

CITY OF HOUGHTON  
MARIHUANA RETAILER  
License Application

City of Houghton  
P.O. Box 606  
Houghton, MI  
49931  
906-482-1700  
www.cityofhoughton.com

Parcel ID Number: 31052-\_\_\_\_\_

Date Received: \_\_\_\_\_

**TYPE OF APPLICATION:**

- New Application
- Renewal Application

**LICENSE REQUESTED:**

- Marihuana  
Retailer

**FEE PAID:**

- Application
- Background Checks (if necessary)

<b>Applicant Name:</b>	
<b>Tax ID #/SSN – and date of birth:</b>	
<b>Business Name:</b>	
<b>Primary Phone Number:</b>	<b>Secondary Phone Number</b>
<b>Email Address</b>	
<b>Physical Address:</b>	
<b>Mailing Address:</b>	
<b>Residential Address:</b>	
<b>Emergency Contact Name and Number:</b>	

**STAKEHOLDER INFORMATION:**

List all Stakeholders. If a holding company has an ownership interest in the licensed business, list that company and its ownership percentage as well. Attach additional pages as necessary.

Primary Contact	Name:		Address:			
	Email Address:		Phone Number:	SSN:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	SSN:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	SSN:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	SSN:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	SSN:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	SSN:	DOB:	% Ownership
Additional Contact	Name:		Address:			
	Email Address:		Phone Number:	SSN:	DOB:	% Ownership

**PROPERTY INFORMATION FOR ESTABLISHMENT:**

<b>Business Site Address:</b>	
Owned Leased	Date of Purchase: _____ Start Date: _____      End Date: _____
<b>If Leased:</b> Property Owner Name: _____  Phone: _____ Email: _____	
Will facility be in an existing structure?  Yes                                  No	How many square feet? <input style="width: 100%; height: 20px;" type="text"/>
Will a new structure or addition be built?  Yes                                  No	How many square feet? <input style="width: 100%; height: 20px;" type="text"/>
At the time the initial application is submitted, the parcel is not located within 1,000 feet of any other medical marihuana facility, church, synagogue, mosque, or house of worship, public or private school, community college, university or professional school, nursery school or child care center, public park, public library, any residentially zoned district or residential use.  Yes                                  No	

**BUSINESS OPERATIONS:**

**Hours of Operation: (permitted between the hours of 8:00 a.m. and 8:00 p.m. only)**

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

**Provide the name, address, and telephone number of the alarm monitoring company that will be used (if any). NOTE: The company must have a valid business license in the State of Michigan.**

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**Provide a list of all people with access to the surveillance camera system to be used. (Attach additional sheets as necessary.)**

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**Provide a detailed description of the security plan for the proposed business.** (Attach additional sheets as necessary.)

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**OTHER BUSINESS INFORMATION:**

**Provide a detailed description of the business plan to dispose of any medical marijuana or product not sold in a manner that protects it from being ingested by an animal or person. (Attach additional sheets as necessary.)**

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**Provide a detailed description of the ventilation system used to prevent odor from leaving the building and how to mitigate noxious fumes or gases during the production process. (Attach additional sheets as necessary.)**

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**BACKGROUND INFORMATION:**

**If you are currently licensed by any governmental agency to engage in any business, list each such license held, the city in which it is held and expiration date thereof.**

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**Have you previously operated in this Township or any other County, City, or State under a Medical Marijuana/Marihuana License?**

Yes  No

**Have any of the previously issued licenses or permits mentioned above been revoked or suspended?**

Yes  No

If YES, provide an explanation for the revocation/suspension.

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**Has any owner or business manager ever been convicted of a felony?**

Yes  No

If YES, list the first and last name of the management employee, the associated criminal case number(s), the statute(s) violated, the date(s) of conviction, the date(s) of imposition of probation and/or parole, and the name and address of the sentencing court.

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**OATH OF APPLICATION:**

I declare under penalty of perjury in the second degree 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 Michigan Regulation and Taxation of Marihuana Act and the City of Houghton Ordinances which govern my License. **By signing this application I consent to the City of Houghton performing criminal background checks. I have included a copy of my government-issued photo identification.**

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Signature

Date

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Printed Name

Title

Application Attachments:

- Copy of Government-issued photo identification(s)
- Internal Revenue Service employee identification number (if applicable)
- Operating Agreement if limited liability company
- Partnership Agreement if partnership
- Names and addresses of beneficiaries if a trust
- Bylaws or shareholder agreement if a corporation
- Written consent from property owner for the use of the premises as a Marihuana Retailer (if applicant does not own premises)
- Proof of adequate premises liability and casualty insurance naming the City as an additional insured party
- Affidavits for applicant and stakeholders required in Section 6. A. v.
- Affidavits of applicant and stakeholders required in Section 6. A. ix.
- Affidavit of applicant required in Section 6. A. xxi.
- Security Plan
- Floor Plan
- Staffing Plan
- Affidavit(s) that neither applicant or any stakeholder of the applicant is in default to the City
- Affidavit regarding transfer of marihuana to and from marihuana establishment
- Proposed test or graphical materials to be shown on the exterior of the establishment
- Location area map
- Facility Sanitation Plan
- Special Use Permit issued by Planning Commission
- Signed Releases for background checks
- Application Fee \$4,500
- Background Check Fee will be collected, if necessary, as determined by Houghton Police Department