



# CITY OF HAZEL PARK

City of Hazel Park  
 111 E. Nine Mile Rd.  
 Hazel Park, MI 48030

## APPLICATION FOR A MARIHUANA CITY OPERATING LICENSE

(Use **BLUE** ink ONLY) (Must submit as single-sided pages)

The City of Hazel Park will not provide substantive advice, legal or otherwise, on any of its ordinances or items required for this application or any other application requested herein.

~ **Annual fees to apply shall be paid to the city treasurer and made payable to the City of Hazel Park:**

- Non-refundable application fee of \$5,000.00 per license, and annually for each renewal application. Initial: \_\_\_\_\_
- Non-refundable annual fee of \$5,000.00 per license, annually, and annually for each renewal application. Initial: \_\_\_\_\_

~ **Once the fees above have been paid, the completed application must be submitted to the city clerk's office.**

~ **Applicants who are approved to operate a marihuana establishment, shall pay the following annual fee to the city treasurer before the city operating license will be issued:**

- Upon approval of a city operating license, and at the time of each renewal, each licensee shall pay a non-refundable annual inspection fee of \$4,000.00 per location. Initial: \_\_\_\_\_

### Proposed Entity Information

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Individual                | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation         |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Trust       | <input type="checkbox"/> Sole proprietorship |

Entity Name (as it appears on official entity documents):	D/B/A (as used in conducting business of the entity):
Entity physical location:	FEIN/SSN: <span style="float: right;">D.O.B. (individuals only)</span>
Entity mailing address:	Entity telephone:

Contact Person for application (print): \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Email: \_\_\_\_\_

### Proposed Location Information

Address of proposed location: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_ Total square footage of building: \_\_\_\_\_

Total square footage to be used for the marihuana operation(s): \_\_\_\_\_

The applicant is proposing to:

Renovate a vacant building     Renovate an occupied building     Build new construction     Use as is

### Person Completing Application

Full name:	Affiliation with applicant:
Mailing address:	Entity Name:
Attorney license number, if applicable:	Telephone / fax:
CPA license number, if applicable:	Email address:

**What License Type is Applicant Applying for?**

*( M = Medical Marihuana Establishment / R = Recreational Marihuana Establishment)*

# of M	# of R	License Type	Application Fee Per License	Annual Fee Per License	Description of License
		Grower, Class A	\$5,000.00	\$5,000.00	Grower license for 500 medical plants or 100 recreational plants.
		Grower, Class B	\$5,000.00	\$5,000.00	Grower license for 1,000 medical plants or 500 recreational plants.
		Grower, Class C	\$5,000.00	\$5,000.00	Grower license for 1,500 medical plants or 2,000 recreational plants.
		Processor	\$5,000.00	\$5,000.00	License to extract oils from the plant to transfer to a retailer, grower or another processor.
		Provisioning Center / Retail establishment	\$5,000.00	\$5,000.00	License to sell marihuana to a qualified patient and/or a person 21 years of age or older.
		Safety Compliance Facility	\$5,000.00	\$5,000.00	Testing for purity and contaminants of marihuana from a grower, processor, or a registered caregiver.
		Secured Transporter	\$5,000.00	\$5,000.00	License to store and transport marihuana and associated money between establishments.
		Microbusiness	\$5,000.00	\$5,000.00	License to grow up to 150 plants, process, and retail marihuana to persons 21 years of age and older.

- Does the applicant have a pre-qualification from the Marihuana Regulatory Agency for all license types being applied for in the City of Hazel Park? Yes  No
- Does this application also include the equivalent license type? Yes  No
- Does this application include stacked Class C licenses? Yes  No
- Does this application include co-located licenses? Yes  No

What are the proposed hours of operation?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Open:</b>							
<b>Close:</b>							

**Attachment A  
Entity Documents**

Entity formation documents must be attached as Attachment A for each license type requested. Date of issuance and/or expiration must be clearly identified.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Operating agreement   | <input type="checkbox"/> Bylaws/shareholder agreement           | <input type="checkbox"/> Partnership agreement        |
| <input type="checkbox"/> Shareholder agreement | <input type="checkbox"/> Articles of Organization/Incorporation | <input type="checkbox"/> Certificate of good standing |
| <input type="checkbox"/> Organizational Chart* | <input type="checkbox"/> Assumed name registration document(s)  |   |

\*Organizational chart must include position descriptions and the anticipated number of employees.

**Attachment B  
State Application Status**

Has the entity been granted any of the following? If so, attach as Attachment B. Date of issuance and/or expiration must be clearly identified.

- |   |  |
|---|--|
| <input type="checkbox"/> Pre-Qualification approval under the MMFLA | <input type="checkbox"/> Licensure under MMFLA |
| <input type="checkbox"/> Pre-Qualification approval under the MRTMA | <input type="checkbox"/> Licensure under MRTMA |

\*For retail delivery services to consumer(s), include the entity's authorization from the state to deliver to the consumer, and the number of delivery drivers/vehicles.

**Attachment C**  
**Distance to the Nearest School**

What is the address of nearest school? Provide an aerial map indicating the distance from proposed entity location and nearest Hazel Park Community K-12 School as Attachment C.

**Attachment D**  
**Property Ownership**

Is the location applicant/entity owned or leased?  Owned  Leased  
 If the applicant/entity owns the property, attach documentation evidencing proof of ownership of the entire premises wherein the marihuana establishment is to be operated as Attachment D. If the applicant is not the owner of the proposed licensed premises, the applicant must provide a copy of the Hazel Park landlord license for the proposed location and a signed and notarized statement from the owner of such property authorizing the use of the property for a marihuana establishment. The applicant shall provide, as applicable, as proof of ownership or of a landlord tenant relationship: a copy of any deed, lease, or binding real estate interest reflecting the right of the applicant to possess, or an option reflecting the applicant's right to purchase or lease the proposed premises, and clearly mark as Attachment D.

**Attachment E**  
**Owner(s)/Applicant(s) Information**

All owner(s)/applicant(s) must provide a copy of the front and back of their state issued driver's license or state identification as Attachment E. If more than seven owners exist, additional owners shall be listed on an attachment clearly marked as "Attachment to Attachment E".

List all parties having ownership of the entity. Include any and all alias(es) used in the most recent five years.

Provide complete information for each applicant/owner as requested below.

Owner #1	Full Legal Name:			Email:	
	Alias:				
	Address:		Cellphone:	Title:	Percentage:
Owner #2	Full Legal Name:			Email:	
	Alias:				
	Address:		Cellphone:	Title:	Percentage:
Owner #3	Full Legal Name:			Email:	
	Alias:				
	Address:		Cellphone:	Title:	Percentage:
Owner #4	Full Legal Name:			Email:	
	Alias:				
	Address:		Cellphone:	Title:	Percentage:
Owner #5	Full Legal Name:			Email:	
	Alias:				
	Address:		Cellphone:	Title:	Percentage:
Owner #6	Full Legal Name:			Email:	
	Alias:				
	Address:		Cellphone:	Title:	Percentage:
Owner #7	Full Legal Name:			Email:	
	Alias:				
	Address:		Cellphone:	Title:	Percentage:

**Attachment F**

**Previous Business Experience**

All owner(s)/applicant(s) of the entity shall provide its/his/her business occupation or employment for the most recent three (3) years immediately preceding the date of this application. Attach as Attachment F.

**Attachment G**

**Marihuana Operations**

List all marihuana operations owned or operated by any of the applicants. For any marihuana businesses owned, provide a summary of the businesses profit and loss for the most recent three (3) years. Attach same and clearly mark as "Attachment to Attachment G". Check if none

Name:	Address:	
Dates of operation:	To:	From:
Name:	Address:	
Dates of operation:	To:	From:
Name:	Address:	
Dates of operation:	To:	From:
Name:	Address:	
Dates of operation:	To:	From:
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Dates of operation:	To:	From:
Name:	Address:	
Dates of operation:	To:	From:
Name:	Address:	
Dates of operation:	To:	From:
Name:	Address:	
Dates of operation:	To:	From:

**Attachment H**

**Regulatory History**

Have any of the owner(s)/applicant(s) ever had a regulatory license suspended or revoked by a federal, state, or local authority? Yes  No

If yes, provide explanation and accompanying documents and clearly mark as Attachment H.

**Attachment I**  
**Other Hazel Park Properties**

Do any of the owner(s)/applicant(s) currently own or lease any real property in the City of Hazel Park?  
 Yes  No

If yes, complete the information below. For additional properties provide and clearly mark as "Attachment to Attachment I".

Commercial Property - Owned <input type="checkbox"/> Leased <input type="checkbox"/> Residential Property - Owned <input type="checkbox"/> Leased <input type="checkbox"/>	Address:	
Dates of operation:	To:	From:
Commercial Property - Owned <input type="checkbox"/> Leased <input type="checkbox"/> Residential Property - Owned <input type="checkbox"/> Leased <input type="checkbox"/>	Address:	
Dates of operation:	To:	From:
Commercial Property - Owned <input type="checkbox"/> Leased <input type="checkbox"/> Residential Property - Owned <input type="checkbox"/> Leased <input type="checkbox"/>	Address:	
Dates of operation:	To:	From:
Commercial Property - Owned <input type="checkbox"/> Leased <input type="checkbox"/> Residential Property - Owned <input type="checkbox"/> Leased <input type="checkbox"/>	Address:	
Dates of operation:	To:	From:
Commercial Property - Owned <input type="checkbox"/> Leased <input type="checkbox"/> Residential Property - Owned <input type="checkbox"/> Leased <input type="checkbox"/>	Address:	
Dates of operation:	To:	From:
Commercial Property - Owned <input type="checkbox"/> Leased <input type="checkbox"/> Residential Property - Owned <input type="checkbox"/> Leased <input type="checkbox"/>	Address:	
Dates of operation:	To:	From:

**Attachment J**  
**Tax Delinquency**

Have the owner(s)/applicant(s) ever had filed against or have been served with a complaint or other notice filed with any public body regarding delinquency in the payment of or a dispute over the filings concerning the payment of any tax required under federal, state, or local law? Yes  No

If yes, provide explanation and accompanying documents and clearly mark as Attachment J.

**Attachment K**  
**Code Compliance History**

Have any of the owner(s)/applicant(s) ever had any code violations issued for any property located in the city of Hazel Park? Yes  No

If yes, provide explanation and accompanying documents and clearly mark as Attachment K.

**Attachment L**  
**Insurance**

Attach as Attachment L the following:

- 1) Quote prepared by an insurance provider for liability and casualty damage insurance in an amount of at least one million (\$1,000,000) dollars, covering the marihuana establishment and naming the city as an additional insured party, available for the payment of any damages arising out of an act or omission of the applicant or its stakeholders, agents, employees, or subcontractors.
- 2) A quote from security company(s) for the services provided to the proposed location(s).
  - a. Must contain specific details for each piece of proposed security equipment.
- 3) A quote for the Knox Box service or similar service for the proposed location(s).

If applicant is awarded a city operating license, the licensee is responsible for providing the city clerk with a proof of execution as provided in Attachment L items 1); 2); and 3) no later than 30 days after the date of licensure.

**Attachment M**  
**Bankruptcy**

Have any of the owner(s)/applicant(s) filed for bankruptcy, personally or for a business they owned/controlled, in the most recent seven years?      Yes     No

If yes, provide explanation and accompanying documents and clearly mark as Attachment M.

**Attachment N**  
**Capitalization**

Provide an explanation and documentation regarding capitalization and means to operate the proposed establishment including, but not limited to, the source(s) of entity's capitalization to build, operate, and maintain the proposed operation; and a copy of the certified public accountant attested letter, if applicable, for licensure of a medical marihuana establishment as Attachment N.

**Attachment O**  
**Criminal History**

Have any owner(s)/applicant(s) ever been arrested, criminally charged, criminally convicted, or criminally adjudicated?      Yes     No

If yes, provide explanation and accompanying documents and clearly mark as Attachment O.

**Attachment P**  
**Regulatory Compliance**

Do any of the owner(s)/applicant(s) have any history of noncompliance with federal, state, or local regulatory requirements in any jurisdiction?      Yes     No

If yes, provide explanation and accompanying documents and clearly mark as Attachment P.

**Attachment Q**  
**Litigation**

At the time of this application, are any of the owner(s)/applicant(s) a defendant in any litigation involving its business or business practices?      Yes     No

If yes, provide explanation and accompanying documents and clearly mark as Attachment Q.

**Attachment R**  
**Chemical Storage**

Is the applicant applying for a grower or processor license?    Yes     No

If yes, specify in detail how the cultivation and/or processing of marihuana will be done (e.g., techniques, utilities, disposal of byproducts, etc.). A security and floor plan for indoor storage of chemicals must be provided for grower and processor applicants. Attach and clearly mark as Attachment R.

**Attachment S**  
**Neighborhood Compatibility**

Provide as Attachment S, explanation and accompanying documents describing the neighborhood compatibility plan in detail including, but not limited to, the following:

- 1) Consideration of the effects of the proposed operation on nearby properties including, but not limited to, anticipated traffic flow, total number of patrons per day, aesthetics of the building, and building capacity.
  - a. The City may require professional studies to be provided and paid for by the applicant should the proposed establishment require further examination on the impact of the public's health, safety, or welfare. Such professional evaluations include, but are not limited to, traffic, engineering, surveyor, environmental, safety, etc.
- 2) Non-marihuana related business(es) applicant plans to open and operate within the city of Hazel Park.
- 3) Total capital investment to be invested, e.g. renovations to the property and surrounding area, equipment, fixtures, and other related items.
- 4) If the proposed location is vacant, the number of years the property has been vacant.
- 5) Proximity to surrounding establishments.
- 6) Environmentally friendly design.
- 7) Improvements to landscaping, parking, lighting, and surrounding area.

**Attachment T**  
**Community Involvement**

Describe in detail past and/or present and proposed community involvement including, but not limited to, charitable contributions, volunteer work, and financial benefits to the City of Hazel Park as Attachment T.

**Attachment U**  
**Establishment/Business Plan**

Provide as Attachment U, the business plan for the proposed marihuana establishment. Pursuant to the city's commercial marihuana ordinance, the following plans shall be included in the requested business plan:

- 1) Waste disposal plan including, but not limited to, chemical and plant disposal.
- 2) Security plan.
- 3) Sanitation plan including, but not limited to, measures taken to protect from marihuana being ingested by any person or animal, indication of how the waste will be stored and disposed of, and how marihuana will be rendered unusable for proper disposal.
- 4) Odor mitigation plan identifying all equipment and methods that will be utilized to prevent the impact to adjacent areas, including assurances that no odor will be detected from outside the permitted premise.
- 5) Marihuana business experience for the past three (3) years, the history of performance, and profit and loss statements for each marihuana business

**Attachment V**  
**Bond Commitment**

Commitment to provide a bond pursuant to Title 5, Chapter 5.04.050 (E), City of Hazel Park Municipal Code, which reads as follows:

Each establishment shall be bonded to guarantee that all accounting and taxes are paid in full, according to the law, and that the establishment will perform in accordance with all federal, state, and local government standards.

By signing this application, I, \_\_\_\_\_, the Applicant, declare that this application and all attachments are true, correct, and complete to the best of my knowledge.

Completed applications must be submitted, in their entirety, to the city clerk's office.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

*\*All applicants disclosed within this application are required to sign or initial each this page of this application where required; print additional pages as needed.*



## CITY OF HAZEL PARK MARIHUANA CITY OPERATING LICENSE APPLICATION CHECKLIST

City of Hazel Park  
111 E. Nine Mile Rd.  
Hazel Park, MI 48030

- |  |   |
|--|---|
| A. <input type="checkbox"/> Entity formation documents     | O. <input type="checkbox"/> Criminal history                          |
| B. <input type="checkbox"/> State application status       | P. <input type="checkbox"/> Regulatory compliance                     |
| C. <input type="checkbox"/> Distance to nearest school map | Q. <input type="checkbox"/> Litigation                                |
| D. <input type="checkbox"/> Property ownership             | R. <input type="checkbox"/> Chemical Storage (grower/processor only)  |
| E. <input type="checkbox"/> Owner/applicant information    | S. <input type="checkbox"/> Neighborhood compatibility                |
| F. <input type="checkbox"/> Previous business experience   | T. <input type="checkbox"/> Community involvement                     |
| G. <input type="checkbox"/> Marihuana operations           | U. <input type="checkbox"/> Establishment/business plan               |
| H. <input type="checkbox"/> Regulatory history             | V. <input type="checkbox"/> Bond commitment                           |
| I. <input type="checkbox"/> Other Hazel Park properties    | Additional items:   |
| J. <input type="checkbox"/> Tax delinquency                | • <input type="checkbox"/> Site plans, including proposed signage     |
| K. <input type="checkbox"/> Code compliance history        | • <input type="checkbox"/> Receipt showing city application fees paid |
| L. <input type="checkbox"/> Insurance                      | • <input type="checkbox"/> Business license application               |
| M. <input type="checkbox"/> Bankruptcy                     | • <input type="checkbox"/> Signed acknowledgement (1 total)           |
| N. <input type="checkbox"/> Capitalization                 | • <input type="checkbox"/> Signed and notarized attachments (8 total) |

The completed application must be submitted to the city clerk's office (single-sided pages) and shall include, but is not limited to, requested materials and attachments, each applicant's signature on the application, attestations, and having the attestations notarized, and by initialing each acknowledgement.

Attestations and acknowledgements are provided at the end of this application. All acknowledgements and attestations are required to be completed and signed by each owner/applicant and submitted, as provided by the City of Hazel Park, unaltered. Altered acknowledgements or attestations will be rejected.

The City of Hazel Park will not provide substantive advice, legal or otherwise, on any of its ordinances or items required for a marihuana city operating license application or any other application requested herein.

**Pending Medical Marihuana applicants: If an applicant's medical marihuana establishment license is pending, the applicant is not required to submit another fee for a medical marihuana application. This does not mean pending applicants will receive any additional consideration or preferential standing during this process. If they apply for a recreational marihuana establishment license, the pending applicant must pay all the requisite fees.**

Notice of common code violations:

- If the property is leased, the property owner must have a landlord license issued by the City of Hazel Park (HPMC 5.42).
- Sidewalks must be cleared of snow and ice within 24 hours (HPMC 12.04).
- Property defaced by graffiti must be restored to its original condition within 48 hours (IPMC 302.9; HPMC 15.44).
- Grass and weeds must always be maintained and compliant (HPMC 8.48).
- Solid waste regulation and disposal must be followed at all times (HPMC 8.29).





**INSTRUCTIONS FOR SUBMISSION OF A MARIHUANA CITY OPERATING  
LICENSE APPLICATION, SITE PLANS, AND OTHER REQUIREMENTS**

1. One (1) printed application with original signatures and initials of the applicant(s); and one (1) flash drive containing a scanned copy of the application containing signatures and initials of the applicant(s). Both shall be provided in a manner where the materials provided are sealed and labeled only with the address of the proposed operation. A full application shall include this application for a city operating license and all the additional items required and listed below.
2. Copy of the receipt from the treasurer's office showing all applicable fees have been paid.
  - a. Application fee, \$5,000.00 per license.
  - b. Annual fee, \$5,000.00 per license.
3. Additional applications required:
  - a. Site plans. See Section 17.60.080 of the zoning ordinance for specific requirements.
    - i. One full set of to-scale site plans shall be submitted in paper form with the application for a city operating license. Additionally, the site plans shall also be provided electronically and included on the flash drive provided. The electronic renderings provided shall be formatted to the size of a standard sheet of paper, 8½" x 11" and not larger.
    - ii. In addition to the requirements set forth in Section 17.60.080, the following is required to be provided with the site plan(s):
      1. Detailed floor plan.
      2. Proposed signage including graphical images and text. Approved city operating license applicants shall be required to submit a signage application.
      3. Scale diagram illustrating property upon which marihuana establishment is to be operated include available parking spaces and designate handicapped accessible spaces.
      4. Security plan containing comprehensive diagram including, but not limited to, lighting, alarms, barriers, recording/monitoring devices, and security guard location(s) proposed for establishment and premises.
      5. Proposed exterior lighting must include a photometric lighting plan.
      6. Security plan must contain specification details of each piece of security equipment.
      7. Security plan must include location and number of security cameras located on interior and exterior premises. At a minimum, security cameras must capture all entry and exit doors, public counters, and parking lots.
    - iii. Provide the site plans in a separately sealed package labeled with the application type enclosed and address of the proposed location.
    - iv. If the applicant received a conditional or full medical marihuana approval for licensure and received previous administrative approval of the applicant's site/building plans, the applicant is not required to submit a plan unless the applicant is proposing substantive changes to the plan.
    - v. If an applicant applied previously and submitted a plan but has not received any medical marihuana approval, the applicant is not required to submit a site plan for a medical or recreational license unless the applicant is proposing substantive changes to the plan.
  - b. Business license application:
    - i. Marihuana business licenses are only valid for one year.
- All renewal applications are required to be submitted forty-five (45) days prior to the expiration date of the current city operating license.



# CITY OF HAZEL PARK APPLICANT ACKNOWLEDGMENTS FOR A MARIHUANA CITY OPERATING LICENSE

City of Hazel Park  
111 E. Nine Mile Rd.  
Hazel Park, MI 48030

(Use **BLUE** ink ONLY)

All applicants identified and disclosed within this application for a city operating license and/or for a renewal application are required to initial and/or sign all acknowledgments and attestations as provided by the City of Hazel Park, unaltered.

I, the Applicant, \_\_\_\_\_, declare that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge familiarity with the City of Hazel Park’s Municipal Ordinances and hereby represent that I have knowledge of the contents in relation to the conduct of said business. Further, I acknowledge and agree to the following:

- Applications submitted with altered acknowledgments and/or attestations shall not be reviewed. Should any applicant refuse to sign or initial the document(s) as provided by the City of Hazel Park, it will result in a denial for a city operating license. *Initial:* \_\_\_\_\_
- An applicant shall not utilize a City of Hazel Park employee for notary services related to this application: *Initial:* \_\_\_\_\_
- I make no reliance on anything stated by City of Hazel Park employees with regard to the completeness of this application or any other communications not provided in writing. *Initial:* \_\_\_\_\_
- All applicants must submit a completed application and certify under oath that the information contained therein is true and accurate. *Initial:* \_\_\_\_\_
- Amendments or supplementary information shall not be accepted after the applicant has submitted their application for a city operating license unless requested by the City of Hazel Park. *Initial:* \_\_\_\_\_
- Failure to provide a complete application including its attachments, attestations, signatures, notarizations, initials, and/or the required fees may result in a denial of the application and/or renewal application. *Initial:* \_\_\_\_\_
- Compliance with the application requirements and/or zoning approval does not guarantee a city operating license for any proposed establishment. *Initial:* \_\_\_\_\_
- No refund of any sums of money paid to the City of Hazel Park as a result of this application will be refunded to the applicant. *Initial:* \_\_\_\_\_
- Applicant acknowledges and understands that they will be held to all the property maintenance standards and requirements contained within the City of Hazel Park’s Municipal Code. *Initial:* \_\_\_\_\_
- Applicant acknowledges that the failure to provide the information and documentation required by this application may result in the denial of this application. *Initial:* \_\_\_\_\_
- Applicant understands that a city operating license may be revoked if the application for a marihuana establishment’s certificate of compliance is denied or revoked by the Building Official. *Initial:* \_\_\_\_\_

**FOR RENEWALS:**

- All licensees applying for a renewal of their city operating license must supplement this application with updated information, if applicable, and/or upon request, at any time, by the City of Hazel Park. *Initial:* \_\_\_\_\_

**Applicant’s Signature:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**CITY OF HAZEL PARK**

**ATTACHMENT 1**

**APPLICATION FOR A MARIHUANA CITY OPERATING LICENSE**

**STATE OF MICHIGAN ENTITY/INDIVIDUAL PREQUALIFICATION  
MATERIALS AND INFORMATION DISCLOSURE**

(Use **BLUE** ink **ONLY**)

I, as the applicant submitting this application, acknowledge that if applicant is selected as a finalist for a city operating license, the applicant may then be required to produce a copy of all Michigan entity/individual prequalification application materials and any and all information pertaining to the State of Michigan supplemental application prequalification submitted to the State of Michigan.

I, as the applicant submitting this application, hereby certify that the City of Hazel Park is authorized to receive and review any and all information pertaining to the State of Michigan entity/individual prequalification materials and any and all information pertaining to the State of Michigan supplemental application prequalification submitted by applicant to the State of Michigan.

I understand that by signing this authorization, a verification of my State of Michigan entity/individual prequalification materials and State of Michigan Supplemental Application Prequalification materials, submitted to the State of Michigan, will be performed. I authorize the State of Michigan to surrender to the City of Hazel Park a complete and accurate record of any and all entity/individual prequalification and supplemental application prequalification materials, information, investigations, reports, results or records related to me for the purposes of this application. I authorize the City of Hazel Park to obtain, receive, review, copy, discuss, and use any such information or documents relating to me. I authorize the release of this type of information, even though such information may be designated "exempt from disclosure under the freedom of information act", "confidential", or "nonpublic" under the provisions of state or federal laws.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_  
(applicant name) (date)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_, Acting in the County of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**CITY OF HAZEL PARK**  
**ATTACHMENT 2 – ATTESTATION A**  
**APPLICATION FOR A MARIHUANA CITY OPERATING LICENSE**

**APPLICANT’S ACKNOWLEDGMENT, AGREEMENT, AND CONSENT**

(Use **BLUE** ink **ONLY**)

I, \_\_\_\_\_, (applicant) hereby acknowledge that the City of Hazel Park (city) may require applicant to submit supplemental materials in order to carry out its statutory and ordinance duties. The applicant hereby agrees to submit such supplemental materials as may be requested by the City of Hazel Park in a timely manner.

I hereby acknowledge that the operation of a licensed marihuana establishment is a revocable privilege and not a right, in conformance with applicable state law. Nothing in the city’s ordinance or the City of Hazel Park application for a marihuana city operating license, its exhibits, attachments, and attestations, are/is to be construed to grant a property right for an individual or business entity/individual to engage in the use, distribution, cultivation, production, possession, transportation, or sale of marihuana as a commercial enterprise. Any business entity or individual which purports to have engaged in such activities either prior to or after the enactment of Hazel Park Municipal Code 5.04 without obtaining the required authorization is deemed to be an illegally established use and is not entitled to legal nonconforming status. Nothing in the city’s ordinance or the City of Hazel Park application for a marihuana city operating license, its exhibits, attachments, and attestations, are/is to be held or construed to grant a vested right, license, permit, or privilege to marihuana operations within the City of Hazel Park.

I acknowledge that, as the applicant, I have the responsibility to prove that I am eligible, suitable, and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information requested in this form, and expressly waive any claim for damages as a result thereof. Information not initially requested or additional information may be requested by the city.

I consent to inspections, searches, and seizures as provided in state law, MCL 333.27401 of the Michigan Medical Marihuana Facilities Licensing Act and MCL 333.27957 of the Michigan Regulation and Taxation of Marihuana Act (MCL 333.27951 et seq.); the marihuana administrative rules, and city ordinances to disclose to the city and its agents of otherwise confidential records, including tax records, held by any federal, state, or local agency, credit bureau, or financial institution, while applying for or holding a marihuana city operating license. This consent is authorization to review and inspect tax records administered under the Michigan Revenue Act, 1941 PA 122.

I declare under the penalties of perjury that the information set forth in the application for a marihuana city operating license, its exhibits, attachments, and attestations is/are true and complete to the best of my knowledge. I acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Michigan Marihuana Laws and the City of Hazel Park Ordinances. I agree to provide any additional information requested by the City of Hazel Park related to my application.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Applicant Printed Name

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_  
(applicant name) (date)

\_\_\_\_\_  
Notary Public Signature Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_, Acting in the County of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**CITY OF HAZEL PARK**

**City of Hazel Park**  
111 E. Nine Mile Rd.  
Hazel Park, MI 48030

**ATTACHMENT 3 – ATTESTATION B**

**APPLICATION FOR A MARIHUANA CITY OPERATING LICENSE**

**APPLICANT’S AUTHORIZATION TO RELEASE INFORMATION**

(Use **BLUE** ink **ONLY**)

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial, and other such institutions, governmental agencies federal, state, and local, without exception, both foreign and domestic:

On behalf of: \_\_\_\_\_  
(Name of Entity) (Name & Title of Person Authorized to Execute This Release)

I authorize the City of Hazel Park (city) and its agents to conduct a full investigation into the background and activities of the applicant for purposes of determining the applicant’s eligibility for a marihuana city operating license.

I understand that by signing this authorization a financial record check may be performed. I authorize any financial institution to surrender to the City of Hazel Park a complete and accurate record of such transactions that may have occurred with that institution including, but not limited to, internal banking memoranda, past and present loan applications, financial statements, and any other documents relating to my personal or entity financial records in whatever form and wherever located. I authorize my employers to release any employment information required to validate my financial history. I understand that the financial record check will include a credit history examination and that my credit report, credit history, and credit capacity information will be obtained.

I understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize my representative state taxing agency to surrender to the City of Hazel Park a complete and accurate record of any and all tax information or records relating to me for the purposes of this application. I authorize the City of Hazel Park to obtain, receive, review, copy, discuss, and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as “exempt from disclosure under the freedom of information act”, “confidential”, or “nonpublic” under the provisions of federal, state, or local laws.

I understand that by signing this authorization, a criminal history check may be performed. I authorize the City of Hazel Park to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located for purposes of completing this application. I understand that the criminal history record files may contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and the sentence was discharged pursuant to law. I authorize the release of this type of information even though this record may be designated as “exempt from disclosure under the freedom of information act”, “confidential”, or “nonpublic” under the provisions of federal, state, or local laws.

Therefore, you are hereby authorized to release any and all information pertaining to this applicant, documentary or otherwise, as requested by any employee or agent of the City of Hazel Park, provided that he or she certifies to you that said entity has an application pending before the City of Hazel Park or that said entity is a licensee or other person required to be qualified under the provisions of the Michigan Medical Marihuana Act, MCL 333.26421 et seq., the Michigan Marihuana Facilities Licensing Act, MCL 333.27401 et seq., the Michigan Regulation and Taxation of Marihuana Act, MCL 333.27951 et seq., and City Ordinance.

This authorization shall supersede and revoke any prior request or authorization to the contrary and shall be in effect during the pendency of this application. A photocopy of this authorization will be considered as effective and valid as the original. A facsimile copy shall be considered as effective and valid as the original.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Applicant Printed Name

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_  
(applicant name) (date)

\_\_\_\_\_  
Notary Public Signature Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_, Acting in the County of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**CITY OF HAZEL PARK**  
**ATTACHMENT 4 – ATTESTATION C**  
**APPLICATION FOR A MARIHUANA CITY OPERATING LICENSE**

**APPLICANT’S VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE**

(Use **BLUE** ink **ONLY**)

1. I am the individual responsible for submitting this application and have full authority to execute this affidavit of full disclosure.
2. I authorize \_\_\_\_\_ to be the contact person to the City of Hazel Park for the purposes of this licensure application.
3. I swear (or affirm) that the information contained in this application packet is true, complete, and accurate to the best of my knowledge and belief.
4. Except as reported in this application packet, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee, or otherwise any interest in this application.
5. Except as reported in this application packet, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as including, but without limitation, a finder’s fee or commission to any person or entity related to the interest of this application.
6. I understand that failure to provide true, complete, and accurate answers and information in this application packet will result in a denial of the application and no refunds of any sums paid to the City of Hazel Park as a result of this application packet will be refunded.
7. I understand that failure to fully complete the application packet, or if applicant makes any changes to the application packet documents, will result in a denial of the application and no refunds of any sums paid to the City of Hazel Park as a result of this application packet will be refunded.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_  
(applicant name) (date)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_, Acting in the County of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**CITY OF HAZEL PARK**  
**ATTACHMENT 5 – ATTESTATION D**  
**APPLICATION FOR A MARIHUANA CITY OPERATING LICENSE**

**ACKNOWLEDGMENT OF FEDERAL LAW AND RELEASE OF LIABILITY**  
**(Use BLUE ink ONLY)**

I, \_\_\_\_\_, (applicant) being first duly sworn upon oath or affirmation and does hereby acknowledge and agree that:

The Federal Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. § 801 et seq. regulates marihuana as a Schedule I controlled substance for which there is “no currently accepted medical use in treatment in the United States.” 21 U.S.C. § 812(b)(1)(B). Although the State of Michigan has recognized and authorized the licensing of marihuana establishments and use of marihuana for certain persons pursuant to the Michigan Medical Marihuana Facilities Licensing Act, MCL 333.26421 et seq., and the Michigan Regulation and Taxation of Marihuana Act, MCL 333.27951 et seq. Further, the state has provided for a statewide monitoring system pursuant to the Marihuana Tracking Act, MCL 333.27901 et seq., these state authorized activities remain prohibited by federal law.

I understand that a Michigan or city operating license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.

I understand that choosing to file an application for a marihuana city operating license and, if issued, choosing to establish and operate a marihuana establishment pursuant to that license, is done so at my own risk.

By my signature and attestation to this form, I hereby completely release and forever discharge the City of Hazel Park, and its respective employees, agents, attorneys, facilities, insurers, indemnnors, successors, heirs and/or assigns from any and all past, present, or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract, or other theory of recovery which I may now have, or which may hereafter accrue or otherwise be acquired, on account of or any way arise out of my application for a marihuana city operating license and, if issued, a city operating license, my operation of a marihuana establishment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

Subscribed and sworn to by \_\_\_\_\_  
(applicant name)

before me on \_\_\_\_\_  
(date)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_, Acting in the County of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**CITY OF HAZEL PARK**  
**ATTACHMENT 6 – ATTESTATION E**  
**APPLICATION FOR A MARIHUANA CITY OPERATING LICENSE**

**COVENANT NOT TO SUE**  
**(Use BLUE ink ONLY)**

I, \_\_\_\_\_, (applicant) being first duly sworn upon oath or affirmation and does hereby acknowledge and agree that:

I understand that granting of a city operating license to operate a marihuana establishment is a privilege and not a right and does not confer upon the applicant any business expectation or any other possible cause of action if I am denied a city operating license by the City of Hazel Park.

I understand and agree that the City of Hazel Park will be reviewing and granting city operating license(s) to applicant(s) based on a competitive process and I understand and agree that by choosing to submit an application to the City of Hazel Park for a city operating license to operate a marihuana establishment that it is done so at my own cost, risk, and peril and that the City of Hazel Park shall have no liability whatsoever if I am not granted a city operating license for any reason.

The applicant, myself, and any subsidiaries, affiliates, officers, directors, shareholders, managers, members, successors, and assigns forever covenant and agree not to sue or bring any action in law, or in equity, including, but not limited to, an action in any court, forum, tribunal or arbitration proceeding whether by original process or demand, counterclaim, cross-claim, third-party process, impleader, claim for indemnity or contribution or otherwise against the City of Hazel Park, its respective employees, agents, attorneys, facilities, insurers, indemnors, successors, heirs and/or assigns, arising from, referring to, relating to, or in connection with this application or the City of Hazel Park Municipal Code regarding marihuana facilities.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_  
(applicant name) (date)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_, Acting in the County of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_





City of Hazel Park  
111 E. Nine Mile Rd.  
Hazel Park, MI 48030

**CITY OF HAZEL PARK**  
**ATTACHMENT 7- ATTESTATION F**  
**APPLICATION FOR A MARIHUANA CITY OPERATING LICENSE**

**INDEMNIFICATION, DEFEND AND HOLD HARMLESS**  
(Use **BLUE** ink **ONLY**)

I, \_\_\_\_\_, (applicant) being first duly sworn upon oath or affirmation and does hereby acknowledge and agree that:

The applicant, myself, and any subsidiaries, affiliates, officers, directors, shareholders, managers, members, successors, and assigns agree, at our own expense, that we shall protect, defend, indemnify and hold harmless the City of Hazel Park, its council, officers, administrators, employees, attorneys, agents, affiliates, successors and assigns, from all claims, damages (including, but not limited to, direct, indirect, incidental, consequential, special and punitive damages), costs, lawsuits, and expenses including, but not limited to, all costs from administrative proceedings, court costs, and attorney fees, that they may incur as a result of any acts, omissions or negligence of applicant, myself, and any subsidiaries, affiliates, officers, directors, shareholders, managers, members, successors, and assigns which may arise out of the operation of a marihuana establishment in the City of Hazel Park.

In the event any suit, proceeding, claim, loss, damage, charge, or expense shall be brought against the City of Hazel Park, its council, officers, administrators, employees, attorneys, agents, affiliates, successors and assigns by virtue of the above-referenced activity, the applicant, myself, and any subsidiaries, affiliates, officers, directors, shareholders, managers, members, successors, and assigns hereby covenants and agrees to assume the defense therefore and defend the same at its own expense and pay all costs, charges, attorney fees, and any other expenses thereto.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_  
(applicant name) (date)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_, Acting in the County of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**CITY OF HAZEL PARK**  
**ATTACHMENT 8 – ATTESTATION G**  
**APPLICATION FOR A MARIHUANA CITY OPERATING LICENSE**

**APPLICANT’S AGREEMENT AND COVENANT TO FULFILL**  
**(Use BLUE ink ONLY)**

I, \_\_\_\_\_, (applicant) hereby acknowledge that I have made representations in this application pertaining to my proposed use and activities at the location and in the City of Hazel Park (City).

I swear (or affirm) that the representations and information contained in this application pertaining to my proposed use and activities at the location and in the City of Hazel Park, are true, complete, and accurate to the best of my knowledge and belief and that I have full authority to make these representations.

The applicant agrees, at its own expense, that if it is granted a city operating license to operate a marihuana establishment in the City of Hazel Park, that it shall fulfill and satisfy any and all representations and information contained in this application regarding the proposed use and activities at the location and in the City of Hazel Park. The applicant agrees that these representations constitute: (1) a clear and definite promise; (2) that these promises are expected to induce reliance by the City of Hazel Park and that the City of Hazel Park is relying on the promises in awarding a city operating license; and (3) that injustice can be avoided only by enforcing the promises. Any approval for a city operating license to operate a marihuana establishment by the City of Hazel Park shall be conditioned upon fulfillment of these representations and information contained in the application packet.

The applicant agrees that if it refuses, neglects, or otherwise fails to fulfill or satisfy any of the representations or information contained in this application regarding the proposed use and activities at the location and in the City of Hazel Park, that the City of Hazel Park shall have the right to suspend or revoke the city operating license.

Further, I swear (or affirm) that any or all future or presently Hazel Park owned properties are not and will not be in default to the city for tax obligations or any other kind of debt owed to the City of Hazel Park, on the proposed location or any other Hazel Park property(ies) owned by the applicant.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_  
(applicant name) (date)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_, Acting in the County of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_