



APPLICATION FOR A MARIHUANA CITY OPERATING LICENSE

Annual fees to apply shall be made payable to the City of White Cloud.
Non-refundable application fee of \$5,000.00 per license. Applicants who are approved to operate a marihuana establishment shall pay an annual renewal fee of \$5,000.00 per license.

Proposed Entity Information

- Individual Partnership Corporation
 Limited Liability Comp. Trust 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 D.O.B. (Individuals only)
Entity mailing address:	Entity telephone:
Contact Person for Application (print)	Cell phone number: Email:

Proposed Location Information

Address of proposed location:
Zoning Classification:
The applicant is proposing to: <input type="radio"/> Renovate a vacant building <input type="radio"/> Renovate an occupied building <input type="radio"/> Build new

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 Renewal Per License	Description of License
		Secure Transporter	\$5,000.00	\$5,000.00	License to store and transport marihuana and associated money between establishments.
		Safety Compliance Facility	\$5,000.00	\$5,000.00	Testing for purity and contaminants of marihuana from a grower, processor, or registered caregiver.
		Processor	\$5,000.00	\$5,000.00	License to extract oils from the plant to transfer to a retailer, grower or another processor.
		Grower/Cultivation, Class A	\$5,000.00	\$5,000.00	Grower license for 500 medical plants or 500 recreational plants.
		Grower/Cultivation, Class B	\$5,000.00	\$5,000.00	Grower license for 1,000 medical plants or 1,500 recreational plants.
		Grower/Cultivation, Class C	\$5,000.00	\$5,000.00	Grower license for 1,500 medical plants or 2,000 recreational plants.

Does the applicant have a pre-qualification from the Marihuana Regulatory Agency for all license types being applied for in the City of White Cloud? Yes No

What are the proposed hours of operation?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open:							
Close:							

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.

- Operating agreement Bylaws/shareholder agreements Partnership agreement
 Shareholder agreements Articles of Organization/Incorporation
 Organizational Chart* 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.

- Pre-Qualification approval under the MMFLA Licensure under MMFLA
 Pre-Qualification approval under the MRTMA 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 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 marijuana establishment is to be operated as Attachment C. If the applicant is not the owner of the proposed licensed premises, the applicant must provide a signed and notarized statement from the owner of such property authorizing the use of the property for a marijuana 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 C.

Attachment D 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 D. If more than three owners exist, additional owners shall be listed on an attachment clearly marked as “Attachment to Attachment D”.

List all parties having ownership of the entity. Include 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:		Phone:	Title:	Percentage:
Owner #2	Full Legal Name:		Email:	
	Alias:			
Address:		Phone:	Title:	Percentage:
Owner #3	Full Legal Name:		Email:	
	Alias:			
Address:		Phone:	Title:	Percentage:



Attachment E Other City of White Cloud Properties

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

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

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

Attachment F 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?

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

Attachment G 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 G.

Attachment H Marihuana Operations

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

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



Attachment I 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 I.

Attachment J 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

Attachment K 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 K.

Attachment L 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

Attachment M 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

Attachment N 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 White Cloud as Attachment N.

Attachment O Establishment/Business Plan

Provide as Attachment O, the business plan for the proposed marihuana establishment. Include waste disposal plan including, but not limited to

- chemical and plant disposal
- security plan
- 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.
- 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.



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 page of this application where required, print additional pages as needed.