

**“Marihuana Establishments” License Application**  
**213 S. Marquette Street**  
**Ironwood, MI 49938**  
**www.cityofironwood.org**

**All required documentation must be attached prior to application being submitted.**

Any clarifications to the Application or Rubric, will be sent to the applicant’s email of record. The email of record will be used to request an online application or the one provided when picking up the application in person.

The City of Ironwood has a five (5) step application process. Review the following check list for documents that are required to be included with the application form:

Step 1: Marihuana Establishments Licensing Application (Open for 30 Calendar days)

- Application.
- Attachment A – Rubric Response
- Attachment B – Applicant’s “Acknowledgement of Federal Law & Release of Liability Form”

Step 2: Standards to be met for Conditional Use Hearing and Site Plan Review (15 Calendar days to provide Supplemental information)

In-house review to determine if application is complete and ready for Conditional Use Hearing and Site Plan Review.

Step 3: Conditional Use Hearing and Site Plan Review (90 Calendar days to complete)

Conditional Use Hearing and Site Plan Review held by Planning Commission. Application shall be deemed complete and ready for rubric scoring.

Step 4: Ranking of Applications based on Rubric

City of Ironwood Staff, Planning Commission, and City Commission will rank completed applications based on scoring rubric. Top two applications in each category will advance to step 5.

Step 5: Requirements for issuance of Marihuana Establishments License

- Permits
- Occupancy Permit
- Mechanical Permits
- Plumbing Permits
- Electrical Permits
- Copy of applicant’s valid and current Marihuana Establishment license issued by the State of Michigan
- Copy of State License to be submitted to City, within 10 days after receiving State License
- Conditional Use and/or Site plan approval and/or other necessary approved permits per Chapter 34 (Zoning Ordinance) are required before the City Clerk is permitted to issue a license.
- Complete copy of application for State of Michigan Marihuana Establishment License
- Proof of Insurance as required in Section 37-6(h).
- Compliance with all other sections of Chapter 37, City of Ironwood’s Marihuana Establishments Ordinance

The Zoning Administrator may require a Zoning Board Of Appeals variance.

(Box below completed by City of Ironwood Staff)

Date Received:	Type of Application: <input type="checkbox"/> New Application	Date Fees Paid: _____
Time:	<input type="checkbox"/> Renewal Application	Collected By: _____
Received by:		<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card

**Type of Licenses - check all that apply - All application Fees are non-refundable (Completed by Applicant)**

	License Type	Application Fee Non-Refundable	Description of License
<input type="checkbox"/>	Grower Class A	\$1,500	Grower license for 100 marihuana plants
<input type="checkbox"/>	Grower Class B	\$1,500	Grower license for 500 marihuana plants
<input type="checkbox"/>	Grower Class C	\$1,500	Grower license for 2,000 marihuana plants
<input type="checkbox"/>	Processor	\$1,500	License authorizes purchase of marihuana from grower and sale of infused-products or marihuana to a provisioning center.
<input type="checkbox"/>	Secured Transporter	\$1,500	License authorizes storage and transportation of marihuana and associated money between facilities.
<input type="checkbox"/>	Retailer	\$1,500	Licensee can sell marihuana to individuals who are 21 years of age or older
<input type="checkbox"/>	Microbusiness	\$1,500	Licensee can sell marihuana to individuals who are 21 years of age or older
<input type="checkbox"/>	Safety Compliance Facility	\$1,500	License authorizes the facility to receive marihuana from, test marihuana for, and return marihuana to only a marihuana facility.

**Applicant Information: The following information will be used for the provision of all notices related to this application and any potential permits.**

Applicant Name		
Business Name		
Phone Number	Email Address	
Physical Address (Street No. and Name)		
City	State	Zip Code
Mailing Address (Street No. and Name or P.O. Box)		
City	State	Zip Code

**Entity Information: The following information must be the same as on application to LARA.**

Entity Name		Primary Contact	
Address			
City	State	Zip Code	Entity Email

**Entity Structure**

<input type="checkbox"/> C Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Trust
<input type="checkbox"/> S Corporation	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Individual/ Sole Proprietorship	<input type="checkbox"/> Partnership	

**Entity Prior Names and Addresses**

Provide the following information for each prior name and address of the entity for the past 3 years. If there are no prior addresses, write "N/A". Add additional pages if necessary to this form.

Current Business Name	Address	City, State, Zip	Date Began Use
Prior Business Name	Address	City, State, Zip	Date Use Ceased
Prior Business Name	Address	City, State, Zip	Date Use Ceased

**The following documents for the entity must be included with this application (if applicable):**

- Official business registration document (e.g., certificate of incorporation, operating agreement)
- Copy of bylaws or other governing documents
- Certificate of Good Standing, similar document, or proof of request for such documents from the State of Michigan and/or any other state the applicant operates in
- Certificate of Assumed Name

## Owner and Manager Information

**Provide the following information for all owners, directors, officers and managers of the Entity and the Marihuana Establishment must be provided. If a holding company has ownership interest in the licensed business, list that company and its ownership percentage as well. Each owner, director, officer and manager must complete the Consent for Background Investigation. Attach additional sheets, as necessary.**

Name		Maiden Name or Aliases	
Date of Birth	Driver's License Number*	State Issued	
Home Address		City	State Zip Code
Personal Phone Number	Email Address	Title	% of Ownership

**\* A copy of Driver's License or State issued identification will be required for all owners, directors, officers and managers with this application.**

## Background Information

<input type="checkbox"/> Yes	Have you ever been convicted of a felony?
<input type="checkbox"/> No	If <u>YES</u> , complete the following information; any additional owner or business manager felony information must be provided. Please attach additional sheets as necessary.
Criminal Case #	Statutes Violated
Date(s) of Conviction	Date(s) of imposition of probation and/or parole
Sentencing Court Name	Sentencing Court Address: must include County/State
If you are currently licensed by any governmental agency to engage in any business, list each such License held, the city in which it is held and expiration date thereof. Attach additional sheets as necessary.	
License held	City license held in Expiration Date
License held	City license held in Expiration Date
License held	City license held in Expiration Date
<input type="checkbox"/> Yes	Have you previously operated in any County or City, of the State of Michigan under a
<input type="checkbox"/> No	Medical Marihuana/Marijuana license? (If yes, please attach additional information)
<input type="checkbox"/> Yes	Have any of the previously issued licenses or permits mentioned above been revoked or
<input type="checkbox"/> No	suspended? (If yes, please attach an explanation for revocation/suspension)



Property is located at:	
Building is: <input type="checkbox"/> Owned  <input type="checkbox"/> Leased  <input type="checkbox"/> Purchase Agreement	If owned, list Property Owner Name:
	Date of Purchase:
	If Leased or Purchase Agreement complete the following; also provide copy of signed lease/purchase agreement and a notarized statement from the owner of such property authorizing the use of the property for a Marihuana Establishment.
	Property Owner Name:
	Property Owner Phone Number:      Property Owner Email Address:

**Required Spacing - Growers (Class A, B and C), Processors, Secured Transporters, Retailer, microbusiness and Safety Compliance Facilities**

<input type="checkbox"/> Yes	Is the parcel located within 500 feet of any school or any other buffers as described in Chapter 37-7(q) and Figure 1 of the Marihuana Establishments Ordinance.
<input type="checkbox"/> No	

Please provide all required additional items as attachments to this Application	Office Use Only	
	Provided	Received
Attachment A. Provide detailed description for all applicable criteria in the Marihuana Establishments Application Scoring Rubric. Responses to criteria should be organized in the exact same order as the Scoring Rubric.		
Attachment B. Acknowledgement of Federal Law & Release of Liability		

# Attachment

## A

(Rubric Responses Provided by Applicant. Please address on sections of the Rubric in the order they appear in the application.)

**Attachment B**

**ACKNOWLEDGEMENT OF FEDERAL LAW & RELEASE OF LIABILITY**  
**(To be completed and signed by applicant and/or any professional representative.)**

Do not sign until notary is present

I, \_\_\_\_\_ being first duly sworn upon oath, affirmation or depose hereby acknowledge.

The Federal Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Acts of 1970, 21 U.S.C. § 801 *et seq.*, regulates marijuana as a Schedule I controlled substance, for which there is "no currently accepted medical use in treatment in the United States." 21 U.S.C. § 812(b)(1)(8). Although the State of Michigan has recognized and authorized the use of Adult Use Marihuana pursuant to the Michigan Regulation and Taxation of Marihuana Act, 2018 IL 1, MCL 333.27951 to 333.27967, these state authorized activities remain prohibited by federal law.

I understand that a Michigan Marihuana Establishment license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.

I understand that choosing to file an application for a Marihuana Establishment license and, if issued a license, choosing to establish and operate a Marihuana Establishment pursuant to that license, is done so at my own risk.

I understand that maintaining a valid marihuana facility license by the State of Michigan is a condition for the issuance and maintenance of a Marihuana Establishment License by the City of Ironwood.

By my signature and attestation to this form, I hereby completely release and forever discharge the City of Ironwood and its respective employees, agents, facilities, insurers, indemnnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which I may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of my application for a Marihuana Establishments License and, if issued a license, my operation of a Marihuana Establishment.

I swear that the statements made in this application, including all attachments thereto, are true and free of any material falsehood and misrepresentation.

\_\_\_\_\_  
Applicant/Representative Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Applicant/Representative Printed Name

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(applicant) (date)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

State of \_\_\_\_, County of \_\_\_\_\_, Acting in County of \_\_\_\_\_,  
(county) (state)

My commission expires: \_\_\_\_\_



A Non-Refundable fee of \$1,500.00 per facility type is required at time of application.

Please submit your completed application, all required documents and required fees to:  
City of Ironwood  
213 S. Marquette Street  
Ironwood, MI 49938

If you have any questions, please contact the City of Ironwood Community Development Director Tom Bergman at 906-932-5050 ext 126.

NOTE: By submitting an application you:

1. Agree as a condition of being issued a Marihuana Establishments license to not violate any of the laws of the State of Michigan or the ordinances of the City of Ironwood in conducting the business in which the permit will be used, and acknowledge that a violation of state law or local ordinance on the premises may be cause for objecting to renewal of the permit, or for requesting revocation of the permit.
2. Acknowledge that you understand that the issuance of a Marihuana Establishments license by the City of Ironwood is not intended to grant, nor shall be construed as granting immunity from criminal prosecution for growing, sale, consumption, use, distribution, or possession of marijuana in any form or manner that is not in compliance with the Michigan Regulation and Taxation of Marihuana Act, 2018 IL 1, MCL 333.27951 to 333.27967, and all other applicable rules promulgated by the State of Michigan, or from criminal prosecution or the seizure of property by federal authorities under the Federal Control Substances Act.
3. Acknowledge that you are aware and understand that no Marihuana Establishments license may be transferred, sold, or purchased without making application to and obtaining approval of the City of Ironwood.
4. Acknowledge that you understand that you have a continuing duty to provide the City of Ironwood at all times during the application period and during its operation to immediately provide the City with all material changes in any information submitted on an application and any other changes that may materially affect any State license or its City license.
5. Agree to completely release and forever discharge the City of Ironwood and its respective employees, agents, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of actions, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether bases on a tort, contract or other theory of recovery, which you may now have, or which may hereafter accrue or otherwise by acquired, on account of, or may in any way arise out of your application for a marihuana establishment license and, if issued a permit, your operation of a marihuana establishment.
6. Acknowledge that you understand that the City of Ironwood, its agents, officers and employees cannot provide any legal advice to you regarding your application or interpretation of any City ordinance. Further, the City of Ironwood, its officers, agents and employees are under no obligation to provide information to you with regard to other potential or pending applications and can provide no assurance or guarantee that any particular property within the City will comply with any particular zoning or other ordinance requirements in advance of reviewing all applications.

I have read, understand, acknowledge and agree to the preceding statements:  YES  NO

### **Oath of Applicant**

I declare under penalty of perjury, as set forth in MCL 750.423, that this application and all attachments are true, correct and complete to the best of my knowledge. I acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Michigan Regulation and Taxation of Marihuana Act, 2018 IL 1 and the City of Ironwood Ordinances which govern my license.

Signature		Date
Printed Name	Title	

