



City of Norway

P.O. Box 99 • 915 Main St., Norway, Michigan 49870 - Ph. 906 563-9961 - Fax 906 563-7502 – norwaymi.gov

EXHIBIT B **APPLICATION FOR MEDICAL MARIHUANA FACILITY PERMIT**

Please send to:

City Clerk's Office
P.O Box 99
915 Main Street
Norway, MI 49870

Date Submitted: _____

Permit # _____

Please return completed application with a separate non-refundable \$1,500.00 application fee and non-refundable annual fee in the amount of \$5,000.00 for each facility/establishment being requested.

- Processor
 Secure Transporter
 Provisioning Center
 Safety Compliance Facility

- Note: Check only one box per application. One application is required for each facility at one location, regardless of whether the applicant is applying for a State license under the MMFLA, MRTMA or both.

FACILITY NAME & LOCATION	Business Name: Address: _____ City: _____ Zip: _____ Website: _____ Phone #: _____ Email address: _____ Real Property Id No: _____ Will any modifications be made to the subject property? Yes ___ No ___ If yes, please contact the building inspector to apply for and seek a site plane review and any applicable permit approvals
PROPERTY OWNER(S)	Name: _____ Address: _____ City: _____ Zip: _____ Phone #: _____ Email address: _____ If additional property owners, attach a separate sheet listing all owners and information as noted above.
FACILITY OWNER(S)	Name: _____ Address: _____ City: _____ Zip: _____ Website: _____

APPLICANT INFORMATION	Phone #: _____ Email address: _____ Michigan ID/Driver's License No: _____ If additional property owners, attach a separate sheet listing all owners and information as noted above Name: _____ Address: _____ City: _____ Zip: _____ Website: _____ Phone #: _____ Email address: _____ Michigan ID/Driver's License No: _____
	Authorization and Preferences
	I prefer all correspondence be sent by: Mail _____ Email: _____ Email or Mailing Address: _____
	Does any other person other than the applicant(s) named in this application have authority to discuss this permit application with City staff and/or City representatives? Yes _____ No _____ If "yes", attach additional pages providing "Applicant Information" for each authorized contact

FACILITY or BUSINESS MANAGER(S)	Name: _____
	Address _____ City _____
	Zip _____ Email address: _____
	Are there additional managers? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, attach a separate sheet listing this information for each additional person.

FELONY CONVICTIONS
Each person named on the application (i.e. facility owners including all names associated with a corporation, managers, and property owners) must fill out the following statement. Please duplicate this sheet and attach one copy for each person named on the application.
Name _____
Have you ever been convicted of a felony involving controlled substances as defined under the Michigan public health code, MCL 333.1101, et seq, the federal law, or the law of any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the date and the conviction (s) and the law(s) under which you were convicted?
Have you ever been convicted of any other type of felony under the law of Michigan, the United States, or another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the date of the conviction(s) and the law(s) under which you were convicted?

I hereby certify that the felony conviction information provided is true and correct.

Signature: _____ Date: _____

Print Name of Signature and Title: _____

SECURITY MEASURES

Have the required security measures required under Article 3 of the Norway Marihuana ordinance been installed?

Yes No

If no, what is the anticipated date of installation: _____

PROOF OF CONTROL PREMISES

Proof of the applicant's ownership or legal possession of the premises (such as deed, lease, or other legally binding document) is attached.

Yes No

ZONING

The facility's Zoning Compliance Permit for Marijuana Facilities is attached. Yes No

CERTIFICATE OF OCCUPANCY

The facility's Certificate of Occupancy is attached. Yes No

Attachments Required at time of Application:

- ____ Complete financial information for each applicant, stakeholders, and facility managers listed on the application
- ____ Complete criminal history disclosure and background record for each applicant, stakeholder, and facility manager listed on the application
- ____ Complete Zoning Assurance letter or Permit
- ____ State of Michigan Licensing and Regulatory Affairs Department's prequalification letter or copy of issued license
- ____ Copy of 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
- ____ Entity information
 - ____ Official Registration Document, e.g.: Articles of Incorporation/Organization
 - ____ Copy of Bylaws, Operating Agreement or other governing documents
 - ____ Copy of Organizational Chart
 - ____ Authorizing Resolution
 - ____ Certificate of Good Standing/Status
 - ____ Certificate of Assumed name, if applicable
 - ____ Payment of the non-refundable application fee of \$5,000.00 per facility license type

Term: One (1) year: January 1-December 31. Non-Refundable fee: \$5,000.00 per facility license type in cash or certified funds payable to the City of Norway only. The City will not accept personal checks.

Submit completed application and fees to: City of Norway, 915 Main Street, P.O. Box 99, Norway, MI 49870

Applications will expire and be administratively closed if the application process has not been completed within 120 days from the date of application submittal.

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 rejected.

The Applicant is responsible for being sufficiently familiar with and having a working knowledge of the ordinance requirements. Copies of the ordinance are available on the City of Norway website.

I hereby certify that I have the authority to sign this Application on behalf of _____ (the "Facility"). I have read all of the above answers and they are true and correct. The Applicant/Facility agrees to comply with all terms and conditions of a permit as it may be issued. I have read and understand Article 15 of the City of Norway Marihuana Establishments Ordinance 443, titled "City Liability and Indemnification" and by submission and signing of said application hereby agree to adoption of its terms as stated, and hereby agree to indemnify and hold the City of Norway, its officials, agents, employees, and representatives harmless from any action arising out of City's implementation, enforcement, authorization, or issuance of licenses pursuant to Ordinance 443.

Signature: _____ Date: _____

Print Name of Signature and Title: _____

Business Name: _____

OFFICE USE ONLY

POLICE

Notes: _____

Recommendation: _____ Date: _____

FIRE

Notes: _____

Recommendation: _____ Date: _____

ATTORNEY

Notes: _____

Recommendation: _____ Date: _____

CITY ADMINISTRATOR

Notes: _____

Recommendation: _____ Date: _____

CLERK

Permit Expiration Date: _____

Approved by City Clerk's Office: _____

Comments: _____

Copy: Applicant/Planning/City Clerk's Office (retains original)