



City of Grand Rapids

City Clerk's Office
300 Monroe Ave NW, Grand Rapids, MI 49503
Phone: 616-456-3016

Cannabis Related Municipal License Application

Proposed Start Date: _____

Instructions: Select all the applicable license types in the tables below. The application will not be processed until all required land use approval(s) have been granted and all required attachments have been submitted. A Cannabis Industry Social Equity Voluntary Agreement (CISEVA) form is required to be considered for a multi-year license (and corresponding fee discount) at the next renewal.

General Cannabis License

<input type="checkbox"/> Secure Transporter	<input type="checkbox"/> Safety Compliance Facility
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Medical Cannabis License

<input type="checkbox"/> Grower – Class A (500 plants)	<input type="checkbox"/> Processor
<input type="checkbox"/> Grower – Class B (1000 plants)	<input type="checkbox"/> Provisioning Center
<input type="checkbox"/> Grower – Class C (1500 plants) # _____	

Recreational Cannabis License

<input type="checkbox"/> Grower – Class A (100 plants)	<input type="checkbox"/> Processor
<input type="checkbox"/> Grower – Class B (500 plants)	
<input type="checkbox"/> Grower – Class C (2000 plants) # _____	<input type="checkbox"/> Retailer
<input type="checkbox"/> Excess Grower (>13,000 plants) # _____	

Documents to submit with application:

- Copy of Land Use Approval, SLU/DR# _____
- Copy of State Prequalification, Prequalification # _____
- Copy of State License or License Application (for each type selected above)
- Proof of legal possession of property (Lease/Deed)
- Proof of Insurance
- Copy of Security Plan
- Copy of Environmental Sustainability Plan
- Copy of Social Equity Plan
- CISEVA form and supporting documents (if participating)
- Affidavit of MIVEDA Compliance and supporting documents (if applicable)

Documents to submit after license issued and with renewal applications:

- Copy of Occupancy Permit
- Copy of State License

Business Information

Business Name: _____

Business Address: _____
Street Address, City, State, ZIP Code

Mailing Address: _____
Street Address, City, State, ZIP Code

Phone: _____ Email: _____

Sales Tax License Number: _____ Federal ID#: _____

Property Information

Is the building owned by the applicant? YES NO

*If No, complete marked sections.

*Property Owner: _____

*Owner Address: _____
Street Address, City, State, ZIP Code

*Phone Number: _____

On-Site inspections are required before approval will be granted.

Contact Person for Inspection: _____ Phone Number: _____

Contacts

Primary Contact (Manager or person principally in charge of business operations):

Full Name: _____ Title: _____

E-mail Address: _____ Phone: _____

Driver's License # _____ D.O.B. _____
(Date of Birth)

Accountant (Individual in charge of accounting records):

Full Name: _____ Title: _____

E-mail Address: _____ Phone: _____

Driver's License # _____ D.O.B. _____
(Date of Birth)

Business Owners Data

Name of Owner(s)	Nature of Interest (%)	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____

If any owner has been convicted of a crime, give the following information:

Name & Conviction	Location	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Business Ownership

Select Ownership Type: Individual/Sole Proprietor Sole Member, LLC Partnership
 Corporation LLC Other: _____

A. Complete this section if you selected Individual/Sole Proprietor or Sole Member, LLC

Full Name: _____ Title: _____

Other Names Used/Aliases: _____ Phone: _____

E-mail Address: _____ Last 4 digits of S.S. #: _____

Driver's License # _____ D.O.B. _____
(Date of Birth)

B. Complete this section if you selected Partnership, Corporation, LLC or Other

Official Corporate Name: _____

Corporate Address: _____
Street Address, City, State, ZIP Code

E-mail Address: _____ Phone: _____

Michigan Corporate/LLC ID#: _____ Date of Incorporation: _____

LLC Qualification Date: _____

List all Owners, Partners or Corporate Officers

Full Name: _____ Title: _____

Other Names Used/Aliases: _____ Phone: _____

E-mail Address: _____ Last 4 digits of S.S. #: _____

Driver's License #: _____ D.O.B.: _____
(Date of Birth)

Full Name: _____ Title: _____

Other Names Used/Aliases: _____ Phone: _____

E-mail Address: _____ Last 4 digits of S.S. #: _____

Driver's License #: _____ D.O.B.: _____
(Date of Birth)

Full Name: _____ Title: _____

Other Names Used/Aliases: _____ Phone: _____

E-mail Address: _____ Last 4 digits of S.S. #: _____

Driver's License #: _____ D.O.B.: _____
(Date of Birth)

Attach list if there are additional owners.

Disclaimer and Signature

I hereby affirm that I have truthfully completed this application and all additional information and attachments hereto to the best of my knowledge; that I have read Chapters 91 and 105 of the Grand Rapids City Code and all applicable City of Grand Rapids licensing ordinances; and that I agree to operate this business in accordance with all Federal, State and local laws, ordinances, rules and regulations.

Signature: _____ Date: _____

Clerk's Office:	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date:	Signature:
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