

**MEDICAL MARIHUANA LICENSE  
APPLICATION FOR FACILITIES TO BE USED BY  
PRIMARY CAREGIVERS**



City of Muskegon Planning Department  
Mike Franzak, Planning Director  
City Hall, Room 202  
933 Terrace Street, Muskegon, MI 49440  
Office (231)724-6982  
[www.shorelinecity.com](http://www.shorelinecity.com)

Safebuilt Inspections  
933 Terrace Street, Muskegon, MI 49440  
Office (231)724-6715

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

**\$1,500 – Initial License – Non-Refundable**

**\$1,100 – Annual Renewal Fee – Non-Refundable**

**Type of Application – Circle all that apply**

A - Dispensary

B - Growing/Manufacturing Facility

C - Facility used to provide any other assistance to patients by caregivers permitted under the Act relating to medical marihuana.

D - A location other than a patient's principal residence where a patient cultivates or uses marihuana exclusively for such patient's personal consumption.

If you circled A, B or C, you must have a valid Primary Caregiver Registry Identification Card.

If you circled D, you must **ALSO** have a valid Patient Registry Identification Card in addition to your Primary Caregiver card.

If you circled D and you are NOT a Primary Caregiver, but only a Patient growing solely for your personal use at a location outside of your residence, complete the application for PATIENTS only instead of this application.

**BUSINESS INFORMATION (If you are not operating through a corporate entity, skip these sections and proceed to the APPLICANT section.)**

Business Name:

Phone:

Business Address:

Business Mailing Address (if different):

City:

State:

Zip:

Number of Employees:

Days and Hours of Operation:

Business type: (circle all that apply)

Sole Proprietorship

Corporations (including LLC)

Partnership

S Corporation

Trust

Non-Profit Organization

**If business type is a Corporation, attach the following:  
Attachment A – Articles of Incorporation**

**List below all officers, directors, and shareholders 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	Address, City, State, Zip	D/O/B	Position

<b>APPLICANT INFORMATION:</b> Applicant must be a registered Primary Caregiver.		
Applicant Name(last, first, middle)		Date of Birth:
Applicant Address:		Phone:
City:	State:	Zip:
<b>Attachment B – Provide state or federally issued photo identification.</b> <b>Attachment C – Provide copy of a valid Registry Identification Card as Proof of Licensed Primary Caregiver</b>		

<b>OTHER PRIMARY CAREGIVERS AT DISPENSARY/FACILITY:</b> List all other Primary Caregivers who will be operating at the same facility.
<p>Note: Each Primary Caregiver operating at a facility together must apply for a separate license and pay his/her fee separately. Each Primary Caregiver is responsible for completing a full application for a license and providing all documentation before using facility. Each primary Caregiver must have a separate enclosed and locked facility to which only s/he has access within the Facility/Dispensary.</p> <p><b>Attachment D – Proof of valid Registry Identification Card of each Primary Caregiver operating out of same facility/dispensary</b></p>

<b>PATIENTS</b>
List the number of registered patients that have designated you as their Primary Caregiver AND given you the right to grow medical marihuana on their behalf. Do NOT list your Patient’s names. _____:
Are you also a registered PATIENT who will be growing medical marihuana for your personal use? Circle One: YES NO (If YES, you must provide Attachment E. If NO, you may ignore Attachment E)
Total # of marihuana plants permitted to grow within your designated enclosed locked facility is equal to the number of PATIENTS you can grow for multiplied by 12 plants. If you are also a PATIENT growing for yourself, you may grow 12 additional plants. Indicate here the maximum number of plants you are permitted to grow in your facility: _____
<b>Attachment E – Proof of Applicant’s valid Registry Identification Card as a PATIENT</b>

**OPERATOR INFORMATION:** If you would like to remain anonymous to the building inspectors during the inspections process, designate an Operator as your contact for coordinating and conducting inspections.

Operator Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_

**Attachment F – Provide state or federally issued photo identification for the Operator.**

**LICENSE INFORMATION**

Has the applicant been denied an application for a medical marihuana dispensary, growing facility or other related business from any jurisdiction? Yes or No

If yes, state when, where, and why:

Has the applicant had a medical dispensary/grow facility license suspended or revoked by any jurisdiction? Yes or No

If yes, state when, where, and why:

If yes, what was the next business activity or occupation of the occupant subsequent to such action of suspension or revocation?

If yes, please provide the following information: (If necessary, provide additional sheets of paper):

Name and Location Of Court	Conviction Charge	Sentence	Date of Sentencing	Last date of incarceration/parole/probation
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**Does the Applicant currently operate a dispensary/facility in any municipality (Muskegon or elsewhere)?**

**If yes, provide the street address and municipality where the other facility is located:**

**Has the Applicant applied for a license to operate a facility/dispensary in any other municipality?**

If yes, provide the name of the municipality where that application has been filed:

**NOTE: additional information may be required if Applicant has applied for or is already operating another facility.**

**PROPERTY OWNER INFORMATION**

Owner Name:

Home Address:

Phone:

City:

State:

Zip:

Does the applicant have legal possession of the premises from the date this license will be issued by virtue of ownership, lease or other arrangement?

\_\_\_\_\_ Ownership      \_\_\_\_\_ Lease      \_\_\_\_\_ Other (explain)

**Attachment G – Provide proof of ownership or copy of lease**

**Attachment H – If premises are leased, attach written permission from the owner of the premises for the use specified in this application**

**FACILITY INFORMATION**

Complete address of the facility/dispensary:

Does applicant have an alarm system in place for fire or security? Yes or No

If yes, list the name of the alarm company, contact name, and number and if it is monitored:

Specify the name and address of the place where all unused portions of marihuana plants cultivated in connection with the use of marihuana or caregiver activity at the premises shall be disposed.

**Attachment I – Provide Floor Plan of Facility/Dispensary showing the enclosed, locked facility in which any and all cultivation of marihuana is proposed to occur, or where marihuana is stored, with such description including: location in building, precise measurements in feet, the floor dimensions and height; and the security device for the facility. Describe all location in the premises where a caregiver or other person authorized under the Act shall render assistance to a qualifying patient. Description MUST include specifications of all lights, equipment, and all other electrical, plumbing, and other means proposed to be used to facilitate the cultivation of marihuana plants.**

**Attachment J – Attach proof of compliance for all Inspections by Safebuilt**

**Applicant to initial each statement below, indicating that applicant understands each provision**

\_\_\_\_\_ A marihuana license is non-transferable. It cannot be transferred to another location or person.

\_\_\_\_\_ No signs or advertising are allowed unless it is related to a licensed professional medical or pharmaceutical practice.

\_\_\_\_\_ Caregiver activity shall not be advertised as a “clinic,” “hospital,” “dispensary,” or other name customarily ascribed to a multi-patient professional practice.

\_\_\_\_\_ No caregiver may have more than 5 patients under the Michigan Marihuana Act.

\_\_\_\_\_ No drive-through facilities shall be permitted.

\_\_\_\_\_ The dispensary/grow operation is not located within 1,000 feet of a preschool, elementary school, middle school or high school. Measurements shall be made from property boundary to property boundary.

\_\_\_\_\_ A license does not prohibit prosecution by the federal government of its laws or prosecution by state authorities for violations of the Act or other violations not protected by the Act.

\_\_\_\_\_ No alcohol is to be sold on the premises.

## Oath of Application

I declare under penalty of law 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 City of Muskegon Municipal Code and all rules and regulations which govern my Medical Marihuana Dispensary and Grow Facility License application as well as those of the State of Michigan. I further understand that if there is any change to the information provided in this application or a change in my status as a holder of a valid Registry Identification Card as a Primary Caregiver (and/or Patient, if applicable), it my responsibility to contact the City Clerk to inform the City of these changes. I acknowledge that it is not permitted under state law to hold a medical marihuana Registry Identification Card as a Primary Caregiver if I have been convicted of any felony offense within the last ten years or if I have ever been convicted of a felony involving illegal drugs or designated an assaultive crime. I further acknowledge any such felony conviction shall result in immediate revocation of this license.

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Authorized Signature

Title

Date

## Authorization of Criminal Background Check

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

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Applicant Signature

Title

Date

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Operator's Signature

Title

Date





## **Release of Liability, Indemnification and Waiver**

This Application or the granting of a license 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 not in strict compliance with State or Federal law. Also, since Federal law is not affected by the State Act (Michigan Medical Marihuana Act, Initiated Law 1 of 2008), nothing in this license application, the granting of a license hereunder, or any City of Muskegon ordinance, policy or rule, is intended to grant, nor shall they be construed as granting, immunity from criminal prosecution under Federal law. The State Act, this license application or the issuance of a city license does not protect users, caregivers or the owners of properties on which the medical use of marijuana 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 Medical Marihuana License 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 Muskegon, its agents, employees and officials from any and all claims damages and liability in any way arising out of or related to the licensed premises including, but not limited to, issuance of a license to licensee 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 licensed premises, and to indemnify, defend, and hold harmless the City of Muskegon, 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 licensed 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 Muskegon in conducting the business in which the license will be used, and that a violation on the premises may be cause for objecting to renewal of the license, or for requesting revocation of the license.

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Authorized Signature

Title

Date

**For Department Use Only**

City Clerk Application                      Date Received \_\_\_\_\_ Complete/Incomplete

Maximum number of plants the applicant/primary caregiver may grow: \_\_\_\_\_

\_\_\_\_\_

Zoning Approval: \_\_\_\_\_

Signed by: \_\_\_\_\_

\_\_\_\_\_

Building Department Approval: \_\_\_\_\_

Signed by: \_\_\_\_\_

\_\_\_\_\_

Police Department Approval: \_\_\_\_\_

Signed by: \_\_\_\_\_

\_\_\_\_\_

Fire Department Approval: \_\_\_\_\_

Signed by: \_\_\_\_\_

\_\_\_\_\_

Treasurer/Income Tax Approval: \_\_\_\_\_

Signed by: \_\_\_\_\_

\_\_\_\_\_

