



# City of Menominee

## Marijuana Establishment License

### PRE-APPLICATION QUESTIONNAIRE

**Instructions to Applicants:** If you are applying for a City of Menominee Marijuana Establishment License, this form must be completed prior to filling out the Marijuana Establishment License Application form. The form will not be accepted without this completed pre-application questionnaire.

Establishment Name:

Establishment Location:  
Address, City, State and Zip

Please indicate, by checking YES or NO, if your establishment meets the following criteria. (Note: The License application requires these items to be attached, and all are subject to City review)

- |    |  |     |    |
|----|--|-----|----|
| 1. | Has the business received a Zoning Compliant Permit?                           | Yes | No |
| 2. | Has the business received a Certificate of Occupancy?                          | Yes | No |
| 3. | Does the business have legal possession or ownership of the business location? |     |    |
|    |  | Yes | No |

Signature of Authorized Representative

Printed Name of Authorized Representative

***If all of the above have been answered YES***, the applicant may submit an application for a Marijuana Establishment License. Fill out the City of Menominee license application form. Attach this completed questionnaire to the application and submit with the \$1,500.00 application fee and \$5,000.00 annual fee and all other attachments to the Menominee City Clerk, 2511 10<sup>th</sup> Street, Menominee, MI 49858.

***If any of the above have been answered NO***, the applicant is not eligible to apply for a Marijuana Establishment License. Applicants that are not yet able to meet the minimum criteria will not be considered by the City of Menominee.

If your application is complete, you will receive official confirmation from city staff. Issuance of a license authorizes the operation of the establishment only after submission to the City Clerk of a copy of the state license issued.



## Marijuana Establishment License Application

Please return completed application and the \$1,500.00 application fee and \$5,000.00 annual license fee to:

Date Submitted:

City Clerk  
 City of Menominee, Michigan  
 2511 10<sup>th</sup> Street  
 Menominee, MI 49858

License #:

**New**                      **Renewal** *Applications may be submitted 90 days prior to existing license expiration.*

**Type of License Requested:**

- |                            |                    |                              |
|----------------------------|--------------------|------------------------------|
| Grower                     | Processor          | Provisioning Center/Retailer |
| Safety Compliance Facility | Secure Transporter |                              |

*Note: Check only one box per application. Only one application is required for each type of establishment at one location, regardless of whether the applicant is applying for or has obtained a State license under MMFLA, MRTMA, or both.*

<b>ESTABLISHMENT NAME &amp; LOCATION</b>	Business Name Address Website Phone
<b>PROPERTY OWNER(S)</b>	Name Address Email Phone Are there additional property owners?                      Yes                      No If yes, attach a separate sheet listing this information for each additional owner.
<b>ESTABLISHMENT OWNER(S)</b>	Name Address Email Phone This establishment is owned by: (check one) Me as the individual owner                      Corporation                      LLC Partnership                      Sole Proprietor with an Assumed Name <b>For any other than "me as the individual owner,"</b> attach a separate sheet listing this information for all directors, officers, members, partners, and individuals with a 5% interest or more.

<b>ESTABLISHMENT OR BUSINESS MANAGER(S)</b>	Name	
	Address	
	Email	
	Phone	
	Are there additional managers?	Yes                      No
	If yes, attach a separate sheet listing this information for each additional person.	

<b>Information on Individual Applicant, Stockholder, Member, or Partner</b>
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Name:

Home Address:

City:

State:

Zip Code:

Business Phone:

Cell Phone:

Email:

Have you ever been licensed by the Michigan Cannabis Regulator Agency (CRA) or do you own an interest in any other licenses issued by the MCRA:            Yes                      No If yes, please

provide the name and ownership interest in each business on a separate sheet.

What is your ownership interest in the applicant entity?

<b>Personal Information (Individuals)</b>
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Date of Birth:

Social Security No.

Driver's License No.

Spouse's Full Name if Currently Married:

Spouse's Date of Birth:

Have you ever been found guilty, plead guilty, or pled no contest to a criminal charge or any local ordinance violations:            Yes                      No            If **Yes**, list below (attach additional pages if necessary)

Date

City/State

Charge

Disposition

Has your spouse ever been found guilty, plead guilty, or pled no contest to a criminal charge or any local ordinance violations:            Yes                      No            If **Yes**, list below (attach additional pages if necessary)

Date

City/State

Charge

Disposition

I certify that the information contained in this form is true and accurate to the best of my knowledge and belief. I agree to comply with all requirements of the Michigan Medical Marijuana Facilities Licensing Act and Michigan Regulation and Taxation of Marijuana Act and the code and administrative rules of the Michigan Cannabis Regulatory Agency. I also understand that providing false or fraudulent information is a violation of the City of Menominee, Code and state law.

Print Name

Signature

Date

<b>Personal Information (Individuals)</b>
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**Notice:** The licensee shall comply with all state and local building, plumbing, zoning, sanitation, and health laws, rules, and ordinances as determined by the state and local law enforcement officials who have jurisdiction over the licensee. Approval of this application does not waive any of these requirements. The licensee must obtain all other required state and local licenses, permits, and approvals for this business before using this license on the licensed premises.

I certify that the information contained in this form is true and accurate to the best of my knowledge and belief. I agree to comply with all requirements of the Michigan Cannabis Regulatory Agency and the City of Menominee. I also understand that providing **false** or **fraudulent** information is a violation of state law and the Menominee, Michigan Code.

The person signing this form has demonstrated that they have the authorization to do so and have attached appropriate documentation as proof.

Print Name

Signature

Date

