



Cedar Springs City Hall
66 S. Main St. PO Box 310
Cedar Springs, MI 49319

Recreational Adult-Use Marihuana Establishment Application

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

For questions, contact the City Manager manager@cityofcedarsprings.org or by phone at 616-696-1330. If you are unable to answer the questions in the space provided, please attach additional sheets of paper with your answers, specifying which questions are being answered.

Note: A special land use application form, Site Plan or Zoning review and zoning escrow payment are also required for all new licenses.

This application is for:

New License Renewal of an existing license Expiration Date: _____

I. Applicant Information	
Applicant Name	Doing Business as:
Applicant Title	Entity Type and Legal Name
Mailing Address	City, State, Zip
Property Address	City, State, Zip
Telephone Number:	Email Address:

II. Number and Type of Licenses Sought for this property (Each Establishment operating at the same location requires a separate City License.)	
Marihuana Retailer <input type="checkbox"/>	Marihuana Excess Grower <input type="checkbox"/>
Marihuana Grower-Class A <input type="checkbox"/>	Marihuana Processor <input type="checkbox"/>
Marihuana Grower-Class B <input type="checkbox"/>	Marihuana Microbusiness <input type="checkbox"/>
Marihuana Grower-Class C <input type="checkbox"/>	Marihuana Safety Compliance <input type="checkbox"/>
Are any of the above licenses sought co-located or stacked licenses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please explain _____	

III. Facility Location and Property Use	
Property Address:	Zoning District:
If No Address, Parcel #:	City, State, Zip

Proposed hours of operation:

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Open							
Close							

An Establishment can only be open to the public between the hours of 8:45 a.m. and 9:15 p.m.

IV. Emergency Contact Information (Contact information will be provided to the local Fire Department and Police Services-you are obligated to keep this information updated)	
On Site Manager Name:	Office Phone Number:
Email Address	Cell Phone Number:
Alternate Emergency Contact:	Office Phone Number:
Email Address	Cell Phone Number:

V. Application Materials

Fee: \$3000 Non-Refundable Application Fee (per license) due upon submission

Note: Stacked licenses are permitted and in some cases required.

\$2000 Non-Refundable License fee (per license) due within 10 business days of approval of the Special Land Use from the Planning Commission.

Applicant must submit a Special Land Use and a Site Plan or Zoning Application and the required submission materials therewith.

Applicant must provide a detailed listing and Safety Data Sheet of any and all proposed hazardous materials, including proposed quantities, that will be stored and utilized on the site (including carbon dioxide, pesticides, etc.)

Applicant must submit a copy of the property deed or other evidence showing applicant as the owner of the property. If the current property owner is different than the applicant, a notarized affidavit shall be submitted showing the property owner's approval of this property use

Applicant must provide a copy of the official paperwork issued by LARA or the State of Michigan indicating that the applicant has successfully completed the prequalification step of the application for a recreational (adult-use) marijuana state operating license.

Applicant must submit the following written plans:

1. Security Plan meeting both the State and local requirements
2. Marijuana delivery plan specifically identifying how the marijuana product will be delivered to the business location, where the delivery will take place at the business location, what methods will be used to ensure the safety of the business and the public during marijuana delivery and when will marijuana product be delivered to the business location.
3. Outreach Plan which explains how the business intends to provide contact information to the public and how they intend to address public questions and concerns
4. ADA Plan which shows how existing buildings will be brought into Americans with Disabilities Act compliance

5. Waste Disposal Plans which explains how waste, chemicals and unused plant materials will be disposed
6. Odor Elimination Plan which explains how odors will be controlled
7. Blight Elimination Plan which shows how the business plans to address any existing blight that exists on the property including:
 - a. Paint chipping or fading
 - b. Cracked or broken glass
 - c. Parking surface in good condition without potholes or cracks
 - d. Fences in good condition
 - e. Dumpster screening
 - f. Vegetation
8. Customer Plan which addresses:
 - a. How customers will be let into the building, screened for age and allowed to enter display room
 - b. Number of customers allowed into building at one time
 - c. Plan for overflow customers that have to wait to enter building
 - d. Floor plan showing expected customer flow through building from entrance to exit

All plans should be clearly marked and titled with appropriate numbering, tabbing or have a table of contents as may be appropriate.

VI. Read and Initial all sections below.

_____ I fully understand and have completed the Recreational Marihuana Establishment Application and Special Land Use application, and have read the appropriate ordinances regulating Marihuana Establishments in the City of Cedar Springs and I agree that I will comply with all applicable rules, standards, laws, ordinances, codes, regulations, etc. promulgated by the City, the State of Michigan, or any entity thereof.

_____ I understand that all fees collected are non-refundable with the exception of any escrow fees collected.

_____ I understand that licensing fees are not pro-rated for a partial licensing year.

_____ I understand the license year applicable to all licenses shall begin on the date of license issuance and shall expire 365 calendar days thereafter.

_____ I understand License is a revocable privilege granted by the City and is not a property right. The application for or granting of a License does not create or vest any right, title, franchise, or other property interest.

_____ I understand that each license issued under this Article is issued exclusively to a specific licensee for a specific location. Any attempt to transfer, sell, purchase, or otherwise convey any interest in a License is grounds for revocation of the License. Any License that has been transferred, sold, purchased, or otherwise had any interest in it conveyed is void.

_____ I understand that any establishment licensed under this Article is subject to inspection, with or without notice, at any time, by the City Manager, the City Fire Chief, the City Code Enforcer, the City Police Chief, the County Sheriff, the Director of the Michigan State Police, or their designees and any other person permitted to inspect such property under State or local laws.

_____ I understand that all licensees under this Ordinance must apply for a renewal of their License between 30 to 60 days prior to the Licenses expiring. Late applications will not be accepted.

_____ I understand that failure to disclose complete and accurate information is a falsification of this application. This is sufficient cause for immediate denial or revocation of a license.

VII. Signatures

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT THE INFORMATION CONTAINED

HEREIN AND ALL INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF KNOWLEDGE. I AGREE TO PAY THE REQUIRED FEES AND ALL SITE PLAN REVIEW COSTS TO INCLUDE ENGINEERING, PLANNING & LEGAL REVIEWS INCURRED BY THE CITY OF CEDAR SPRINGS. I FURTHER ACKNOWLEDGE THAT ALL LICENSES GRANTED ARE A REVOCABLE PRIVILEGE GRANTED ON A YEARLY BASIS BY THE CITY AND ARE NOT A PROPERTY RIGHT. THE APPLICATION FOR OR GRANTING OF A LICENSE DOES NOT CREATE OR VEST ANY RIGHT, TITLE, FRANCHISE OR OTHER PROPERTY INTEREST. THIS FORM MUST BE SIGNED BY ALL PARTNERS OF A PARTNERSHIP, BY A MANAGING MEMBER IF A LIMITED LIABILITY COMPANY BY THE PRESIDENT IF A CORPORATION OR A PERSON WITH THE POWER AND AUTHORITY TO BIND THE BUSINESS TO LEGAL TERMS AND REQUIREMENTS.

Signature of Applicant: _____

Printed Name: _____ Title: _____

Date: _____

Signature of Applicant: _____

Printed Name: _____ Title: _____

Date: _____

NOTARY
STATE OF MICHIGAN
COUNTY OF _____

The foregoing Marihuana Establishment Application was acknowledged before me this _____ (DATE) by _____ (NAME) who is personally known to me or who have produced sufficient evidence of their identification

Notary Name: _____

My Commission Expires: _____



FOR CITY USE ONLY

Application Fee: \$_____ per License #_____ of Licenses Applied for Total:_____ Paid:_____

Administration Fee: \$_____ per License #_____ of Licenses Applied for Total:_____ Paid:_____

Renewal Fee: \$_____ per License #_____ of Licenses Applied for Total:_____ Paid:_____

Date Applicant Submitted Marijuana License Application: _____

Date Applicant Submitted Special Land Use Application: _____ Escrow Paid: _____

Date SLU Application Sent to: City Manager: _____ City Planner: _____ City Engineer: _____

Public Hearing Set For: _____ 300 Foot Letters Mailed: _____ Notice of PH to Applicant: _____

Decision of the Planning Commission: Approved or Denied

Does the applicant owe any outstanding balance to the city? Yes or No

Date License was approved: _____ License Expires: _____ Renewal Window _____
(between 30 to 60 days prior to the Licenses expiring)

Date Application was Denied Reason for Denial: _____ Appeal Deadline: _____

Notice Sent of Approval/Denial (Send within 10 business days of Planning Commission Approval/Denial): _____ License Sent: _____

License Number/s _____