



MARIHUANA FACILITY PERMIT APPLICATION

CITY OF YPSILANTI CLERK'S OFFICE

One South Huron, Ypsilanti, MI 48197

Office (734) 483-1100 Fax (734) 487-8742

www.cityofypsilanti.com

**All required information must be submitted at the time of application.
Attach additional pages when necessary.**

Applications must be provided in both hardcopy and digital flash drive

Non-Refundable Fee - subject to change by City Council without notice.

\$5,000 – Initial Permit Application – application will not be accepted without fee

Clerk initials

Type of application – A separate application and fee must be filed for Recreational and Medical Facilities

Recreational

- | | |
|--|---|
| <input type="checkbox"/> Retailer | <input type="checkbox"/> Microbusiness |
| <input type="checkbox"/> Growing/Processing Facility | <input type="checkbox"/> Excess Grower |
| <input type="checkbox"/> Safety Compliance Facility | <input type="checkbox"/> Designated Consumption |
| <input type="checkbox"/> Secure Transport | |

Medical

- Provisioning Center
- Cultivation/Processing Facility

BUSINESS INFORMATION

Business Name:		Phone:
Business Address:		
City:	State:	Zip:
Business Mailing Address (if different):		
City:	State:	Zip:
Square footage to be occupied:		Number of Employees:
Hours of Operation:		
Business type: (check all that apply)		
<input type="checkbox"/> Sole Proprietorship		
<input type="checkbox"/> Corporation (including LLC)		
<input type="checkbox"/> Partnership		
<input type="checkbox"/> S Corporation		
<input type="checkbox"/> Trust		

Clerk initials

Non-Profit Organization

If business type is anything other than a sole proprietorship, attach the following:

Attachment A - Articles of incorporation; LLC Articles of Organization; Partnership Agreement; DBA Certificate

List below all officers, directors, shareholders, members, and partners including their home addresses. If the business is a partnership, list the names and home addresses of each of the partners. If necessary, provide additional information on a separate sheet.

Name	Home Address, City, State & Zip Code	DOB	Position

APPLICANT INFORMATION: Highest level official or employee of business/cooperative such as Board President, Chief Executive Officer, Executive Director or comparable position.

Applicant Name:	Date of Birth:
Applicant Address:	
City:	State: Zip:

Attachment B - Provide state or federally issued photo identification.

OPERATOR INFORMATION: If different than the applicant, list the individual(s) responsible for day to day operations.

Operator Name:	Date of Birth:
Applicant Address:	
City:	State: Zip:
Operator Name:	Date of Birth:
Applicant Address:	
City:	State: Zip:

Attachment C - Provide state or federally issued photo identification and background checks. (Ypsilanti Police Department will Verify)

Clerk initials

LICENSE INFORMATION

List all professional licenses, including those related to marijuana/marihuana currently held or held in the past by the applicant/operator:

Has the applicant and/or operator been denied an application for a professional license, including those related to marijuana/marihuana, from any jurisdiction? (include state and local applications)

Yes No

If yes state when, where and why: _____

Has the applicant had a professional license, including those related to marijuana/marihuana, suspended or revoked by any jurisdiction? (include state and local applications)

Yes No

If yes state when, where and why: _____

Has the applicant or operator ever been convicted of a felony or controlled substances violations(s) in a federal, state, or other court? Yes No

If yes, please provide the following: (if necessary, provide additional information on a separate sheet):

Name and Location of Court	Conviction Charge	Sentence	Date of Sentencing	Last date of incarceration/parole/probation

Clerk initials

PROPERTY OWNER INFORMATION

Owner Name: _____

Home Address: _____ **Home Phone:** _____

City: _____ **State:** _____ **Zip:** _____

Does the Applicant have legal possession of the premises from the date that this permit may be issued by virtue of ownership, lease or other arrangement?

Ownership Lease Other: (explain in detail)

- Attachment D - Provide proof of ownership or copy of the lease**
- Attachment E - If premises are leased, attach written permission from the owner of the premises for the use specified in this application.**

FACILITY INFORMATION

Does applicant have alarm system in place? Yes No

If yes, name of alarm company, contact name and number: _____

- Attachment F - Proof of insurance for fire damage in the amount of the value of the premises and liability insurance with the minimum limits of \$1,000,000**
- Attachment G - Proof that all employees are over the age of 21**
- Attachment H - Describe storage facilities of all Marihuana on site, including lotions, baked goods, usable, and all other forms.**
- Attachment I - Describe the security plan for this facility includ, but not limited to, any lighting, alarms, barriers, recording/monitoring devices, and/or security guard arrangements.**

Additional attachments:

- Attachment J** – Provide proof of compliance with the Statewide Monitoring System.
- Attachment K** - Area map, drawn to scale, indicating within a radius of one thousand feet (1,000) from the boundaries of the proposed facility parcel, the proximity of the site to any school and existing marihuana facilities. Existing schools list as of 1-17-2020:
 - Ypsilanti Middle School, 510 Emerick Street
 - Ypsilanti International Elementary School, 503 Oak Street
 - Ypsilanti High School, 2095 Packard Road
 - Perry School, 550 Perry Street
 - Washtenaw International Middle/High School Academy , 105 N. Mansfield Street
 - Estabrook Elementary School, 1555 W. Cross Street
 - WSC Academy, 565-855 Jefferson
 - Huron Valley Catholic School, 1300 N. Prospect Rd
- Attachment L** – A Copy of state license or prequalification letter
- Attachment M – Retailer/Microbusinesses/Designated Consumption Establishments only:** Provide a description of the products and services to be provided by the establishment, including retail sales of food and/or beverages, if any, and any related accommodations or facilities
- Attachment N – Growing/Processing/Safety Compliance Facility applications only:** Provide a description of the growing and processing procedures, including volatile chemicals stored or used on the premises.
- Attachment O** – Provide copy of facility social equity plan as required by the State of Michigan.
- Attachment P** – Provide a document explaining every section in the scoring rubric and how you meet or do not meet the sections in the scoring rubric except the volunteerism plan.
- Attachment Q** – Volunteerism Plan. **The volunteerism section of the rubric must be sealed in a separate envelope. DO NOT INCLUDE VOLUNTEERISM ON SUBMITTED FLASH DRIVE.**

Additional notes:

- Applicants must receive a certificate of occupancy from the Building Department within 60 days of receiving a Marihuana Facility Permit, and prior to opening and/or operating the Facility.

- A site plan review may be required prior to obtaining a certificate of occupancy.
 - All Facilities are subject to special use permit and site plan review. All facilities must be in an adopted zoning district per facility type. **The city recommends an applicant request a marihuana location affidavit.**
 - All applicants must obtain a business license from the Assessor prior to opening.
 - The approval of the above use and occupancy is limited to those items described, and that further change, expansion or addition from the approved use is expressly prohibited without approval.
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- All permitted Facilities shall have a sign measuring at least 11 x 17 inches installed and maintained in a conspicuous location visible to all persons entering the premises located inside the building that reads as follows:

THE MICHIGAN MEDICAL FACILITIES LICENSING ACT & MICHIGAN
REGULATION AND TAXATION of MARIHAUNA ACT ACKNOWLEDGES THAT
“FEDERAL LAW CURRENTLY PROHIBITS ANY USE OF MARIHUANA EXCEPT
UNDER VERY LIMITED CIRCUMSTANCES.” SEE MCL 333.26422(c) &
333.27967(17). IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE CONSULT
WITH YOUR ATTORNEY

Oath of Application

I swear or affirm, under penalty of perjury, that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Code of Ordinances of the City of Ypsilanti, all rules and regulations which govern my Marihuana Facility Permit, and the laws of the State of Michigan.

Application must be accompanied by a Certificate of Occupancy from the City of Ypsilanti Building Department OR received by the owner of the premises within 60 days of application.

Authorized Signature	Title	Date
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Authorization of Criminal Background Check

I hereby allow the City of Ypsilanti Police Department to perform a criminal background check based on information gathered from this application form.

Applicant's Printed Name	Title	Date
Applicant's Signature	Title	Date

Operator's Printed Name	Title	Date
Operator's Signature		

STATE OF MICHIGAN)
)ss.
COUNTY OF _____)

Subscribed and sworn to before me a Notary Public on this _____ day of _____, 20____, by the above named _____, who has appeared before me and presented photo identification and sworn that they have read the foregoing and says it is true to the best of his/her knowledge.

_____, Notary Public
_____, County, Michigan
My commission expires: _____

Release of Liability, Indemnification, and Waiver

This Application or the granting of a permit hereunder is not intended to grant, nor shall it be construed as granting, immunity from criminal prosecution for growing, sale, consumption, use, distribution, or possession of marijuana/marihuana not in strict compliance with state or federal law. Also, since federal law is not affected by state law or local ordinance, nothing in this permit application; the granting of a permit hereunder; or any City of Ypsilanti ordinance, policy, or rule is intended to grant, nor shall they be construed as granting, immunity from criminal prosecution under federal law. State law, this permit application, or the issuance of a city permit does not protect users, or the owners of properties on which the use of marijuana/marihuana is occurring from federal prosecution, or from having their property seized by federal authorities under the Federal Controlled Substances Act.

Upon issuance and acceptance of a permit for Marihuana Facilities and/or renewal, the undersigned individually and on behalf of _____, as its duly authorized agent, hereby unconditionally and irrevocably waives, discharges, and releases the City of Ypsilanti, its agents, employees, and officials from any and all claims, damages, and liability in any way arising out of or related to the permitted premises including, but not limited to, issuance of a permit to permittee and any and all acts, omissions damages, or injuries to any person or property resulting from any act, omission, condition, occurrence, or criminal act occurring upon or in relation to the premises, and to indemnify, defend, and hold harmless the City of Ypsilanti, including its agents, employees, and officials to the fullest extent permitted by law and equity for any and all claims, damages, injuries, or liabilities at law or equity in any way arising out of or related to any acts, omissions, activities, conditions, or occurrences or incidents in any way related to the premises.

Additionally, the applicant hereby agrees to not violate any of the laws of the State of Michigan or the ordinances of the City of Ypsilanti in conducting the business in which the permit will be used, and that a violation on the premises may be cause for objecting to renewal of the permit, or for revocation of the permit.

The applicant agrees to make the premises open for inspection upon request by the Building Official, the Fire Department, and law enforcement officials for compliance with all applicable laws and rules, during the stated hours of operation/use and as such other times as anyone is present on the premises. The applicant agrees to quarterly inspections by the City Official's designee to confirm the facility is operating in accordance with applicable laws including, but not limited to, state law and local ordinances.

Authorized Signature	Title	Date
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For Department Use Only

City Clerk Application Date Received _____ Complete/Incomplete

Planning/Zoning Approved/Not Approved Date: _____

Building Department Approval: _____ Signed by: _____

Police Department Approval: _____ Signed by: _____

Fire Department Approval: _____ Signed by: _____

Treasurer's Approval: _____ Signed by: _____

Assessor's Approval: _____ Signed by: _____

City Attorney's Approval: _____ Signed by: _____

City Manager: _____ Final Approval _____ Date _____

Each Marihuana Permit Application will be processed through a merit based review scoring system. A City staffed selection committee will rely on a weighted scoring rubric to evaluate each application. The total possible number of points for an individual application is 190. Once scored, the applications will be ranked highest to lowest with the Highest being the first license to be issued. The applicant will be required to create a plan that clearly states the criteria listed below and shall be notarized to the truthfulness of the application. No sample plans will be distributed. Once the scoring has taken place, staff will place all applications with personal information (addresses redacted on the city’s website for transparency.

	Points Available	Points Given (City Use Only)
1. Qualifications of the Applicant		
a. Applicant demonstrates a history of operating a business - More than 2 years experience	1	
b. Applicant demonstrates a history of operating a business - More than 5 years experience	3	
c. Applicant Is a City of Ypsilanti resident, or if the applicant is a corporate entity, partnership, LLC or Trust, 25-50% of the owners or partners must be City of Ypsilanti Residents	10	
d. Applicant Is a City of Ypsilanti resident, or if the applicant is a corporate entity, partnership, LLC or Trust, 51% of the owners or partners must be City of Ypsilanti Residents	20	
2. Ability to operate		
a. Business plan	1	
b. Applicant presents a detailed description of estimated capital of at least \$300,000	2	
c. Applicant presents a detailed description of estimated capital of at least \$500,000	3	
d. Applicant presents a detailed description of estimated capital of at least \$900,000	4	
e. Applicants business plan includes daily operations schedule	1	
f. Applicants presents a proposed staffing plan, complete with descriptions of duties proposed wages and employee qualifications/hiring criteria	1	
g. Applicant presents a documented employee policy book and code of ethics to ensure honesty and integrity of employees	1	
3. Security Plan		
a. Applicant presents a plan to deter and prevent unauthorized entrance to the facility	1	
b. Applicant present a plan to deter and prevent theft and diversion	1	
c. Applicant presents a plan for 24/7 video surveillance, both inside and outside the facility with an agreement to share data with the police	1	

4. Timeline to open		
a. Facility will be open and operational 6 months after issuance of full license	1	
b. Facility will be open and operational 3 months after issuance of full license	3	
c. Facility will be open and operational 1 months after issuance of full license	5	
5. Job Creation and Staffing Plan		
a. Applicant proposes in business plan to pay a living wage with benefits	5	
b. Applicant proposes to create at least 6 full time jobs	1	
c. Applicant proposes to create at least 12 full time jobs	3	
d. Applicant proposes to create at least 25 full time jobs	6	
6. Hiring		
a. Applicant has employee development plan for training of employees such as education benefits or on the job training	1	
b. Applicant commits to hiring at least 50% of staff from the City of Ypsilanti	5	
c. Applicant commits to hiring at least 75% of staff from City of Ypsilanti	7	
d. Applicant commits to hiring a City of Ypsilanti/Washtenaw County contractor to complete the necessary work on the building.	5	
7. Applicants plan detailed economic benefit to the city by the way of improvements to real property		
a. A 25% increase in landscaping beyond the minimum landscaping requirement in the zoning ordinance	2	
b. The parking lot is located behind the building.	1	
c. A building exterior that consists, or will consist, of at least 80% brick, stone, stucco, transparent glass, or a combination thereof.	5	
d. A façade fronting a street that consists, or will consist, of at least 35% windows.	3	
e. A façade facing the public entrance to the building that that consists, or will consist, of at least 75% windows.	5	
8. Energy Standards		
a. Entire building meets or will meet the most current adopted version of the Michigan Energy Code for Commercial buildings.	2	
b. Entire building is ENERGY STAR certified and inspected by an ENERGY STAR qualifying person(s).	1	

(If this is applicable, then all items marked with an asterisk* below are also applicable.)		
c. *ENERGY STAR certified water heater or tankless water heater	1	
d. *ENERGY STAR certified appliances (oven, refrigerator, freezer)	1	
e. *ENERGY STAR certified heating and cooling systems (furnace, air conditioning)	1	
f. *ENERGY STAR lighting/fan fixtures	1	
g. *ENERGY STAR certified exterior doors	1	
h. WaterSense labeled lavatory fixtures	1	
i. Carbon filter/scrubber for odor control	1	
9. Master Plan elements to be included in the project		
a. Ability to hold and treat at least 20% more stormwater than the required minimum through rain gardens, underground basins, or other methods approved by the City Department of Public Works (DPW).	3	
b. A roof garden covering at least 50% of the total square feet of the roof area of the principle building, or 2,000 sq. ft. of roof area, whichever is less. The roof garden shall be designed and installed by a qualified entity. A plan(s) for the design, installation, and 2-year maintenance must be submitted with building permit application/plans to fulfill this element.	5	
c. A bicycle rack(s) located by the front or main entrance to accommodate at least 4 bicycles.	1	
d. The site is located within 200 ft. from a transit stop. (Submit transit map.)	5	
e. More than 50% of the electricity for the business comes from solar power.	3	
f. More than 75% of the electricity for the business comes from solar power.	5	
10. Social Equity		
a. Applicant has obtained a license from the social equity program from the State of Michigan	10	
11. Application Requirements		
a. Applicant has filled out the paperwork in full	10	
b. Applicant has received preapproval from the state of Michigan	15	
c. Applicant has submitted a volunteerism plan (community benefits). Volunteerism plans will be scored blindly and need to be placed in a separate sealed envelope with the name of the applicant on the outside. Once received, each volunteerism plan	15	

redacted of identifying information and scored by city staff. The plan found best for the community will score 15 points with others being awarded less than 15 points. Plans shall include the benefit to the neighborhood and community.		
Total Points	190	