

This facility is owned by (check one): me as the individual owner corporation
 limited liability company partnership sole proprietor with an assumed name
For any other than "me as the individual owner", attach a separate sheet listing this information for all directors, officers, members, partners, and individuals.

FACILITY or BUSINESS MANAGER(S)

Name

Address Suite/Unit City Zip

Email Phone Number Fax Number

Are there additional facility managers? Yes No
 If **yes**, attach a separate sheet listing this information for each additional owner.

LARA APPLICATION

Applicant hereby attaches and incorporates by reference its application submitted to the Licensing and Regulatory Affairs ("LARA") Bureau of Medical Marihuana Regulation Entity/Individual Prequalification Application Packet, together with all attachments and the Marihuana Facility License Application, together with all attachments, hereto as part of its application for a Medical Marihuana Facilities Permit in the City of New Baltimore. For each attestation A, B, C, D, & F to those applications, Applicant acknowledges that the City of New Baltimore shall stand in place instead of the Bureau of Medical Marihuana Regulation ("Bureau") for all such purposes, releases, waivers, and information required to be submitted with the LARA Application.

MEDICAL MARIHUANA GROWER FACILITY

As it relates to a Medical Marihuana Grower Facility, please provide the following items which shall be required:

- (1) A cultivation plan that includes, at a minimum, a description of the cultivation methods to be used, including plans for the growing mediums, treatments, and/or additives;*
- (2) A production testing plan that includes, at a minimum, a description of how and when samples for laboratory testing by an international organization for standardization accredited testing facility will be selected, what type of testing will be requested, and how the test results will be used;*
- (3) An affidavit that all operations will be conducted in conformance with the MMMA, the MMFLA, MTA and other applicable state law;*
- (4) Chemical and pesticide storage plan that states the names of the pesticides to be used in cultivation and where and how pesticides and chemicals will be stored in the Medical Marihuana Facility, along with a plan for the disposal of unused pesticides; and*
- (5) All activity related to the Medical Marihuana Facility shall be done indoors, except for cultivation fully compliant with State law so that visibility of marihuana plants from public view does not occur. All plants immediately upon harvesting must be relocated indoors and shall not be stored or left outdoors. Cultivation of plants within one hundred feet (100') of any property boundary is prohibited. The Applicant shall specifically acknowledge this provision.*

INSURANCE

Pursuant to the City of New Baltimore Code of Ordinances, Section 12-344, (26), Applicant acknowledges and avers that it will provide proof of insurance which provides as follows:

26. Proof of an insurance policy covering the Medical Marihuana Facility and naming the City, its elected and appointed officials, employees, and agents, as additional insured parties, primary and non-contributory available for the payment of any damages arising out of an act or omission of the Applicant or its stakeholders, agents, employees, or subcontractors, in the amount of:
- (i) At least Two Million Dollars (\$2,000,000) for property damage;
 - (ii) At least Two Million Dollars (\$2,000,000) for injury to one (1) person; and
 - (iii) At least Two Million Dollars (\$2,000,000) for injury to two (2) or more person resulting from the same occurrence. The insurance policy underwriter must have a minimum A.M. Best Company insurance ranking of B+, consistent with state law. The policy shall provide that the City shall be notified by the insurance carrier thirty (30) days in advance of any cancellation.

ACKNOWLEDGEMENT AND SIGNATURE

I, the undersigned, have the authority to sign this Application on behalf of _____ ("Facility"). I have read all of the above answers, and they are true and correct. The Facility agrees to comply with all terms and conditions of the Medical Marihuana Facilities Permit as it may be issued.

Date: _____

Signature _____

Print Name of Signature and Title: _____

Attach completed LARA Application with all applicable attestation and disclosure documents.