

# MEDICAL MARIHUANA LICENSE APPLICATION for GROWING by PATIENTS



City of Muskegon Planning Department  
Mike Franzak, Planning Director  
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933 Terrace St, Muskegon, MI 49440  
Office (231)724-6982 Fax (231)724-6790  
[www.shorelinecity.com](http://www.shorelinecity.com)

Safebuilt Inspections  
933 Terrace Street, Muskegon, MI 49440  
Office (231)724-6715

**All required information must be submitted at the time of application. Attach additional pages when necessary.**

**\$100 – Initial License – Non-Refundable**  
**\$100 – Annual Renewal Fee – Non-Refundable**

**Type of Application – Circle One:**

- A - Medical Marihuana Home Cultivation Operation
- B – Medical Marihuana Grow Facility outside of residence for patient’s personal use.

NOTE: Patients who are also Primary Caregivers, who wish to grow at a facility for both their patients and personal use, must complete the application for Facilities to be Used by Primary Caregivers.

<b>APPLICANT INFORMATION:</b> Applicant must be a Patient with a valid Registry Identification Card and may NOT be a Primary Caregiver to use this application.		
Applicant Name (Last, First, Middle):	Date of Birth:	
Applicant Address:	Phone:	
City:	State:	Zip:
<b>Attachment A – Provide state or federally issued photo identification.</b>		
<b>Attachment B – Provide copy of a valid Registry Identification Card as Proof of Licensed Patient</b>		

**Attachment C – Provide list of all Patients at this location along with proof of Registration including current Registry Identification Card.**

**LICENSE INFORMATION**

Has the applicant been denied an application for a medical marihuana dispensary, growing facility or other related business from any jurisdiction? Yes or No

If yes, state when, where, and why:

Has the applicant had a medical dispensary/grow facility license suspended or revoked by any jurisdiction? Yes or No

If yes, state when, where, and why:

If yes, what was the next business activity or occupation of the occupant subsequent to such action of suspension or revocation?

If yes, please provide the following information: (If necessary, provide additional sheets of paper):

<b>Name and Location Of Court</b>	<b>Conviction Charge</b>	<b>Sentence</b>	<b>Date of Sentencing</b>	<b>Last date of incarceration/parole/probation</b>
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**Does the Applicant currently operate a dispensary/facility in any municipality (Muskegon or elsewhere)?**

**If yes, provide the street address and municipality where the other facility is located:**

**Has the Applicant applied for a license to operate a facility/dispensary in any other municipality?**

**If yes, provide the name of the municipality where that application has been filed:**

**NOTE: additional information may be required if Applicant has applied for or is already operating another facility.**

**PROPERTY OWNER INFORMATION**

Owner Name:

Home Address:

Phone:

City:

State:

Zip:

Does the applicant have legal possession of the premises from the date this license will be issued by virtue of ownership, lease or other arrangement?

\_\_\_\_\_ Ownership      \_\_\_\_\_ Lease      \_\_\_\_\_ Other (explain)

**Attachment D – Provide proof of ownership or copy of lease**

**Attachment E – If premises are leased, attach written permission from the owner of the premises for the use specified in this application**

**FACILITY INFORMATION**

Does applicant have an alarm system in place? Yes or No

If yes, list the name of the alarm company, contact name, and number:

Specify the name and address of the place where all unused portions of marihuana plants cultivated in connection with the use of marihuana or caregiver activity at the premises shall be disposed.

Specify the number of patients who will be growing marihuana in the residence or an at another location..

**Attachment G – Provide floor plan of the enclosed, locked facility in which any and all cultivation of marihuana is proposed to occur, or where marihuana is stored, with such description including: location in building, precise measurements in feet, the floor dimensions and height; and the security device for the facility. Description MUST include specifications of all lights, equipment, and all other electrical, plumbing, and other means proposed to be used to facilitate the cultivation of marihuana plants.**

**Attachment H – Attach proof of compliance for all Inspections by Safebuilt**

**OPERATOR INFORMATION:** If you would like to remain anonymous to the building inspectors during the inspections process, designate an Operator as your contact for coordinating and conducting inspections at your home or facility.

Operator Name:	Date of Birth:	
Applicant Address:	Phone:	
City:	State :	Zip:
<b>Attachment F – Provide state or federally issued photo identification for the Operator.</b>		

**Applicant to initial each statement below to indicate their understanding of each provision:**

\_\_\_\_\_ A marihuana license is non-transferable. It cannot be transferred to another location or person.

\_\_\_\_\_ A license does not prohibit prosecution by the federal government of its laws or prosecution by state authorities for violations of the Act or other violations not protected by the Act.

\_\_\_\_\_ If a room with windows is utilized as a growing location, any lighting methods that exceed usual residential levels between the hours of 11pm and 7am shall employ shielding methods, without alteration to the exterior of the residence, to prevent ambient lighting spillage that may create a distraction for adjacent residential properties or vehicles on adjacent right of ways.

**Oath of Application**

I declare under penalty of law that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the City of Muskegon Municipal Code and all rules and regulations which govern my Medical Marihuana Dispensary and Grow Facility License application as well as those of the State of Michigan. I further understand that if there is any change to the information provided in this application or a change in my status as a holder of a valid Registry Identification Card as a Patient, it my responsibility to contact the City Clerk to inform the City of these changes. I acknowledge that it is not permitted under state law to hold a medical marihuana Registry Identification Card if I have been convicted of any felony offense within the last ten years or if I have ever been convicted of a felony involving illegal drugs or designated an assaultive crime. I further acknowledge any such felony conviction shall result in immediate revocation of this license.

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Authorized Signature

Title

Date



to the licensed premises including, but not limited to, issuance of a license to licensee and any and all acts, omissions damages or injuries to any person or property resulting from any act, omission, condition, occurrence or criminal act occurring upon or in relation to the licensed premises, and to indemnify, defend, and hold harmless the City of Muskegon, including its agents, employees and officials to the fullest extent permitted by law and equity for any and all claims, damages, injuries or liabilities at law or equity in any way arising out of or related to any acts, omissions, activities, conditions or occurrences or incidents in any way related to the licensed premises.

Additionally, the applicant hereby agrees to not violate any of the laws of the State of Michigan or the ordinances of the City of Muskegon in conducting the business in which the license will be used, and that a violation on the premises may be cause for objecting to renewal of the license, or for requesting revocation of the license.

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Authorized Signature	Title	Date
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**For Department Use Only**

City Clerk Application                      Date Received \_\_\_\_\_ Complete/Incomplete

Maximum number of plants the applicant/primary caregiver may grow: \_\_\_\_\_

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Zoning Approval: \_\_\_\_\_ Signed by: \_\_\_\_\_

Building Department Approval: \_\_\_\_\_ Signed by: \_\_\_\_\_

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Police Department Approval: \_\_\_\_\_ Signed by: \_\_\_\_\_

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Fire Department Approval: \_\_\_\_\_ Signed by: \_\_\_\_\_

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Treasurer/Income Tax Approval: \_\_\_\_\_ Signed by: \_\_\_\_\_

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