



Process to apply for a Village of Quincy Medical Marihuana Facility Permit

Complete applications will be accepted effective Monday, November 15, 2018

1. APPLY FOR AND RECEIVE PRE-QUALIFICATION APPROVAL FROM THE STATE OF MICHIGAN
2. APPLY FOR VILLAGE MMF PERMIT:
 - A. Applicant shall submit a completed application and 25% of total licensing fees to the Village Office.
 - B. The Village has up to ten business days to review submitted documentation. If approved by all departments, a Conditional Approval MMF Permit is issued by the Village.
 - C. Provisioning Center and other licenses where demand exceeds supply, will follow application procedures in Village Medical Marihuana Policy
3. APPLY FOR AND RECEIVE SITE PLAN REVIEW APPROVAL from the Village and BUILDING/TRADE PERMITS from Branch County. Once a Conditional Permit is issued, the applicant has 90 days to submit for approval of site plan review and building/trade (including police & 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 OCCUPANCY - After construction is complete, request and receive Certificate of Occupancy from the County Building Inspection Department.
6. APPLY FOR AND RECEIVE STATE OPERATING LICENSE FROM THE STATE OF MICHIGAN
7. APPLY FOR FINAL VILLAGE MMF PERMIT
 - A. To apply for final MMF Permit, the applicant shall submit to the Clerk's Office:
 - i. Copy of the State operating license
 - ii. Copies of site plan review approval and any building/trade permits
 - iii. State approved premises securities plan.
 - iv. Proof of insurance
 - v. County issued Certificate of Occupancy
 - vi. Balance of licensing fee- 75% of approved amount
 - B. The Village will review items submitted for final approval, including perform any final inspections required.
 - C. If approved, the final Medical Marihuana Facility Permit will be issued by the Village office.
8. FACILITY MAY OPEN AND START OPERATIONS

¹If application for site plan approval and local permits as outlined above were made but are not obtained within 6 months, the Conditional Approval Permit shall expire and a new permit application shall be submitted.

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.

Check and initial any of the following elements you, as applicant, voluntarily will include within the scope of the project. Submit any supplemental documentation to this picklist as required below.

1) Improved Aesthetics

The project includes, provides, or meets any of the following:

APPLICANT INITIAL	APPLICANT √	ELEMENT TO BE INCLUDED IN PROJECT:
		A 25% increase in landscaping beyond the minimum Ch. 1285 landscaping requirement.
		A 3-foot tall decorative fence along edge of parking lot where facing a right-of-way (non-sight obscuring).
		The parking lot is only located behind the building.
		The parking lot is located to the side of the building which is screened from the nearest street by a 3-foot tall evergreen shrub, or sight-obscuring fence or wall. (Screening material must be located to the side of the building.)
		A building exterior that consists, or will consist, of at least 80% brick, stone, stucco, transparent glass, or a combination thereof.
		A façade fronting a street that consists, or will consist, of at least 35% windows.
		The public entrance to the building facing the street(s) consists, or will consist, of at least 35% windows.

2) Increased Energy Efficiency Design/ Operations

The project includes, provides, or meets any of the following:

APPLICANT INITIAL	APPLICANT √	ELEMENT TO BE INCLUDED IN PROJECT:
		Entire building meets or will meet the most current adopted version of the Michigan Energy Code for Commercial buildings.
		Entire building is ENERGY STAR certified and inspected by an ENERGY STAR qualifying person(s). <i>(If this is applicable, then all items marked with an asterisk* below are also applicable.)</i>
		*ENERGY STAR certified water heater or tankless water heater
		*ENERGY STAR certified appliances (oven, refrigerator, freezer)
		*ENERGY STAR certified heating and cooling systems (furnace, air conditioning)
		*ENERGY STAR lighting/fan fixtures
		*ENERGY STAR certified exterior doors
		*ENERGY STAR certified TVs, DVDs, Blu-Ray Players, Phones, Speaker Systems, Computers, etc. associated electronics
		WaterSense labeled lavatory fixtures
		Carbon filter/scrubber for odor control

3) Impacts to City Services (storm water, transportation)

The project includes, provides, or meets any of the following:

APPLICANT INITIAL	APPLICANT √	ELEMENT TO BE INCLUDED IN PROJECT:
		Ability to hold and treat at least 20% more stormwater than the required minimum through raingardens, underground basins, or other methods approved by the City Department of Public Works (DPW).
		A green roof covering at least 50% of the total square feet of the roof area of the principle building, or 2,000 sq ft of roof area, whichever is less. The green roof shall be designed and installed by a qualified entity. A plan(s) for the design, installation, and 2-year maintenance must be submitted with building permit application/plans to fulfill this element.
		A bicycle rack(s) located by the front or main entrance to accommodate at least 4 bicycles.
		The site is located within 200 ft from a transit stop. (Submit transit map.)

4) Increased efficiency of property

The project includes, provides, or meets any of the following:

APPLICANT INITIAL	APPLICANT √	ELEMENT TO BE INCLUDED IN PROJECT:
		The project involves re-using an existing building.
		Re-using or re-occupying a building or portion of a building which has been vacant for at least 1 year. (Submit realtor/ lender data of days listed.)
		Demolition of an existing building and rebuilding on the same lot.

5) Low impact to adjacent property value

The site will or currently meets any of the following:

APPLICANT INITIAL	APPLICANT √	ELEMENT TO BE INCLUDED IN PROJECT:
		Is not abutting a Residential Zoning District. (Submit zoning map.)
		Is not abutting a property with a Residential use. (Submit map and photos.)
		Is located at least 1,000 feet away from a Residential use or Residential Zoning District in the city or surrounding jurisdictions. (Submit map and photos.)
		The main entrance is not facing a Residential Zoning district or residence. (Submit map and photos.)

6) Ownership/ Business Establishment

The applicant has met any of the following at the time of filing the MMF Provisioning Center permit:

APPLICANT INITIAL	APPLICANT	ELEMENT TO BE INCLUDED IN PROJECT:
	√	
		Within the last 10 years, the applicant has at least 5 years being an owner/ co-owner of a retail business anywhere in the State of Michigan. (Submit copy of state business license establishing years.)
		The building or property is owned by the applicant at the time of filing the subject MMF Provisioning Center Permit. (Submit a recorded Deed or similar legal document which affirms ownership by applicant.) <i>Land contracts do not satisfy this item.</i>
		The applicant is currently paying a lease or other legal agreement for use of an existing commercial/ industrial tenant space. (Submit a copy of lease showing a beginning and ending lease/ agreement periods.) <i>Land Contracts do not count toward this.</i>

7) Accessibility

The project includes, provides, or meets any of the following:

APPLICANT INITIAL	APPLICANT	ELEMENT TO BE INCLUDED IN PROJECT:
	√	
		All public entrances provide barrier-free accommodations and complies with current ADA requirements. (Only eligible if compliance is not required due to the existing development conditions*.)
		Building and property provides full compliance with the Americans with Disabilities Act Amendment Act of 2008 (ADAA) meeting ANSI A117.1 [*Meeting this also meets the item above.]

Medical 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 medical marihuana facilities in the Village of Quincy, 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 Medical 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, including but not limited to:

- Height, Yard, Building Coverage, Lot Area and Width Regulations
- Off Street Parking and Loading Requirements
- Landscape Requirements
- Site Plan Review
- Signs
- Medical Marihuana Facilities

_____ 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 Village 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.

Signature of Applicant

Village Manager

Date

Date

Time



Village of Quincy Medical Marijuana Facilities Permit Application

ANNUAL LICENSE APPLICATION FEE: \$5,000.00 per license type (Non-refundable)

Application must be submitted in person

Application:		New	Renewal
Business Information			
Business Name:			
Address:			
City:	State:	ZIP Code:	Phone:
Business E-mail:		Business Website:	
Name & Location of Proposed Facility		Owned	Leased
Facility Name:		Real Property ID #:	
Address:		Personal Property ID #:	
Property Owner Information (all owners)		If additional owners, include on separate page	
Name:			
Address:			
Name:			
Address:			
Type of Facility (\$5,000.00 per license type Non refundable)			Check all that apply
Grower:	Class A (500 plants)		Safety Compliance
	Class B (1,000 plants)		Processor
	Class C (1,500 plants)		Provisioning Center
	Secure Transporter		
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 #:	
Ownership Type			
<input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Sole 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:

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 persons to list

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:	

Attach an additional sheet if there are more persons to list

Additional Documents Required for Conditional Approval (does not authorize use of the facility)

In order for this application to be complete, you must also submit the following documents:

A copy of a Michigan 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.

If not the owner of the property, provide written, notarized consent of the property owner where the facility is proposed to be located to operate a Medical Marihuana facility and lease agreement.

Village-issued signed zoning assurance letter, provided with the MMF Permit application, which affirms the applicant has reviewed all applicable zoning ordinances relative to the proposed use, including Chapter 1299 and all regulations addressing site development, including, but not limited to, parking, setbacks and signage.

Articles of Incorporation, Partnership, Charter or other organizational documents (if applicable).

State of Michigan Licensing and Regulatory Affairs Department verification affirming completeness and accuracy of information and documents as required under the Department's Step 1: Prequalification Document Checklist.

Submittal of Criminal History Disclosure and Background Record Authorization for each person listed on the application.

Payment of the non-refundable application fee of \$5,000.

Term: One (1) year

NON-REFUNDABLE fee: \$5,000.00 per facility type

Please submit your completed application, all additional required documents and required fees to:

Village of Quincy
47 Cole Street
Quincy, MI 49082

If you have any questions please contact the Village Manager's Office at (517) 639-2528 or via email at eric.zuzga@quincy-mi.org.

The Applicant is responsible for being sufficiently familiar with and having a working knowledge of the ordinance requirements. A copy of Ordinances 234 & 235 are available on the Village's website at www.quincy-mi.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 Village Ordinances 234 & 235. In addition, I agree to cooperate with the investigator/inspector assigned to screening this application.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY

Please conduct your review for **Conditional Approval** and forward your recommendations to the Clerk's Office

Chief of Police Approved Denied Signature: _____

Comments: _____

Planning/Zoning Approved Denied Signature: _____

Comments: _____

Treasurer Approved Denied Signature: _____

Comments: _____

Documents Required for Final Approval of Medical Marihuana Facility Permit/License

- Copy of the State Operating License
 - Site Plan Review Approval
 - Building/Trade Permit Approval
 - Certificate of Occupancy
 - State Approved premises security plan
 - Quincy Police Department approval of security plan
 - Treasury Information Request form
 - Evidence of valid and effective insurance policies signed by a qualified insurance agent, as well as a copy of an endorsement placed on each policy requiring 10 days' notice by mail to the city before the insurer may cancel the policy for any reason:
 1. Worker's compensation insurance in accordance with Michigan statutory limits and Employers Liability Insurance with a minimum limit of \$100,000.00 for each accident for any employee
 2. Public liability and personal injury insurance with minimum limits of \$500,000.00 for each occurrence with respect to bodily injury liability and property damage liability, or both combined.
- Documentation must explicitly state the following: (a) the policy number; (b) name of insurance company; (c) name and address of the agent or authorized representative; (d) name and address of insured; (e) location of coverage; (f) policy expiration dates; and (g) specific coverage amounts*

FOR OFFICE USE ONLY

Please conduct your review for Final Approval and forward your recommendations to the Clerk's Office

Chief of Police	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Signature: _____
Comments: _____			
Planning/Zoning	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Signature: _____
Comments: _____			
Treasurer	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Signature: _____
Comments: _____			
Inspections	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Signature: _____
Comments: _____			
Fire Department	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Signature: _____
Comments: _____			



VILLAGE OF QUINCY
**Medical Marihuana Facilities
 Financial Information Request**

Pursuant to Ordinances 234 & 235.

Medical Marihuana Facility 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 Village of Quincy money for any reason? Yes No				
If yes, please explain:				
Name of any other Village of Quincy area businesses in which your ownership participation exceeds 25%:				
<p>Please submit this completed form to: Village of Quincy 47 Cole Street Quincy, MI 49082</p> <p>If you have any questions please contact the Village Clerk/Treasurer at (517) 639-2531 or via email at trzecka@quincy-mi.org. The Applicant is responsible for being sufficiently familiar with and having a working knowledge of the ordinance requirements. A copy of Ordinances 234 & 235 are available on the Village of Quincy's website at www.quincy-mi.org.</p> <p>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 Village Ordinances 234 & 235, and all applicable ordinances, statutes, regulations, and laws. In addition, I agree to cooperate with the investigator/inspector assigned to screening this application.</p> <p>Applicant's Signature: _____ Date: _____</p>				
FOR OFFICE USE ONLY				
<p>Treasurer ~ Approved ~ Denied Signature: _____</p> <p>Comments: _____</p>				

VILLAGE OF QUINCY



Medical Marihuana Facilities Criminal History Disclosure and Background Record Authorization

As part of the Licensing Process, each person listed on the MMF permit application must complete this form and submit with a copy of Michigan ID or Driver's License. All questions on this form must be answered completely and truthfully. Incomplete or omitted information may result in application delay or denial.

A separate form for each individual listed on the MMF Permit application is required, including applicant, stakeholders and facility managers.

Full Name:

Maiden Name or Aliases:

Michigan ID or Driver's License Number:

Home Address:

City:

State:

Zip:

Phone:

Date of Birth:

Gender:

Race:

I, _____, authorize the release of any and all information from any appropriate agency regarding my criminal conviction history to the Village of Quincy Clerk's Office or Village of Quincy Police Department. I understand that my ethnicity, date of birth, sex and age will not be made a part of my application and that none of these four (4) items will be considered in the review of my permit application.

I acknowledge that a complete background investigation, including, but not limited to, a State Police Criminal conviction Record Check will be done. In addition, I agree to cooperate with the investigator/inspector assigned to screening this application.

I further understand that the Village of Quincy Clerk's Office has the right to deny my permit based upon the results of this investigation.

Signature: _____ Date: _____

1. Has the applicant ever been arrested, charged, indicted or imprisoned for 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? Yes No

2. Has the applicant ever been arrested, charged, indicted or imprisoned for any other type of felony under the law of Michigan, the United States, or any other state? Yes No

If you answered Yes to either or both of the above questions, the applicant must complete the following section.

Offense: Arrest/Charge Indictment/Conviction	Date	Arresting Agency	Name & Location of Court	Case Caption	Case/Docket Number	Disposition

Date of Conviction	Law under which the person was convicted	SID Number

I hereby certify that the information provided above is accurate to the best of my knowledge

Signature: _____ Date: _____

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Chief of Police Approved Denied Signature: _____

Comments: _____



Application Narrative

The following items will be used to rate each application for the provisioning center licenses and any other license type that has a higher demand than the supply approved by the Village. Please attach this narrative to the application when submitting it to the Village. Applicants should provide information on each of the categories. Failure to respond to a section will cause the application to receive 0 points for that section.

Rating System

When reviewing plans and applications the Village shall consider each applicant's submission and rate the plans and applications on a 0 to 5 score (0 does not comply and 5 meaning exceeds compliance requirements) considering the factors as provided in Section VI and the following

1. Capitalization
2. Originality of building design and meeting applicable design standards set forth herein.
3. Landscape Plan
4. Lighting Plan
5. Adherence to all requirements set forth in this document and each
6. Waste disposal
7. Parking lot layout
8. Interior Design
9. Designation of alternate uses for property (building)
10. Community Involvement
11. Business History with Quincy
12. Business History of Applicant
13. Stacking of other licenses
14. Economic Impact to Village

Factors Considered When Granting a License

1. The integrity, moral character, and reputation; personal and business probity; financial ability and experience; and responsibility or means to operate or maintain a marihuana facility of the applicant.
2. The financial ability of the applicant to purchase and maintain adequate liability and casualty insurance.
3. The sources and total amount of the applicant's capitalization to operate and maintain the proposed marijuana facility.
4. Whether the applicant has been indicted for, charged with, arrested for, or convicted of, pled guilty or nolo contendere to, forfeited bail concerning, or had expunged any relevant criminal offense under the laws of any jurisdiction, either felony or misdemeanor, not including traffic violations, regardless of whether the offense has been expunged, pardoned, or reversed on appeal or otherwise.
5. Whether the applicant has filed, or had filed against it, a proceeding for bankruptcy within the past 7 years.
6. Whether the applicant has been served with a complaint or other notice filed with any public body regarding payment of any tax required under federal, state, or local law that has been delinquent for 1 or more years.

47 Cole St

Quincy

Michigan

49082

517.639.9065

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7. Whether the applicant has a history of noncompliance with any regulatory requirements in this state or any other jurisdiction.
8. Whether at the time of application the applicant is a defendant in litigation involving its business practices.
9. The security proposed for the Facility or grow operation, and safety compliance plan.
10. Neighborhood compatibility plan.
11. The applicant's business plan, considering the applicant's business experience within the past ten years, history of performance and profit and loss statements for each business.
12. Community involvement, including, but not limited to, charitable contributions and involvement.
13. Consideration of the effects of the proposed facility and/or growing operation on neighboring properties.
14. Economic impact to the Village in terms of property taxes and application fees derived from each site.

