAL USE ONLY

Parcel Number	Zoning	Receipt #	Application #

DATE & TIME RECEIVED:

SECTION 3: PROPERTY OWNER INFORMATION

Property Owner Name:	Phone Number:	Email Address:
Mailing Address (Street, Suite, City, Zip):		Expiration Date of Lease:
		/ /

PROPERTY OWNER USE CONSENT: (For Leased Property or Land Contracts)

I, _____, affirm that I am the owner of the property at _____, and that I have given expressed permission to my property's lessee or Land Contract Vendee to operate a marihuana business establishment on my property.	
Signature: _____	Date: _____

SECTION 4: PARKING INFORMATION

Number of Proposed Parking Spaces:	Peak Number of Employees for all Shifts:	Number of Bicycle Racks:
Within 500 ft. of Municipal Lot:	Shared Parking Agreement:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lot Street: _____	*Shared Parking Agreements must be attached to this application with information related to address of the shared lot, number of excess spaces to be utilized, any site maintenance agreements, etc.	
Description of Parking:		

SECTION 5: SUPPLY INFORMATION

Supplier Name:	Cultivation State License Number:
Supplier Contact Name:	Supplier Phone Number:
Supplier Mailing Address (Street, Suite, City, Zip):	
Anticipated Percentage of Flower Supply:	

Supplier Name:	Cultivation State License Number:
Supplier Contact Name:	Supplier Phone Number:
Supplier Mailing Address (Street, Suite, City, Zip):	
Anticipated Percentage of Flower Supply:	

SECTION 6: OWNER INFORMATION:

All individuals who own 10 per cent or more stake in the business, or of a holding company which owns the business, must be disclosed. Complete in order of most ownership to least.

If you need additional stakeholder disclosure pages, please utilize the additional sheet offered on the website.

STAKEHOLDER 1				
% OWNERSHIP	FULL NAME: (First, M.I., Last)	HOME ADDRESS: (City, State, Zip)		BKGD CK
				(For internal Use only)
	PHONE NUMBER:	DATE OF BIRTH: (mm/dd/yyyy)	DRIVERS LICENSE / STATE ID #:	
		/ /		
	EMAIL ADDRESS:	POSITION:	YEARS OF PREVIOUS EXPERIENCE:	
				Marihuana Operating
				Berkley Business
				Staff:
				<input type="checkbox"/> Pass
				<input type="checkbox"/> Fail

STAKEHOLDER 2				
% OWNERSHIP	FULL NAME: (First, M.I., Last)	HOME ADDRESS: (City, State, Zip)		BKGD CK
				(For internal Use only)
	PHONE NUMBER:	DATE OF BIRTH: (mm/dd/yyyy)	DRIVERS LICENSE / STATE ID #:	
		/ /		
	EMAIL ADDRESS:	POSITION:	YEARS OF PREVIOUS EXPERIENCE:	
				Marihuana Operating
				Berkley Business
				Staff:
				<input type="checkbox"/> Pass
				<input type="checkbox"/> Fail

STAKEHOLDER 3				
% OWNERSHIP	FULL NAME: (First, M.I., Last)	HOME ADDRESS: (City, State, Zip)		BKGD CK
				(For internal Use only)
	PHONE NUMBER:	DATE OF BIRTH: (mm/dd/yyyy)	DRIVERS LICENSE / STATE ID #:	
		/ /		
	EMAIL ADDRESS:	POSITION:	YEARS OF PREVIOUS EXPERIENCE:	
				Marihuana Operating
				Berkley Business
				Staff:
				<input type="checkbox"/> Pass
				<input type="checkbox"/> Fail

STAKEHOLDER 4				
% OWNERSHIP	FULL NAME: (First, M.I., Last)	HOME ADDRESS: (City, State, Zip)		BKGD CK
				(For internal Use only)
	PHONE NUMBER:	DATE OF BIRTH: (mm/dd/yyyy)	DRIVERS LICENSE / STATE ID #:	
		/ /		
	EMAIL ADDRESS:	POSITION:	YEARS OF PREVIOUS EXPERIENCE:	
				Marihuana Operating
				Berkley Business
				Staff:
				<input type="checkbox"/> Pass
				<input type="checkbox"/> Fail

SECTION 7: ONSITE MANAGER INFORMATION

You must list all individuals who will function as a manager or managing decision maker of the marihuana business.
If you need additional onsite manager disclosure pages, please utilize the additional sheet offered on the website.

ONSITE MANAGER 1			
FULL NAME: (First, M.I., Last)		HOME ADDRESS: (City, State, Zip)	
PHONE NUMBER:	DATE OF BIRTH: (mm/dd/yyyy)	DRIVERS LICENSE / STATE ID #:	
	/ /		
EMAIL ADDRESS:	TITLE:	YEARS OF PREVIOUS EXPERIENCE:	
PLANNED ONSITE HOURS:		___ Berkley Business ___ Marihuana Business	
IS THIS PERSON ALSO A STAKEHOLDER OF THE BUSINESS?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

BKGD CK
 (For internal Use only)
☐ Pass
☐ Fail
 Staff:

ONSITE MANAGER 2			
FULL NAME: (First, M.I., Last)		HOME ADDRESS: (City, State, Zip)	
PHONE NUMBER:	DATE OF BIRTH: (mm/dd/yyyy)	DRIVERS LICENSE / STATE ID #:	
	/ /		
EMAIL ADDRESS:	TITLE:	YEARS OF PREVIOUS EXPERIENCE:	
PLANNED ONSITE HOURS:		___ Berkley Business ___ Marihuana Business	
IS THIS PERSON ALSO A STAKEHOLDER OF THE BUSINESS?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

BKGD CK
 (For internal Use only)
☐ Pass
☐ Fail
 Staff:

ONSITE MANAGER 3			
FULL NAME: (First, M.I., Last)		HOME ADDRESS: (City, State, Zip)	
PHONE NUMBER:	DATE OF BIRTH: (mm/dd/yyyy)	DRIVERS LICENSE / STATE ID #:	
	/ /		
EMAIL ADDRESS:	TITLE:	YEARS OF PREVIOUS EXPERIENCE:	
PLANNED ONSITE HOURS:		___ Berkley Business ___ Marihuana Business	
IS THIS PERSON ALSO A STAKEHOLDER OF THE BUSINESS?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

BKGD CK
 (For internal Use only)
☐ Pass
☐ Fail
 Staff:

ONSITE MANAGER 4			
FULL NAME: (First, M.I., Last)		HOME ADDRESS: (City, State, Zip)	
PHONE NUMBER:	DATE OF BIRTH: (mm/dd/yyyy)	DRIVERS LICENSE / STATE ID #:	
	/ /		
EMAIL ADDRESS:	TITLE:	YEARS OF PREVIOUS EXPERIENCE:	
PLANNED ONSITE HOURS:		___ Berkley Business ___ Marihuana Business	
IS THIS PERSON ALSO A STAKEHOLDER OF THE BUSINESS?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

BKGD CK
 (For internal Use only)
☐ Pass
☐ Fail
 Staff:

SECTION 8: ACKNOWLEDGEMENTS

(Initial each acknowledgement)

- _____ 1. I hereby represent and warrant that I am authorized to submit this application on behalf of the entity listed on the application because I am an owner of the entity or I have authority from the owner(s).
- _____ 2. I hereby represent and warrant that all of the documents that I am submitting with this application are true and accurate to the best of my knowledge and that all executed documents are valid and enforceable.
- _____ 3. I hereby represent and warrant that I have read and understand all laws, rules and regulations, and policies and procedures associated with my application; and that I fully understand the nature, meaning, and content of such laws, rules, and policies. I warrant and represent that I will abide by such laws, rules, and policies during the application process and after my license is issued by the City of Berkley.
- _____ 4. I hereby represent and warrant that I have conducted my own research and investigation regarding the compliance of my proposed location with state and local laws, including but not limited to proximity restrictions, zoning regulations, and address requirements. I further warrant and represent that the proposed location of my marihuana business license fully complies with such state and local laws.
- _____ 5. I understand that the City may initiate disciplinary action on any license that results from this application, based upon any conduct associated with the license including conduct by any owners, managers, or employees. I further understand that this license constitutes a revocable privilege and that I am liable for all actions associated with this license.
- _____ 6. I understand that this application is neither an entitlement nor a vested right, and I acknowledge that I must qualify for and obtain the license or license status that I am seeking prior to operating or otherwise claiming that I have any right to such.
- _____ 7. I understand that the City will review the application for compliance with state and local laws, and criteria outlined as part of the meritorious selection process. I further understand that my application may be denied based on, but not limited to the following: missing or incomplete application information, background information from state or local records, comparative merit points that are less than the 70% minimum satisfaction requirement, comparative merit points that are less satisfactory than other applicants, and failure to hold a State license.
- _____ 8. I understand that should I receive local license to operate a marihuana business establishment, I will be responsible for reapplying for licensure at the local level no less than thirty days prior to the expiration of any active marihuana business license, and that failure to do so may result in the nonrenewal of my marihuana business license.
- _____ 9. I understand and consent that the City's Public Safety Department will perform a criminal background check to ascertain whether any disclosed stakeholder or employee have any convictions involving dishonesty, theft, fraud, or controlled substances. I further understand that the presence of a history of any detrimental act to public good will be grounds for application denial.

- _____ 10. I understand that all fees associated with my Marihuana Business License – New License Application are nonrefundable.
- _____ 11. I understand that it is the responsibility of the applicant to represent all information outlined in the City Code and the Marihuana Business License Application Evaluation Merit Point System.
- _____ 12. I hereby acknowledge and consent that the City of Berkley may contact the current property owner in order to verify marihuana use consent.
- _____ 13. I hereby acknowledge and consent that the City of Berkley may contact any currently operational business that will be displaced by my marihuana business to determine whether the displaced business had prior intentions of vacating.

I, _____, swear or affirm that I have read these acknowledgements and advisement, that I have had the opportunity to consult with legal counsel, and that I am knowingly and voluntarily submitting my application in compliance with these acknowledgements and advisement and all applicable laws.

Signature of Affiant _____

Date _____

SECTION 9: REQUIRED DOCUMENTS CHECKLISTS FOR APPLICANTS

Please verify all documents are included in the application.

SECTION 9A: OWNER AND BUSINESS DOCUMENTS

- ☐ Resume for each disclosed stakeholder and managing stakeholder, including relevant experience for operating businesses and marihuana businesses
 - ☐ Organized in in order of greatest ownership stake to least
 - ☐ Copy of Government issued Identification for each disclosed stakeholder
 - ☐ Copy of State of Michigan Marihuana Business License or Prequalification Notice
 - ☐ Copy of Deed or Signed Lease Agreement (If Leased, Owner must complete Use Consent on Page 2)
 - ☐ Proof of Insurance, satisfying the following ordinance language:
 - ☐ *Proof of insurance covering the business and naming the City of Berkley, its elected and appointed officials, employees, and agents, as additional insured parties, primary and non-contributory available for the payment of any damages arising out of an act or omission of the applicant or its stakeholders, agents, employees, or subcontractors, in the amount of:*
 - i. *at least Two Million Dollars (\$2,000,000) for property damage;*
 - ii. *at least Two Million Dollars (\$2,000,000) for injury to one (1) person; and*
 - iii. *at least Two Million Dollars (\$2,000,000) for injury to two (2) or more person resulting from the same occurrence. The insurance policy underwriter must have a minimum A.M. Best Company insurance ranking of B+, consistent with state law. The policy shall provide that the City 7 shall be notified by the insurance carrier thirty (30) days in advance of any cancellation or reduction in coverages.*
 - ☐ Bylaws, Articles of Incorporation or Organization, Operating Agreement, Partnership Agreement (as applicable)
- Copy of any pre-approved zoning or land-use documentation pertinent to your application, such as, but not limited to:
- ☐ Existing Variances granted by the Zoning Board of Appeals (Height, Setbacks, Parking, etc.)
 - ☐ Approved Conditional Rezoning Ordinances granted by the City Council, including Condition Rezoning Agreement signed and approved
- ☐ Any tentative agreements with other tenants of multi-use spaces, including details on what the proposed use of other spaces will be, if applicable. (Merit Score Section 24)

SECTION 9B: VISUAL CONCEPTS AND DIAGRAMS:

- ☐ A floor plan of the premises (Digitally rendered and designed by a professional is strongly recommended)
 - ☐ Physical Layout of the establishment with the legibly labeled principal use of each room in the premises.
 - ☐ Identification of all security cameras and DVR locations.
 - ☐ Intended areas open to public must be contiguous and outlined in **Blue**.
 - ☐ Intended Limited Access areas must be contiguous and outlined in **Red**.
 - ☐ Restricted Access Areas must be clearly labeled.
 - ☐ Clearly labeled Point of Sales and sales counter locations.

- ☐ A scaled location area map of the Marihuana Business and surrounding area identifying the relative locations and distances to all surrounding property boundaries and buildings
- ☐ Conceptual renderings which demonstrate any proposed redevelopment and physical improvements or additions.
 - ☐ Label separation of tenant spaces in multi-tenant developments (Merit Score Section 24)

SECTION 9C: REQUIRED DETAILED PLANS:

- ☐ Proposed Marihuana Business Plan, including:
 - ☐ The ownership structure of the marihuana business
 - ☐ The employee structure of the marihuana business including but not limited to:
 - i. Organization Chart depicting supervisory relationships
 - ii. Number of new jobs to be created
 - iii. New positions to be created
 - iv. Details on which positions will be full-time and part-time
 - ☐ Outline of implementation for the Security Plan, Stormwater Management Plan, Odor Control System Plan, Record Keeping Plan, Training and Education Plan, and Sanitation Plan.
 - ☐ Financial structure and financing of the proposed Marihuana Business
 - ☐ Short-and-long term goals and objectives
 - ☐ If co-location of marihuana business types in proposed, provide an explanation of the integration of such businesses.
 - ☐ List of proposed products that will be sold
 - ☐ Any community outreach/education plans and strategies
 - ☐ Any charitable plans and strategies
- Security Plan , as required for State of Michigan pre-qualification
- Stormwater Management Plan
 - ☐ Applicant must clearly demonstrate the incorporation of green infrastructure to qualify for Merit Score Section 12.
- ☐ Odor Control System Plan
- ☐ Record Keeping Plan
- ☐ Training and Education Plan
 - ☐ Plan should provide details on the training and education that will be provided to employees of the Marihuana Business
- ☐ Sanitation Plan
 - ☐ Plan should provide details on the prevention and protection against any marihuana being ingested on the premises by any person or animal, indicating how the waste and byproduct will be stored and disposed of, and how any marihuana will be rendered unusable upon disposal.

SECTION 9D: MATERIALS DOCUMENTS:

- ☐ List of Proposed Building Materials and Specifications
 - ☐ Include how materials will be used and in what quantity they will constitute the overall total materials used in construction
 - ☐ To qualify for Merit Score Section 13, you must indicate the materials that are sustainable and the elements that are energy efficient
- ☐ Detailed List of Physical Improvements to the Property (Merit Score Section 20)
 - ☐ Items should be included in Conceptual Renderings and properly labeled
 - ☐ Includes but is not limited to trees, public art, green space, public alleyways, public parking areas, sidewalks, plazas, etc.
- ☐ Detailed List of Streetscape Additions (Merit Score Section 10)
 - ☐ Items should be included in Conceptual Renderings and properly labeled
 - ☐ Includes but is not limited to benches, bike racks, planters, etc.