



# City of Leslie Medical Marihuana Facility Permit Part B

To be submitted for final MMF License after obtaining final MMF License from the State of Michigan  
Pursuant to Chapters 19 & 98.278 Leslie, MI Code of Ordinances

**Original applications must be submitted by mail or in person by the Applicant, their State Licensed Attorney or Authorized**

## Business Information

Business Name:

Address:

City:

State:

ZIP Code:

Phone:

Business E-mail:

Business Website:

## Name & Location of Facility

Facility Name:

Address:

## Applicant Information (person principally in charge of operation of business)

Name:

Title:

Maiden Name or Aliases:

Home Address:

City:

State:

Zip Code:

DOB:

Michigan ID/Driver's License #:

Primary Contact #:

Email Address:

Secondary Contact #:

## Type of Facility

Check all that apply

Grower:

Class A (500 plants) x \_\_\_\_\_ # of licenses

Safety Compliance

Class B (1,000 plants) x \_\_\_\_\_ # of licenses

Secure Transporter

Class C (1,500 plants) x \_\_\_\_\_ # of licenses

Processor:

Method(s) of Extraction:

## Property Owner of Record Information (all owners)

If additional owners, include on separate page

Name:

Address:

Facility Name:

Facility Address:

## Authorization and Preferences

I prefer all Correspondence and/or Permits be sent by: \_\_\_\_\_ Postal Mail \_\_\_\_\_ Email

Email or Mailing Address:

Does any person other than the applicant(s) named in this application have authority to discuss this permit application with City staff? \_\_\_\_\_ Yes \_\_\_\_\_ No If "Yes" complete the following:

Name:

Affiliation with Applicant:

Address:

City:

State:

Zip Code:

Phone:

Email:

Attorney License No: (if applicable):

Is this person the main contact for all purposes pertaining to this permit application? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Attach an additional sheet if there are more authorized contacts to list**

Facility Name:		Facility Address:	
<b>Inspections:</b>			
Is this facility currently open under an AUME License? ____ Yes ____ No If yes, what are the operating hours?			
Who is the contact person to schedule inspections?			
Name:		Phone:	
<b>Ownership Type</b>			
<input type="checkbox"/> Individual/Sole Proprietor Sole <input type="checkbox"/> Member LLC <input type="checkbox"/> LLC		<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Type: _____ <input type="checkbox"/> Other (specify)	
<b>A. Complete this section if you marked Individual/Sole Proprietor or Sole Member LLC</b>			
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Michigan Driver's License #:			Date of Birth:
<b>B. Complete this section if you marked LLC, Partnership, Corporation or Other</b>			
Official Business Name:			
Business Address:			
City:	State:	ZIP Code:	
E-mail:	Phone:		
Michigan Corporate/LLC ID #	Date of Incorporation/Qualification:		
<b>C. Complete this section if you marked LLC, Partnership, Corporation or Other</b>			
<b>List all Owners, Partners or Corporate Officers (Stakeholders)</b>			
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
<b>Business Facility Management Information</b>			
<b>List all Managers of the Facility</b>			
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
<b>Attach an additional sheet if there are more facility managers to list</b>			

Facility Name:

Facility Address:

**Additional Documents Required for Final Medical Marihuana Facility Permit**

In order for this application to be complete, you must also submit the following documents:

- \_\_\_\_\_ **Complete Financial Information Request for each applicant, stakeholders and facility managers listed on the application**
- \_\_\_\_\_ **Complete Criminal History Disclosure and Background Record Authorization for each applicant, stakeholders and facility managers listed on the application**
- \_\_\_\_\_ **Completed List of Employees**
  - a. **Copy of valid Driver's License or photo ID for each employee listed must be submitted**
- \_\_\_\_\_ **Certificate of Occupancy for the premises**
- \_\_\_\_\_ **Copy of the State of Michigan Marihuana Establishment Operating License**
- \_\_\_\_\_ **Copy of a Valid Photo ID or Driver's License for the applicant, all business owners and managers of the facility**
- \_\_\_\_\_ **Proof of payment of any outstanding taxes, utilities, liens, etc., as determined by the City Treasurer (if applicable)**
- \_\_\_\_\_ **Evidence of valid and effective insurance policies signed by a qualified insurance agent,**
  - a. **Worker's compensation insurance in accordance with Michigan statutory limits and Employers Liability Insurance with a minimum limit of \$100,000.00 for each accident for any employee**
  - b. **Public liability and personal injury insurance with minimum limits of \$500,000.00 for each occurrence with respect to bodily injury liability and property damage liability, or both combined.**

*Documentation must explicitly state the following: (a) the policy number; (b) name of insurance company; (c) name and address of the agent or authorized representative; (d) name and address of insured; (e) location of coverage; (f) policy expiration dates; (g) specific coverage amounts (h) City must be listed as a Certificate Holder and must include an endorsement placed on each policy requiring 10 days' notice by mail to the City before the insurer may cancel the policy for any reason*
- \_\_\_\_\_ **Copy of executed property Deed and/or lease which indicates use of site for subject permit**

Term: One (1) year from date of issuance.

Please submit your completed application, all additional required documents and required fees to:

City of Leslie  
City Clerk's Office  
602 W. Bellevue  
Leslie, MI 49251

If you have any questions please contact the Leslie Clerk's Office at (517) 589-8236 or via email at [clerk@cityofleslie.org](mailto:clerk@cityofleslie.org).

**\*Applications will expire and be administratively closed if the application process has not been completed within 12 months from the date of application submittal.**

**The City will not accept copied or electronic signatures and/or initials. Any application that is missing original signatures or initials on all required forms will be considered incomplete and will be rejected.**

**The Applicant is responsible for being sufficiently familiar with and having a working knowledge of the ordinance requirements. Copies of Chapters 19 & 98.278 are available on the City of Leslie website at [www.cityofleslie.org](http://www.cityofleslie.org).**

I hereby certify that the information provided above is accurate to the best of my knowledge. I agree to operate the aforementioned business in compliance with the guidelines established pursuant to Chapters 19 & 98.278 of the Codified Ordinances of Leslie, Michigan. In addition, I agree to cooperate with the investigator/inspector assigned to screening this application.

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



CITY OF LESLIE  
**Marihuana Facility**  
**Financial Information Request**

Pursuant to Chapters 19 & 98.278 Leslie, MI Code of Ordinances

A separate form for each individual listed on the permit application is required, including applicant, stakeholders and facility managers.

**Marihuana Facility Business Information**

Name of Company:

Federal Employer ID Number:

Business Address:

Parcel Property ID:

City:

State:

Zip:

Personal Property ID:

Phone:

Business Website:

Business Email contact:

**Applicant Information**

Name of Applicant:

Title:

Address:

City:

State:

Zip Code:

Social Security Number:

Date of Birth:

Michigan ID/Driver's License Number:

Years of Residency:

Do you, or this business, owe the City of Battle Creek money for any reason?

☐ Yes

☐ No

If yes, please explain:

Name of any other City of Battle Creek area businesses or properties in which your ownership participation exceeds 25%:

Please submit this completed form to: City of Leslie  
City Clerk's Office  
602 W. Bellevue  
Leslie, MI 49251

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**The Applicant is responsible for being sufficiently familiar with and having a working knowledge of the ordinance requirements. A copy of Chapters 19 and 98.278 is available on the City of Leslie website at [www.cityofleslie.org](http://www.cityofleslie.org).**

I hereby certify that the information provided above is accurate to the best of my knowledge. I agree to operate the aforementioned business in compliance with the guidelines established pursuant to Chapters 19 & 98.278 of the Codified Ordinances of Leslie, Michigan and all applicable ordinances, statutes, regulations, and laws. In addition, I agree to cooperate with the investigator/inspector assigned to screening this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**City Treasurer**

☐

Approved

☐

Denied

Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

**Income Tax**

☐

Approved

☐

Denied

Signature: \_\_\_\_\_

Comments: \_\_\_\_\_



# Marihuana Facility List of Employees

As part of the permit process, each person employed by the permit holder must be reported. The permit holder shall report new employees to the City of Leslie within seven (7) business days. A copy of valid picture identification for each employee listed must be submitted with this form.

**Non-Refundable Fee for Each Employee Added after Annual Permit is issued: \$20.00**

Business Information			
Business Name:			
Facility Name:			
Facility Address:			
City:		State:	ZIP Code:
Contact Number:		Email Address:	
Employee Information			
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:	Race:	
Contact Number:	_____ Male _____ Female		
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:	Race:	
Contact Number:	_____ Male _____ Female		
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:	Race:	
Contact Number:	_____ Male _____ Female		
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:	Race:	
Contact Number:	_____ Male _____ Female		
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:	Race:	
Contact Number:	_____ Male _____ Female		
Name:			
Alias or Any Other Last Name(s) Used:			
Address:			
City:		State:	ZIP Code:
Date of Birth:	DL/State ID #:	Race:	
Contact Number:	_____ Male _____ Female		
<b>Attach an additional sheet if there are more employees to list</b>			