



Process to Apply for a City of Leslie Marihuana Facility and Establishment Permit

1. APPLY FOR AND RECEIVE PRE-QUALIFICATION APPROVAL FROM THE STATE OF MICHIGAN
2. APPLY FOR CITY MMF or AUME PERMIT – MMF or AUME Permit Application – Part A
 - A. Applicant shall submit a completed application and fee (including stamped site pick list, if applicable) to the Clerk's Office.
 - B. The City has up to ten (10 business days to review submitted documentation. If approved by all departments, a Conditional Approval MMF or AUME Permit is issued by the Clerk's Office.
3. APPLY FOR AND RECEIVE SITE PLAN REVIEW APPROVAL and BUILDING/TRADE PERMITS. Once a Conditional Permit is issued, the applicant has 90 days to submit for approval of site plan review and building/trade (including police and fire alarm) plans. ¹
4. CONSTRUCTION – After approval of site plan and permits, applicant shall commence with construction for facility, following required inspection process throughout construction.
5. CERTIFICATE OF OCCUPANY - After construction is complete, request and receive Certificate of Occupancy from the City Inspections Department.
6. APPLY FOR AND RECEIVE STATE OPERATING LICENSE FROM THE STATE OF MICHIGAN
7. APPLY FOR FINAL CITY MMF or AUME PERMIT
 - A. To apply for final MMF or AUME Permit, the applicant shall submit to the Clerk's Office:
 - i. Completed MMF or AUME Permit Application Packet– Part B
 - ii. Copy of the State operating license
 - B. State approved premises securities plan
 - C. Proof of insurance – Liability and Worker's Compensation
 - D. Executed property Deed and/or lease which indicates use of site for subject permit
 - E. Completed list of employees
 - F. Copy of valid Driver's License or photo ID for each employee listed
8. The City will review items submitted for final approval, including perform any final inspections required.
9. If approved, the final Marihuana Facility and/or Adult Use Establishment Permit will be issued by the Clerk's Office.
10. FACILITY MAY OPEN AND START OPERATIONS

*If application for site plan approval and local permits as outlined above were made but are not obtained within 90 days, the Conditional Approval Permit shall expire and a new permit application shall be submitted pursuant to chapters 19 and/or 98.278

Extensions may be approved by the City Clerk based on substantial work having been completed as determined by the City and at the request of the applicant 30 days prior to the expiration of the Conditional Approval Permit.

If no site plan or building plans have been submitted for permits within the 90 days, the Conditional Approval Permit expires, and an applicant will be required to wait 30 days before submitting a new application.



CITY OF LESLIE

PLANNING and ZONING

Marihuana Facility - Zoning Assurance Letter

By **initialing** each section and signing below, I acknowledge the following to be true:

_____ I have reviewed and understand applicable zoning regulations pertaining to the permitted uses, locations, and restrictions for marihuana facilities in the city of Leslie, and that if the property identified with this application does not meet said regulations, the application will be denied.

_____ I understand that approval of a Conditional Marihuana Facility Permit only provides zoning approval regarding the location of the proposed facility as it relates to the type of facility, zoning district, and buffer requirements outlined in the zoning ordinance.

_____ I understand that the property is subject to other regulations of the zoning ordinance, and any use, occupancy, and/or development of a property will need to be in compliance with all regulations of the zoning ordinance and Business Park Covenants.

_____ I understand that if I receive conditional permit approval, I may proceed with site plan review, building permit applications and plans, and that until such time, the City will not provide an in depth review of the proposed facility as it relates to a specific property. I acknowledge that my project may be denied for failure to comply with all zoning regulations or the inability to come into compliance. Further, the conditional permit may expire if complete Site Plan Application and Building permits are not submitted at least 10 business days before the 90-day conditional deadline date.

_____ I understand that any approval obtained for this Marihuana Facilities Application is for requirements and/or ordinances set forth by the City of Leslie only and does not imply approval for any private deed covenants, conditions, and restrictions (CCRs). I acknowledge that it is my responsibility to review the property deed and/or any real estate disclosures to determine if any deed restrictions apply to the subject property and to comply with any and all restrictions that may exist.

Facility Name and Address

Signature of Applicant

Date

602 W. BELLEVUE ST.

LESLIE

MICHIGAN 49251

PHONE (517) 589-8236

FAX (517) 878-6868

WWW.CITYOFLESLIE.ORG



City of Leslie

Adult Use Marihuana Establishment Permit

Part A

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

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

Business Information

Business Name:

Address:

City:

State:

ZIP Code:

Phone:

Business E-mail:

Business Website:

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 (\$5,000.00 per license type Non Refundable)

Check all that apply

Grower:

Class A (100 plants) x _____ # of licenses

Safety Compliance

Class B (500 plants) x _____ # of licenses

Class C (2,000 plants) x _____ # of licenses

Processor:

Method(s) of Extraction:

Excess Grower:

List Required Licenses:

Name & Location of Proposed Facility

☐ Owned

☐ Leased

Facility Name:

Real Property ID #:

Address:

Personal Property ID #:

Does the applicant/entity currently hold an active Medical Marihuana Facility Permit at this address? ____ Yes ____ No
If yes, complete A. If no, skip to B.

A.

MMF State Facility License Number:

Expiration Date:

Does the applicant plan to operate with equivalent licenses at this location? (Adult Use and Medical) ____ Yes ____ No
If yes, are all employees over the age of 21? ____ Yes ____ No If no, modifications must be made to completely partition the medical marijuana facility from the proposed adult-use establishment (you must check yes below for modifications).

Does the applicant plan to cancel their Medical Marihuana Facility Permit and operate as an Adult Use Establishment **only**? ____ Yes ____ No If yes, MMF permit holder must also complete the Withdrawal/Cancellation form to surrender their MMF Permit with the AUME Part B application.

Will any modifications be made to the subject property? ____ Yes ____ No If yes, the applicant will need to contact the Planning Department and the Inspections Division to apply for and seek Site Plan Review and Building/Trade permit approvals. Continue to the next section – "Property Owner of Record Information"

B.

Has the subject property ever been used as a marihuana facility? ____ Yes ____ No ____ Do not know

Is this application part of a transfer of ownership? ____ Yes ____ No If yes, you must include an Intent to Transfer letter from the current license holder (seller).

Will any modifications be made to the subject property? ____ Yes ____ No If yes, contact the Planning Department and the Inspections Division to apply for and seek Site Plan Review and Building/Trade permit approvals.

Facility Name:		Facility Address:	
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			
Ownership Type			
<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) _____	
A. Complete this section if you marked Individual/Sole Proprietor or Sole Member LLC			
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Michigan Driver's License #:			Date of Birth:
B. Complete this section if you marked LLC, Partnership, Corporation or Other			
Official Business Name:			
Business Address:			
City:		State:	ZIP Code:
E-mail:		Phone:	
Michigan Corporate/LLC ID #		Date of Incorporation/Qualification:	
C. Complete this section if you marked LLC, Partnership, Corporation or Other			
List all Owners, Partners or Corporate Officers (Stakeholders)			
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:	
Attach an additional sheet if there are more Owners, Partners or Corporate Officers to list			

Facility Name:		Facility Address:	
D. Business Facility Management Information			
List all Managers of the Facility			
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:	
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:	
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:	
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:	
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:	
Name:		Title:	
Maiden Name or Aliases:		Home Address:	
City:	State:	Zip Code:	Phone:
Business Email:		Personal Email:	
Attach an additional sheet if there are more facility managers to list			

Facility Name:

Facility Address:

Additional Documents Required

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 manager listed on the application
- _____ Complete Criminal History Disclosure and Background Record Authorization for each applicant, stakeholder and facility manager listed on the application
- _____ Complete Zoning Assurance Letter
- _____ State of Michigan Licensing and Regulatory Affairs Department's Prequalification Letter
- _____ Copy of a Valid Photo ID or Driver's License for the applicant, all business owners and managers of the facility
- _____ Proof of applicant's ownership or legal possession of the premises
- _____ Property Owner Consent Form (If not the legal owner of the property at time of application)
- _____ Entity Information
 - ☐ Official Registration Document (e.g., Articles of Incorporation)
 - ☐ Copy of Bylaws, Operating Agreement or Other Governing Documents
 - ☐ Copy of Organizational Structure (if applicable)
 - ☐ Authorizing Resolution (if applicable)
 - ☐ Certificate of Assumed Name (if applicable)
- _____ Payment of the non-refundable application fee of \$5,000 per facility license type
- _____ Withdrawal/Cancellation form (if applicable)
- _____ Intent to Transfer letter (if applicable)

Term: One (1) year: January 1 – December 31

NON-REFUNDABLE fee: \$5,000.00 per facility license type (Cash, Credit or Cashier's Check made payable to the City of Leslie only. The City will not accept personal checks and additional fees may apply for credit cards)

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.

***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.

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 Chapter 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

Adult Use Marihuana Establishment Financial Information Request

Pursuant to Chapter 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.

Adult Use Establishment 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 Leslie money for any reason?

☐ Yes

☐ No

If yes, please explain:

Name of any other City of Leslie 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

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

The Applicant is responsible for being sufficiently familiar with and having a working knowledge of the ordinance requirements. A copy of Chapter 19 is available on the City of Leslie website at 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

☐ Approved

☐ Denied

Signature: _____

City Treasurer

Comments: _____



CITY OF LESLIE

CITY CLERK

PROPERTY OWNER CONSENT FORM

I, _____, declare under penalty of perjury that:

1. For the property listed below, I am (choose one) ____ the record title owner or ____ a representative of a trust or business entity named _____ that owns the property and I have been duly authorized to represent such trust or business entity for purposes of executing this document. (must provide supporting documentation)

Physical Address of Property

2. I, or the trust or business entity I represent, am aware that the applicant _____ is in the process of applying to the City of Leslie for a business permit to operate a marihuana facility on the property described above in conformance with all the provisions of Chapters 19 and 98.278 of the Codified Ordinances of Leslie, Michigan.
3. If such application is granted, I will allow the applicant to engage in the operation of the applied for marihuana business on the property.
4. I, or the trust or business entity I represent, understand that, as the owner of the parcel of the proposed marihuana business, I am required to sign this agreement in order for the applicant's application to go forward and understand that I may be liable under local, state, or federal law for the marihuana activities I am allowing on my property.

Property Owner Signature

Date

Acknowledged by _____ before me on the _____ day of _____, 20_____

Signature _____ Printed name _____

Notary public, State of Michigan, County of _____

My commission expires _____

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PHONE (517) 589-8236

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