

Applicant Name_____

Application Number_____

District_____



**City of Pontiac
Office of the City Clerk**

Medical Marihuana Provisioning Center Scoring Form

Application Category	Section Reviewer	Legal Advisor	Planning Advisor	*Applicant Points	Maximum Points
Content and Sufficiency of Information					50
Background Information					5
Marihuana Regulations					(1.5)
Business Entity					(2)
Security					(1.5)
Financial Background					10
Economic Benefits					10
Community Development					10
Facility (Planning and Sanitation)					10
Planning					(8)
Sanitation					(2)
Patient Education					5
Staff Training and Education					(2.5)
Patient and Community Programs					(2.5)
Land Use					20
Resident Safety					10
Neighborhood Land Use					10
Community Impact					10
Managerial Resources					10
Financial Resources					10
Job Creation					10
Philanthropic and Community Improvement					10
Physical Improvements					10
Total Applicant Points					130

***Applicant points are based on section reviewer score and compliance reviewer recommendation.**

If the Legal Advisor or Planning Advisor disagrees with how an application was scored by a reviewer, the Clerk will review both the reviewer's score and the Legal Advisor or Planning Advisor recommendation. After the Clerk reviews both the score and the recommendation, the Clerk will determine the applicant points that is given to the applicant.

Applicant Ranking: _____ of _____ Total Applicants

Applicant Name _____

Application Number _____

District _____

Criteria							
Yes	No	Deficient (If no deficient explain in comments)	Points	Max. Possible Points	Total Score	Max. Possible Score	Reviewer Name
CONTENT AND SUFFICIENCY OF INFORMATION						50	
Background Information – Marijuana Regulations							
Full name, date of birth, physical address, email address, and telephone number of applicant and entity's stakeholders (0.5pt)			<input type="checkbox"/>	<input type="checkbox"/>		1.5	
Proof of premises liability and casualty insurance (1pt)			<input type="checkbox"/>	<input type="checkbox"/>			

In this sub-category, applicants can receive up to 1.5 points.

Applicant Information (Sec. 8(c)(1) and (3))

- **Name**
 - If the applicant is an individual, provide the full name as it appears on a state issued driver's license or passport.
 - If the applicant is an entity, provide the entity name as it appears on official government documents (e.g., Articles of Incorporation, Articles of Organization, Certificate of Formation, etc.).
- **Date of Birth** (if individual) (month/day/year) (e.g., 06/20/1990) / **Employer Identification Number** (if entity)
- **Phone Number**: Provide a phone number for the applicant.
- **Address**: Provide a mailing address for the applicant.
- **Email address**: Provide an active email address that is regularly checked by the applicant.

Insurance (Sec. 8(c)(25))

The applicant must provide proof of premises liability and casualty insurance consistent with the requirements of LARA.

LARA Rule 11 sets forth the following minimum limits of insurance:

- bodily injury (casualty insurance) – not less than \$100,000.00; and
- commercial general liability covering premises liability – not less than \$100,000.00.

BACKGROUND INFORMATION

Comments: _____

☐ All Documents Returned to Office of City Clerk

Reviewer Name: _____ Signature: _____ Title: _____

Applicant Name_____

Application Number_____

District_____

				Criteria							
				Yes	No	Deficient (if no deficient explain in comments)	Points	Max. Possible Points	Total Score	Max. Possible Score	Reviewer Name
CONTENT AND SUFFICIENCY OF INFORMATION											
Background Information – Business Entity											
	Articles of Incorporation, operating agreement, and bylaws (0.5pt)			<input type="checkbox"/>	<input type="checkbox"/>			2.0			
	Entity's employee identification number (0.5pt)			<input type="checkbox"/>	<input type="checkbox"/>						
	Proposed ownership structure (0.5pt)			<input type="checkbox"/>	<input type="checkbox"/>						
	Current organization chart (0.5pt)			<input type="checkbox"/>	<input type="checkbox"/>						

PLEASE SEE NEXT PAGE FOR ADDITIONAL EXPLANATION OF THE APPLICATION REQUIREMENTS AND SCORING CRITERIA.

BACKGROUND INFORMATION

Comments: _____

☐ All Documents Returned to Office of City Clerk

Reviewer Name: _____ Signature: _____ Title: _____

Applicant Name_____

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CONTENT AND SUFFICIENCY OF INFORMATION – Background Information

Organization Documentation

- *Official Business Formation Document* (Sec. 8(c)(2)). The applicant must provide a copy of its formation document filed with the applicable jurisdiction (e.g., Michigan or another state). For a Michigan limited liability company this would be the applicant's Articles of Organization, and for a Michigan corporation this would be the applicant's Articles of Incorporation.
- *Copy of Governing Documents* (Sec. 8(c)(4)). The applicant must provide a copy of its current governing documents. For a Michigan limited liability company this would typically be an Operating Agreement and for a Michigan corporation this would typically be Bylaws.

Ownership Structure (Sec. 8(c)(7))

The applicant must submit evidence of the proposed ownership structure of the applicant, including ownership percentages held by each stakeholder. Such attachment must include all direct and indirect owners of the applicant. Graphical images with an entity chart are acceptable.

Organization Chart (Sec. 8(c)(8))

The applicant must submit a current organization chart that includes position descriptions and the names of each person holding such position. Graphical images with an organization chart are acceptable.

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		Criteria							
		Yes	No	Deficient (If no deficient explain in comments)	Points	Max. Possible Points	Total Score	Max. Possible Score	Reviewer Name
Background Information - Security									
	Description of security plan consistent with LARA requirements	<input type="checkbox"/>	<input type="checkbox"/>			1.0			
	Criminal background history by applicant and stakeholders	<input type="checkbox"/>	<input type="checkbox"/>			0.5			

In this sub-category, applicants can receive up to 1.5 points

BACKGROUND INFORMATION

Comments: _____

☐ All Documents Returned to Office of City Clerk

Reviewer Name: _____ Signature: _____ Title: _____

CONTENT AND SUFFICIENCY OF INFORMATION – Background Information

Criminal Background (Sec. 8(c)(14))

The applicant must submit a criminal background report of the applicant's criminal history. Such reports shall be obtained by the applicant through the internet Criminal History Access Tool (ICHAT) for applicants residing in Michigan and/or through another state sponsored or authorized criminal history access source for applicants who reside in other states or have resided in other states within 5 years prior to the date of application. The applicant is responsible for all charges incurred in requesting and receiving the criminal history report and the report must be dated within thirty (30) days of the date of the application.

Security Plan (Sec. 8(c)(17))

The applicant must submit a security plan for the proposed medical marihuana facility that is consistent with the requirements of LARA Rule 35. LARA Rule 35 has 13 subparts, which imposes twelve requirements on the part of the applicant. The applicant must be able to attest that it has requisite systems in place and that it will be able to follow the procedures put in place by LARA.

Applicant Name _____

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District _____

			Criteria					
	Yes	No	Deficient (If deficient explain in comments)	Points	Max. Possible Points	Total Score	Max. Possible Score	Reviewer Name
Financial Background								
Proposed business plan	<input type="checkbox"/>	<input type="checkbox"/>			10			
Marketing, advertising, and business promotion plan	<input type="checkbox"/>	<input type="checkbox"/>						
Description of planned tangible capital investment in the city	<input type="checkbox"/>	<input type="checkbox"/>						
Description of financial structure and financing of facility	<input type="checkbox"/>	<input type="checkbox"/>						
Source of financing of facility, including documentation of any loans or lines of credit	<input type="checkbox"/>	<input type="checkbox"/>						
Sources of capital contributions	<input type="checkbox"/>	<input type="checkbox"/>						
Solvency of investors	<input type="checkbox"/>	<input type="checkbox"/>						
Whether facility has established account with financial institution	<input type="checkbox"/>	<input type="checkbox"/>						
Description of financial recordkeeping and accounting system	<input type="checkbox"/>	<input type="checkbox"/>						
Controls in place to assure financial integrity of facility, including how cash is secured	<input type="checkbox"/>	<input type="checkbox"/>						
Pre-qualification with State of Michigan (maximum points awarded)	<input type="checkbox"/>	<input type="checkbox"/>						
Short-term business goals and objectives	<input type="checkbox"/>	<input type="checkbox"/>						
Long-term business goals and objectives	<input type="checkbox"/>	<input type="checkbox"/>						
Strategic plan for meeting business goals	<input type="checkbox"/>	<input type="checkbox"/>						
Identification and investment of resources necessary to achieve business goals	<input type="checkbox"/>	<input type="checkbox"/>						
Proposed inventory and recordkeeping plan	<input type="checkbox"/>	<input type="checkbox"/>						
Whether the venture has offered for a system of tracking inventory which aligns with their capital investment plan	<input type="checkbox"/>	<input type="checkbox"/>						
Frequency of inventory audits and other inventory controls	<input type="checkbox"/>	<input type="checkbox"/>						
Method of inventory costing (FIFO, LIFO, etc.)	<input type="checkbox"/>	<input type="checkbox"/>						
Verification of minimum capitalization	<input type="checkbox"/>	<input type="checkbox"/>						
Documentation, including bank or financial statements of minimum capitalization	<input type="checkbox"/>	<input type="checkbox"/>						

- In this sub-category, applicants can receive: (a) One (1) point if their submission is **Very Deficient**, (b) Five (5) points if their submission is **Somewhat Deficient**, or (c) Ten (10) points if their submission is **Satisfactory**.
- A submission will be deemed **Very Deficient** in a particular category if it significantly fails to satisfy the criteria set out for that category, as applicable.
- A submission will be deemed **Somewhat Deficient** in a particular category if it partially satisfies the criteria set out for that category but fails to satisfy all criteria, as applicable.
- A submission will be deemed **Satisfactory** in a particular category if it satisfies the criteria set out for that category, as applicable.

PLEASE SEE NEXT PAGE FOR ADDITIONAL EXPLANATION OF THE APPLICATION REQUIREMENTS AND SCORING CRITERIA.

FINANCIAL BACKGROUND

☐ Satisfactory
 ☐ Somewhat Deficient
 ☐ Very Deficient

Comments: _____

Applicant Name _____ Application Number _____ District _____

☐ All Documents Returned to Office of City Clerk

Reviewer Name: _____ Signature: _____ Title: _____

CONTENT AND SUFFICIENCY OF INFORMATION – Financial Background

The second section of the application applies to the applicant's business and financial information.

Proposed Business Plan (Sec. 8(c)(6))

The applicant must submit a proposed business plan. A complete business plan should include a description of the following for the applicant:

- Business and Objectives;
- Location, Facilities and Equipment;
- Market and Competitive Analysis;
- Management and Organization;
- Products and Services;
- Marketing Plan and Sales Strategy;
- Funding; and
- Financial Projections.

The applicant may include cross references to other sections of the application to reference the applicant's (a) short and long term business objectives; (b) the proposed marketing, advertising and business promotion plan for the facility; (c) planned capital investment in the City of Pontiac; (d) expected job creation; (e) community education plans; and (f) charitable plans and strategies. These items may be considered as part of the applicant's business plan.

Capital Investment (Sec. 8(c)(10))

The applicant must describe the planned tangible capital investment in the City of Pontiac, including (i) detail related to the number and nature of proposed medical marihuana facilities (including if the applicant is applying for a stacked license or if the applicant plans to apply for future licenses) and (ii) whether the locations of such facilities will be owned or leased. In describing the planned capital investment in the City, the applicant should also describe its investment in the location (e.g., purchase price of the location or monthly/annual rent and proposed investment in improvements at the location).

Financial Structure and Financing (Sec. 8(c)(12))

The applicant must describe the financial structure and the financing of the proposed medical marihuana facility. Graphical images are acceptable, so long as the entities or individuals referenced on the graph have been identified in the application.

The financial structure should include the structure of the applicant's sources of financing, including owners' equity, short and long-term debt and liabilities, and accounts payable. The financial structure should show the applicant's debt-equity ratio and all debt or equity investors in the proposed medical marihuana facility. Failure to include a detailed explanation of how and by whom the facility will be financed may result in the application being delayed or rejected.

Business Goals (Sec. 8(c)(13))

The applicant must describe its short-term and long-term business goals and objectives for the proposed medical marihuana facility.

The applicant's business goals and objectives should be specific and measurable. Goals are statements of the applicant's desired achievements, while objectives are specific steps or actions the applicant can/will take to reach a particular goal. The applicant's goals and objectives should be separately identified, and the goals should support the applicant's proposed business plan. Goals can be in areas such as sales, profitability, product range, community outreach, efficiency and customer service/approval, with a range of objectives to meet such goals.

[continued on next page]

Applicant Name _____

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Marketing Plan (Sec. 8(c)(9))

The applicant must submit a proposed marketing, advertising, and business promotion plan for the proposed medical marihuana facility. The proposed plan should describe all the means and methods of promoting the proposed medical marihuana facility, including which marketing strategies the applicant will implement, such as:

- e-mail marketing;
- attending industry related events and conferences;
- become a member of business and industry associations (local, state and/or national);
- online advertising;
- direct communication with other licensed medical marihuana facilities;
- development of a website or social media accounts; and
- sponsorship or establishment of community programs.

The plan should acknowledge that all advertising, marketing, signs and materials will comply with state laws and any Pontiac City ordinances.

Inventory and Recordkeeping Plan (Sec. 8(c)(22))

The applicant must submit a proposed inventory and recordkeeping plan consistent with the requirements of LARA. The plan should identify the following:

- How the applicant will keep records;
- What specific information will be reported on the METRIC system (e.g., the applicant should report lot and batch information throughout the entire chain of custody);
- How the applicant will identify inventory discrepancies;
- How the applicant will tag, batch, label and log information into the METRIC system; and
- How marihuana will be stored at the facility.

Minimum Capitalization Requirement (Sec. 8(c)(24))

The applicant must verify that it has met the minimum capitalization consistent with the requirements of LARA Rule 12. To satisfy this requirement, the applicant must submit Certified Public Accountant (CPA) attested financial statements consistent with the requirements of LARA Rule 12 validating the capitalization amounts and sources.

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Criteria							
	Yes	No	Deficient (If deficient explain in comments)	Points	Max Possible Points	Total Score	Max. Possible Score
Economic Benefits							
Job creation to be achieved	<input type="checkbox"/>	<input type="checkbox"/>			10		
Number and type of jobs to be created	<input type="checkbox"/>	<input type="checkbox"/>					
Compensation to be offered for each position	<input type="checkbox"/>	<input type="checkbox"/>					
Projected annual budget and revenue of facility	<input type="checkbox"/>	<input type="checkbox"/>					
Projected timeline for facility to break even	<input type="checkbox"/>	<input type="checkbox"/>					

- In this sub-category, applicants can receive: (a) One (1) point if their submission is **Very Deficient**, (b) Five (5) points if their submission is **Somewhat Deficient**, or (c) Ten (10) points if their submission is **Satisfactory**.
- A submission will be deemed **Very Deficient** in a particular category if it significantly fails to satisfy the criteria set out for that category, as applicable.
- A submission will be deemed **Somewhat Deficient** in a particular category if it partially satisfies the criteria set out for that category but fails to satisfy all criteria, as applicable.
- A submission will be deemed **Satisfactory** in a particular category if it satisfies the criteria set out for that category, as applicable.

Economic Benefits (Sec. 8(c)(11))

The applicant must provide an explanation of the economic benefits to the City of Pontiac and the job creation to be achieved by the proposed medical marihuana facility, including: (i) the number and types of jobs the medical marihuana facility is expected to create; (ii) the amount and type of compensation expected to be paid for such jobs; and (iii) the projected annual budget and revenue of the medical marihuana facility.

ECONOMIC BENEFITS
☐ Satisfactory ☐ Somewhat Deficient ☐ Very Deficient

Comments: _____

☐ All Documents Returned to Office of City Clerk

Reviewer Name: _____ Signature: _____ Title: _____

Applicant Name _____

Application Number _____

District _____

		Criteria							
		Yes	No	Satisfactory (S) or Very Deficient (VD) (if deficient explain in comments)	Points	Max. Possible Points	Total Score	Max. Possible Score	Reviewer Name
Community Development				S or VD					
	Commitment to providing community benefits and quality of pledged community benefits			<input type="checkbox"/> <input type="checkbox"/>		4			
	• A description of the proposed community outreach and education strategies.	<input type="checkbox"/>	<input type="checkbox"/>						
	Duration of pledged community benefits			<input type="checkbox"/> <input type="checkbox"/>		3			
	• A description of the amount of time or financial commitment to each program.	<input type="checkbox"/>	<input type="checkbox"/>						
	• A description of the length (days, weeks, months) of each commitment and cumulative duration.	<input type="checkbox"/>	<input type="checkbox"/>						
	Community support for pledged community benefits			<input type="checkbox"/> <input type="checkbox"/>		3			
	• Community outreach meetings that occur at a variety of places (community centers, churches, etc.).								
	• A description of the planned frequency of community outreach meetings.								
	• A description of the applicant's plans for responding to community concerns.	<input type="checkbox"/>	<input type="checkbox"/>						
	• A description of the applicant's efforts to connect with community leaders.								
	• A description of the involvement of key stakeholders in community development programs.								

- In the sub-category with a maximum of four (4) possible points, applicants can receive: (a) One (1) point if their submission is **Very Deficient**, or (b) Four (4) points if their submission is **Satisfactory**.
- In each sub-category with a maximum of three (3) possible points, applicants can receive: (a) One (1) point if their submission is **Very Deficient**, or (b) Three (3) points if their submission is **Satisfactory**.
- A submission will be deemed **Very Deficient** in a particular sub-category if it significantly fails to satisfy the criteria set out for that category, as applicable.
- A submission will be deemed **Satisfactory** in a particular sub-category if it satisfies the criteria set out for that category, as applicable.

PLEASE SEE NEXT PAGE FOR ADDITIONAL EXPLANATION OF THE APPLICATION REQUIREMENTS AND SCORING CRITERIA.

COMMUNITY DEVELOPMENT

Applicant Name_____ Application Number_____ District_____

Comments:_____

☐ All Documents Returned to Office of City Clerk

Reviewer Name:_____ Signature:_____ Title:_____

CONTENT AND SUFFICIENCY OF INFORMATION – Community Development

Community Outreach and Education (Sec. 8(c)(15))

The applicant must describe its proposed community outreach and education strategies. This should include specific steps that the applicant intends to take with regard to community outreach and education.

Community outreach and education initiatives can include, but are not limited to, the following:

- reaching out to local homeowner associations, neighborhood associations, community groups, businesses and/or property owners within a reasonable proximity of the proposed facility to request a meeting with representatives and provide information about the facility; applicants who contact homeowner's associations, neighborhood associations, community groups, businesses and/or property owners should include the name of the association/business/owner and contact person if meetings have been scheduled;
- description of the applicant's plan for responding to community concerns; and
- partnering with neighborhood associations and/or community groups or sponsoring events for neighborhood associations and/or community groups (if this is part of your efforts, please describe in detail which organizations you intend to partner with or have committed partnerships or sponsorships and how that will further your community outreach).

If an applicant does not pledge community benefits, the applicant will receive a zero (0) score for this section.

Applicant Name _____

Application Number _____

District _____

Criteria								
	Yes	No	Deficient (If deficient explain in comments)	Points	Max. Possible Points	Total Score	Max. Possible Score	Reviewer Name
Facility (Planning and Sanitation)								
Planning Section								
Floor plan for facility	<input type="checkbox"/>	<input type="checkbox"/>			8			
Description of renovations needed to meet floor plan	<input type="checkbox"/>	<input type="checkbox"/>						
Time needed to complete renovation and setup	<input type="checkbox"/>	<input type="checkbox"/>						
Scale diagram illustrating property	<input type="checkbox"/>	<input type="checkbox"/>						
Any proposed text or graphic materials to be posted on exterior of building	<input type="checkbox"/>	<input type="checkbox"/>						
Size and nature of external graphics (signboard, electronic, etc.)	<input type="checkbox"/>	<input type="checkbox"/>						
Number of external graphics or signs	<input type="checkbox"/>	<input type="checkbox"/>						

- In this sub-category, applicants can receive: (a) One (1) point if their submission is **Very Deficient**, (b) Four (4) points if their submission is **Somewhat Deficient**, or (c) Eight (8) points if their submission is **Satisfactory**.
- A submission will be deemed **Very Deficient** in a particular category if it significantly fails to satisfy the criteria set out for that category, as applicable.
- A submission will be deemed **Somewhat Deficient** in a particular category if it partially satisfies the criteria set out for that category but fails to satisfy all criteria, as applicable.
- A submission will be deemed **Satisfactory** in a particular category if it satisfies the criteria set out for that category, as applicable.

PLEASE SEE NEXT PAGE FOR ADDITIONAL EXPLANATION OF THE APPLICATION REQUIREMENTS AND SCORING CRITERIA.

PLANNING SECTION

☐ Satisfactory ☐ Somewhat Deficient ☐ Very Deficient

Comments: _____

☐ All Documents Returned to Office of City Clerk

Reviewer Name: _____ Signature: _____ Title: _____

Reviewer Name: _____ Signature: _____ Title: _____

Applicant Name _____

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CONTENT AND SUFFICIENCY OF INFORMATION – Planning (Facility)

Floor Plan (Sec. 8(c)(18))

The applicant must submit a floor plan of the proposed medical marihuana facility consistent with the requirements of the City of Pontiac Zoning Ordinance, Section 6.208.

Scale Diagram (Sec. 8(c)(19))

The applicant must submit a scale diagram illustrating the property upon which the proposed medical marihuana facility is to be operated, including all available parking spaces and specifying which parking spaces are handicapped-accessible.

Such scale diagram must be in the form of a property survey prepared by a licensed professional surveyor.

Signage (Sec. 8(c)(20))

The applicant must submit a depiction of any proposed text or graphic materials that will be shown on the exterior of the proposed medical marihuana facility.

Location Map (Sec. 8(c)(27))

The applicant must submit a location map that identifies the relative locations of, and distances from, the nearest school, childcare center, public park containing playground equipment, or religious institution. Per Section 3.11010 – Buffer Distance Restrictions, of the City of Pontiac's Medical Marihuana Zoning Ordinance #2363, the measurement must be taken along the centerline of the street or streets of address between two fixed points on the centerline determined by projecting straight lines, at right angles to the centerline, from the primary point of ingress to the school, childcare center or religious institution, or, for a public park, from the playground equipment nearest the contemplated location, and from the primary point of ingress to the contemplated location.

Such location map must be in the form of a survey map prepared by a licensed professional surveyor.

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Criteria								
	Yes	No	Deficient (If deficient explain in comments)	Points	Max. Possible Points	Total Score	Max. Possible Score	Reviewer Name
Facility (Planning and Sanitation)								
Sanitation Section								
Facility sanitation plan	<input type="checkbox"/>	<input type="checkbox"/>			2			
Plan for ensuring proper treatment and security of waste	<input type="checkbox"/>	<input type="checkbox"/>						
Contracts with service providers for waste disposal and treatment	<input type="checkbox"/>	<input type="checkbox"/>						

- In this sub-category, applicants will receive: (a) zero (0) no point if their submission is **Very Deficient**, (b) One (1) point if their submission is **Somewhat Deficient**, or (c) Two (2) points if their submission is **Satisfactory**.
- A submission will be deemed **Very Deficient** in a particular category if it significantly fails to satisfy the criteria set out for that category, as applicable.
- A submission will be deemed **Somewhat Deficient** in a particular category if it partially satisfies the criteria set out for that category but fails to satisfy all criteria, as applicable.
- A submission will be deemed **Satisfactory** in a particular category if it satisfies the criteria set out for that category, as applicable.

PLEASE SEE NEXT PAGE FOR ADDITIONAL EXPLANATION OF THE APPLICATION REQUIREMENTS AND SCORING CRITERIA.

SANITATION SECTION

☐ Satisfactory☐ Deficient☐ Very Deficient

Comments: _____

☐ All Documents Returned to Office of City Clerk

Reviewer Name: _____ Signature: _____ Title: _____

CONTENT AND SUFFICIENCY OF INFORMATION – Facility (Planning and Public Works)**Facility Sanitation Plan (Sec. 8(c)(21))**

The applicant must submit a facility sanitation plan that describes how waste will be stored and disposed and how marijuana will be rendered unusable upon disposal at the proposed medical marijuana facility. Such facility sanitation plan must comply with all laws, including any guidelines published by LARA.

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Criteria								
	Yes	No	Deficient (If deficient explain in comments)	Points	Max. Possible Points	Total Score	Max. Possible Score	Reviewer Name
Patient Education					5			
Staff Training and Education								
Description of education and training to be provided to employees	<input type="checkbox"/>	<input type="checkbox"/>			2.5			
Training to be provided to employees on patient education	<input type="checkbox"/>	<input type="checkbox"/>						
Whether licensed professional provides employee training	<input type="checkbox"/>	<input type="checkbox"/>						
Resources available to employees in educating patients (written materials, online, etc.)	<input type="checkbox"/>	<input type="checkbox"/>						
Training provided to employees for recognizing substance abuse	<input type="checkbox"/>	<input type="checkbox"/>						

- In this sub-category, applicants can receive: (a) One (1) point if their submission is **Very Deficient**, or (b) Five (5) points if their submission is **Satisfactory**.
- A submission will be deemed **Very Deficient** in a particular category if it significantly fails to satisfy the criteria set out for that category, as applicable.
- A submission will be deemed **Satisfactory** in a particular category if it satisfies the criteria set out for that category, as applicable.

PLEASE SEE NEXT PAGE FOR ADDITIONAL EXPLANATION OF THE APPLICATION REQUIREMENTS AND SCORING CRITERIA.

PATIENT EDUCATION

☐ Satisfactory ☐ Very Deficient

Comments: _____

☐ All Documents Returned to Office of City Clerk

Reviewer Name: _____ Signature: _____ Title: _____

CONTENT AND SUFFICIENCY OF INFORMATION – Patient Education

Staff Training and Education (Sec. 8(c)(5))

The applicant must describe the training and education that the applicant will provide to all of its employees.

Training and education should include courses about the regulations of marijuana and employee manuals and other materials that include, but are not limited to, employee safety procedures, employee guidelines, security protocol, and educational training, including, but not limited to, marijuana product information, dosage and daily limits. Employee training and education is not and should not be limited to marijuana related matters. Applicants are encouraged to describe other training and educational opportunities they may offer their employees.

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Criteria								
	Yes	No	Deficient (If deficient explain in comments)	Points	Max. Possible Points	Total Score	Max. Possible Score	Reviewer Name
Patient Education					5			
Patient and Community Programs								
Patient education plan	<input type="checkbox"/>	<input type="checkbox"/>			2.5			
Brochures and other resources available to patients	<input type="checkbox"/>	<input type="checkbox"/>						
Drug and alcohol awareness programs	<input type="checkbox"/>	<input type="checkbox"/>						
Partnerships with community organizations for substance abuse awareness programs	<input type="checkbox"/>	<input type="checkbox"/>						
Materials provided to patients regarding drug and alcohol awareness	<input type="checkbox"/>	<input type="checkbox"/>						

- In this sub-category, applicants can receive: (a) Half (0.5) point if their submission is **Very Deficient**, or (b) Two and a half (2.5) points if their submission is **Satisfactory**.
- A submission will be deemed **Very Deficient** in a particular category if it significantly fails to satisfy the criteria set out for that category, as applicable.
- A submission will be deemed **Satisfactory** in a particular category if it satisfies the criteria set out for that category, as applicable.

PLEASE SEE NEXT PAGE FOR ADDITIONAL EXPLANATION OF THE APPLICATION REQUIREMENTS AND SCORING CRITERIA.

PATIENT EDUCATION

☐ Satisfactory ☐ Very Deficient

Comments: _____

☐ All Documents Returned to Office of City Clerk

Reviewer Name: _____ Signature: _____ Title: _____

Applicant Name _____

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CONTENT AND SUFFICIENCY OF INFORMATION – Patient Education

Patient Education Plan (Sec. 8(c)(28))

The applicant must describe the educational materials and information that will be provided to or available to patients at the facility.

Information should be provided verbally and in writing and include information regarding the risks and benefits of medical marijuana usage, scientific publications or brochures from medical organizations regarding the health risks and recommended dosages, and materials regarding the risks of impairment and addiction.

Drug and Alcohol Awareness Programs (Sec. 8(c)(29))

The applicant must describe its plan for providing and/or making available to the public drug and alcohol awareness programs.

Applicant should describe the frequency with which it intends to host drug or alcohol awareness programs, including identification of the individuals who will provide information regarding potential risks and addictions, if it intends to host such programs on-site; identify the channels through which it intends to disseminate awareness information; or describe its plan for engaging in partnerships with community organizations to provide referrals to drug and alcohol awareness programs.

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	Yes	No	Deficient (if deficient explain in comments)	Points	Max. Possible Points	Total Score	Max. Possible Score	Reviewer Name
LAND USE							20	
A. Resident Safety								
Detriment to resident safety	<input type="checkbox"/>	<input type="checkbox"/>						
System for communicating potential safety threats to neighborhood residents	<input type="checkbox"/>	<input type="checkbox"/>			10			
Plan for securing facility including surveillance	<input type="checkbox"/>	<input type="checkbox"/>						
Agreements with law enforcement or private security company to ensure area safety	<input type="checkbox"/>	<input type="checkbox"/>						

- In these sub-categories, applicants can receive: (a) One (1) point if their submission is **Very Deficient**, (b) Five (5) points if their submission is **Somewhat Deficient**, or (c) Ten (10) points if their submission is **Satisfactory**.
- A submission will be deemed **Very Deficient** in a particular category if it significantly fails to satisfy the criteria set out for that category, as applicable.
- A submission will be deemed **Somewhat Deficient** in a particular category if it partially satisfies the criteria set out for that category but fails to satisfy all criteria, as applicable.
- A submission will be deemed **Satisfactory** in a particular category if it satisfies the criteria set out for that category, as applicable.

PLEASE SEE NEXT PAGE FOR ADDITIONAL EXPLANATION OF THE APPLICATION REQUIREMENTS AND SCORING CRITERIA.

LAND USE

☐ Satisfactory ☐ Somewhat Deficient ☐ Very Deficient

Comments: _____

☐ All Documents Returned to Office of City Clerk

Reviewer Name: _____ Signature: _____ Title: _____

Applicant Name_____

Application Number_____

District_____

LAND USE

Detriment to Resident Safety (Sec. 9(f)(2))

The applicant must explain whether the proposed facility is anticipated to have any detrimental effects on resident safety and, if so, the applicant's plan for mitigating those safety risks, including any systems for communicating threats to neighborhood residents and plans for securing the facility area, such as surveillance cameras, private security contracts, or agreements with local law enforcement for additional security patrols.

Applicant Name _____

Application Number _____

District _____

		Yes	No	Deficient (If deficient explain in comments)	Points	Max. Possible Points	Total Score	Max. Possible Score	Reviewer Name
LAND USE								20	
B. Neighborhood Land Use									
	Consistency with neighborhood land use	<input type="checkbox"/>	<input type="checkbox"/>			10			
	Efforts to ensure character of neighborhood maintained	<input type="checkbox"/>	<input type="checkbox"/>						
	Plan to ensure product and materials are kept away from minors	<input type="checkbox"/>	<input type="checkbox"/>						
	Partnerships with community organizations to mitigate negative effects	<input type="checkbox"/>	<input type="checkbox"/>						
	Partnerships with area businesses to mitigate issues	<input type="checkbox"/>	<input type="checkbox"/>						
	Effect on traffic patterns	<input type="checkbox"/>	<input type="checkbox"/>						

- In these sub-categories, applicants can receive: (a) One (1) point if their submission is **Very Deficient**, (b) Five (5) points if their submission is **Somewhat Deficient**, or (c) Ten (10) points if their submission is **Satisfactory**.
- A submission will be deemed **Very Deficient** in a particular category if it significantly fails to satisfy the criteria set out for that category, as applicable.
- A submission will be deemed **Somewhat Deficient** in a particular category if it partially satisfies the criteria set out for that category but fails to satisfy all criteria, as applicable.
- A submission will be deemed **Satisfactory** in a particular category if it satisfies the criteria set out for that category, as applicable.

PLEASE SEE NEXT PAGE FOR ADDITIONAL EXPLANATION OF THE APPLICATION REQUIREMENTS AND SCORING CRITERIA.

LAND USE

☐ Satisfactory ☐ Somewhat Deficient ☐ Very Deficient

Comments: _____

☐ All Documents Returned to Office of City Clerk

Reviewer Name: _____ Signature: _____ Title: _____

Applicant Name _____

Application Number _____

District _____

LAND USE

Consistency with Land Use and Effect on Traffic Patterns (Sec. 9(f)(2))

The applicant must explain whether the proposed facility is consistent with the character and existing land use in the surrounding neighborhood, including any anticipated impact on neighborhood traffic flow and the applicant's plan to minimize disruptions to neighborhood residents' quality of life and to ensure that residents have continued ease of access to the area. The applicant should specifically describe the availability of parking near the facility and any partnerships with community organizations and/or law enforcement to minimize congestion and potential traffic and neighborhood hazards.

Below are the applicable standards that should be used to evaluate the facility plan and land use submissions:

- All Medical Marihuana Facilities must meet the following applicable Building Codes: (i) Michigan Building Code 2015; (ii) Michigan Mechanical 2015; (iii) Michigan Plumbing Code 2015; and (iv) National Electrical Code 2017
- Applicants shall be required to obtain permits for build out of medical marihuana facilities – such permits may include: (i) Building; (ii) Electrical; (iii) Mechanical; (iv) Plumbing; (v) Fire Alarm (Security System); and (vi) Fire Suppression
- Applicable Medical Marihuana Facilities must meet applicable requirements of the International Fire Code 2015 edition and National Fire Protection Association (NFPA) standards (including NFPA 1 2018)
- Applicants are subject to Property Maintenance Code 2015, Section 107.5
- Review of Medical Marihuana Applications by the City of Pontiac Planning Division; without limitation, review of permits is subject to the following provisions of the Pontiac Zoning Ordinance:
 - Uses Permitted by District: Articles 2, Chapter 2
 - Dimensional and Development Standards for Zoning District: Article 2, Chapter 3
 - Frontage Design Standards: Article 2, Chapter 4
 - Dimension & Development Standards for Specific Uses: Article 2, Chapter 5
 - Special Purpose Zoning Districts: Article 3, Chapter 11
 - General Provision: Article 4
 - Accessory Structures and Fences: Chapter 1
 - General Standards: Chapter 2
 - Parking: Chapter 3
 - Landscaping & Buffering: Chapter 4
 - Exterior Lighting: Chapter 5
 - Performance Standards: Chapter 7
 - Signs: Article 5
 - Site Plan Review: Article 6, Chapter 3
 - Special Exception Permit Review: Article 6, Chapter 3
 - Variances & Appeals: Article 6, Chapter 4
 - Permits, Fees, Violations and Penalties: Article 6, Chapter 7
 - Zoning Text & Map Amendments: Article 6, Chapter 8
 - Public Hearing Procedures: Article 6, Chapter 9
 - Definitions: Article 7, Chapter 1, 2 & 3

Applicant Name _____

Application Number _____

District _____

	Yes	No	Deficient (If deficient explain in comments)	Points	Max. Possible Points	Reviewer Name
COMMUNITY IMPACT						
Planned community outreach initiatives	<input type="checkbox"/>	<input type="checkbox"/>			10	
Meetings with community leaders and stakeholders	<input type="checkbox"/>	<input type="checkbox"/>				
Availability of facility managers to address community concerns	<input type="checkbox"/>	<input type="checkbox"/>				
Promptness in responding to community concerns	<input type="checkbox"/>	<input type="checkbox"/>				
Physical improvements to building	<input type="checkbox"/>	<input type="checkbox"/>				
Capital investment in building and time for completion	<input type="checkbox"/>	<input type="checkbox"/>				
Impact on traffic	<input type="checkbox"/>	<input type="checkbox"/>				
Plan for ensuring uninterrupted street access	<input type="checkbox"/>	<input type="checkbox"/>				
Effect on noise level	<input type="checkbox"/>	<input type="checkbox"/>				
Efforts to control facility area and eliminate loitering	<input type="checkbox"/>	<input type="checkbox"/>				
Mitigation of odor effects	<input type="checkbox"/>	<input type="checkbox"/>				
Technology in place to mitigate odors	<input type="checkbox"/>	<input type="checkbox"/>				

In this category, applicants can receive:

- One (1) point if their submission is **Very Deficient**,
- Five (5) points if their submission is **Somewhat Deficient**, or
- Ten (10) points if their submission is **Satisfactory**.

A submission will be deemed **Very Deficient** in a particular category if it significantly fails to satisfy the criteria set out for that category, as applicable.

A submission will be deemed **Somewhat Deficient** in a particular category if it partially satisfies the criteria set out for that category but fails to satisfy all criteria, as applicable.

A submission will be deemed **Satisfactory** in a particular category if it satisfies the criteria set out for that category, as applicable.

Community Outreach and Minimization of Traffic, Noise, and Odors (Sec. 9(f)(3))

The applicant must describe its efforts to address anticipated community concerns regarding increased noise, odors, and traffic as a result of the facility, including specific strategies to make managers available to address concerns and any technologies that the applicant intends to utilize to mitigate noise and odors.

COMMUNITY IMPACT

☐ Satisfactory ☐ Somewhat Deficient ☐ Very Deficient

Comments: _____

Applicant Name_____

Application Number_____

District_____

☐

All Documents Returned to Office of City Clerk

Reviewer Name:_____

Signature:_____

Title:_____

Applicant Name _____

Application Number _____

District _____

	Yes	No	Deficient (If deficient explain in comments)	Points	Max. Possible Points	Reviewer Name
MANAGERIAL RESOURCES					10	
Description of each primary stakeholder's relevant business experience	<input type="checkbox"/>	<input type="checkbox"/>			10	
History of operating similar medical marihuana facilities	<input type="checkbox"/>	<input type="checkbox"/>				
Whether applicant currently operates other medical marihuana facilities	<input type="checkbox"/>	<input type="checkbox"/>				
Whether facility managers are stakeholders of applicant	<input type="checkbox"/>	<input type="checkbox"/>				
Whether facility manager has operated other medical marihuana facilities	<input type="checkbox"/>	<input type="checkbox"/>				
Proof of regulatory compliance	<input type="checkbox"/>	<input type="checkbox"/>				
Criminal background history by applicant and stakeholders	<input type="checkbox"/>	<input type="checkbox"/>				

In this category, applicants can receive:

- One (1) point if their submission is **Very Deficient**,
- Five (5) points if their submission is **Somewhat Deficient**, or
- Ten (10) points if their submission is **Satisfactory**.

A submission will be deemed **Very Deficient** in a particular category if it significantly fails to satisfy the criteria set out for that category, as applicable.

A submission will be deemed **Somewhat Deficient** in a particular category if it partially satisfies the criteria set out for that category but fails to satisfy all criteria, as applicable.

A submission will be deemed **Satisfactory** in a particular category if it satisfies the criteria set out for that category, as applicable.

If an applicant and all of its stakeholders have received prequalification approval from the department or board, the applicant shall receive the maximum number of scoring points under this category.

Record of Detrimental Acts (Sec. 9(f)(4))

The applicant must disclose and describe whether it or any of its stakeholders have a record of acts detrimental to the public health, security, safety, morals, good order, or general welfare. This should not be limited to criminal charges or convictions. For each such act, the applicant should disclose the date of the act, the factual background, the resolution of the incident, and any discipline imposed.

MANAGERIAL RESOURCES

☐ Satisfactory ☐ Somewhat Deficient ☐ Very Deficient

Comments: _____

☐ All Documents Returned to Office of City Clerk

Applicant Name_____ Application Number_____ District_____

Reviewer Name:_____ Signature:_____ Title:_____

Reviewer Name:_____ Signature:_____ Title:_____

Applicant Name _____

Application Number _____

District _____

				Yes	No	Deficient (If deficient explain in comments)	Points	Max. Possible Points	Reviewer Name
FINANCIAL RESOURCES									
	Sufficient financial resources to fund business plan			<input type="checkbox"/>	<input type="checkbox"/>			10	
	Description of allocation of financial resources to each phase of business plan			<input type="checkbox"/>	<input type="checkbox"/>				
	Anticipated reinvestment of profits into business			<input type="checkbox"/>	<input type="checkbox"/>				
	Copies of financial statements and tax returns of applicant and primary stakeholders for last three years			<input type="checkbox"/>	<input type="checkbox"/>				
	Business experience to execute business plan			<input type="checkbox"/>	<input type="checkbox"/>				
	Managerial history of key stakeholders and managers including copies of resumes			<input type="checkbox"/>	<input type="checkbox"/>				
	CPA attestation of net worth or bank statements			<input type="checkbox"/>	<input type="checkbox"/>				
	Pre-qualification with State of Michigan (maximum points awarded)			<input type="checkbox"/>	<input type="checkbox"/>				

In this category, applicants can receive:

- One (1) point if their submission is **Very Deficient**,
- Five (5) points if their submission is **Somewhat Deficient**, or
- Ten (10) points if their submission is **Satisfactory**.

A submission will be deemed **Very Deficient** in a particular category if it significantly fails to satisfy the criteria set out for that category, as applicable.

A submission will be deemed **Somewhat Deficient** in a particular category if it partially satisfies the criteria set out for that category but fails to satisfy all criteria, as applicable.

A submission will be deemed **Satisfactory** in a particular category if it satisfies the criteria set out for that category, as applicable.

If an applicant and all of its stakeholders have received prequalification approval from the department or board, the applicant shall receive the maximum number of scoring points under this category.

Financial Resources (Sec. 9(f)(5))

The applicant must submit documentation sufficient to reasonably and tangibly demonstrate that it possesses sufficient financial resources to fund, and the requisite business experience to execute, the submitted business plan and other plans required by this application. Suggested documentation includes verified financial statements, bank statements, resumes or other employment records, and tax returns.

FINANCIAL RESOURCES

☐ Satisfactory ☐ Somewhat Deficient ☐ Very Deficient

Comments: _____

Applicant Name_____ Application Number_____ District_____

☐ All Documents Returned to Office of City Clerk

Reviewer Name:_____ Signature:_____ Title:_____

Applicant Name _____

Application Number _____

District _____

	Yes	No	Deficient (If deficient explain in comments)	Points	Max. Possible Points	Reviewer Name
JOB CREATION						
Anticipated job creation						
Number of full-time and part-time positions expected to be created						
Nature of each position						
Hourly wages or salaries for each position						
Qualifications required for each position (high school, college, certifications, etc.)					10	
Healthcare and benefits to be provided						
Plan and strategy to attract employees from City of Pontiac						
Plans and initiatives for recruiting prospective employees						
Marketing of jobs and recruiting efforts via a variety of media, including in-person meetings within community						

In this category, applicants can receive:

- One (1) point if their submission is **Very Deficient**,
- Five (5) points if their submission is **Somewhat Deficient**, or
- Ten (10) points if their submission is **Satisfactory**.

A submission will be deemed **Very Deficient** in a particular category if it significantly fails to satisfy the criteria set out for that category, as applicable.A submission will be deemed **Somewhat Deficient** in a particular category if it partially satisfies the criteria set out for that category but fails to satisfy all criteria, as applicable.A submission will be deemed **Satisfactory** in a particular category if it satisfies the criteria set out for that category, as applicable.**Anticipated Job Creation** (Sec. 9(f)(6))

The applicant must identify the job creation to be achieved by the proposed medical marijuana facility, including: (i) the number of full-time and part-time positions the medical marijuana facility is expected to create; (ii) the hourly wages or salaries to be paid for such jobs; (iii) any plans and strategies to attract and hire employees from the City of Pontiac; and (iv) whether the applicant plans to provide employee health and welfare benefit plans, including, but not limited to, sick leave, maternity leave, and paternity leave.

JOB CREATION
☐ Satisfactory
☐ Somewhat Deficient
☐ Very Deficient

Comments: _____

☐ All Documents Returned to Office of City Clerk

Reviewer Name: _____ Signature: _____ Title: _____

Applicant Name _____

Application Number _____

District _____

	Yes	No	Satisfactory (S) or Very Deficient (VD) (If deficient explain in comments)	Points	Max. Possible Points	Total Score	Max. Possible Points	Reviewer Name
PHILANTHROPIC AND COMMUNITY IMPROVEMENT	S or VD							
Commitment to providing community benefits and quality of pledged community benefits			<input type="checkbox"/> <input type="checkbox"/>		4		10	
<ul style="list-style-type: none"> A description of proposed charitable plans, whether through financial donations or volunteer work. A description of the community improvement programs aimed at the City of Pontiac. 	<input type="checkbox"/>	<input type="checkbox"/>						
Duration of pledged community benefits			<input type="checkbox"/> <input type="checkbox"/>	3				
<ul style="list-style-type: none"> A description of the amount of time or financial commitment to each program. A description of the length (days, weeks, months) of each commitment and cumulative duration. 	<input type="checkbox"/>	<input type="checkbox"/>						
Community support for pledged community benefits			<input type="checkbox"/> <input type="checkbox"/>	3				
<ul style="list-style-type: none"> A description of the applicant's plans for responding to community concerns. A description of the applicant's efforts to connect with community leaders. A description of the involvement of key stakeholders in community development programs. 	<input type="checkbox"/>	<input type="checkbox"/>						

- In the sub-category with a maximum of four (4) possible points, applicants can receive: (a) One (1) point if their submission is **Very Deficient**, or (b) Four (4) points if their submission is **Satisfactory**.
- In each sub-category with a maximum of three (3) possible points, applicants can receive: (a) One (1) point if their submission is **Very Deficient**, or (b) Three (3) points if their submission is **Satisfactory**.
- A submission will be deemed **Very Deficient** in a particular sub-category if it significantly fails to satisfy the criteria set out for that category, as applicable.
- A submission will be deemed **Satisfactory** in a particular sub-category if it satisfies the criteria set out for that category, as applicable.

PLEASE SEE NEXT PAGE FOR ADDITIONAL EXPLANATION OF THE APPLICATION REQUIREMENTS AND SCORING CRITERIA.

PHILANTHROPIC AND COMMUNITY IMPROVEMENT

Comments: _____

Applicant Name _____ Application Number _____ District _____

☐ All Documents Returned to Office of City Clerk

Reviewer Name: _____ Signature: _____ Title: _____

PHILANTHROPIC AND COMMUNITY IMPROVEMENT

Philanthropic & Community Improvement Programs (Sec. 9(f)(7))

The applicant must describe its planned philanthropic or community improvement programs, including whether the applicant intends to contribute through financial donations or volunteer work; the time or financial commitment; the community organizations it plans to volunteer or work with and/or donate to; and the applicant's plan for communicating with the City of Pontiac to identify particular areas of need.

Charitable Plans (Sec. 8(c)(16))

The applicant must describe its proposed charitable plans, whether through financial donations or volunteer work. The applicant should list which charitable organizations it plans to volunteer or work with and/or donate to, and the details of such proposed relationship.

With regards to charitable plans, the City Clerk will consider those community benefits pledged to the City of Pontiac as part of the provisioning center application and award points based on the commitment, quality, duration, community support, and amount pledged of such pledged benefits.

If an applicant does not pledge community benefits, the applicant will receive a zero (0) score for this section.

Applicant Name _____

Application Number _____

District _____

		Yes	No	Deficient (If deficient explain in comments)	Points	Max. Possible Points	Reviewer Name
PHYSICAL IMPROVEMENTS							
	Proximity to other structures	<input type="checkbox"/>	<input type="checkbox"/>			10	
	More than 1,000 feet from operational public or private school	<input type="checkbox"/>	<input type="checkbox"/>				
	More than 500 feet from operational commercial childcare organization, public park with playground equipment, or religious institution	<input type="checkbox"/>	<input type="checkbox"/>				

In this category, applicants can receive:

- One (1) point if their submission is **Very Deficient**,
- Five (5) points if their submission is **Somewhat Deficient**, or
- Ten (10) points if their submission is **Satisfactory**.

A submission will be deemed **Very Deficient** in a particular category if it significantly fails to satisfy the criteria set out for that category, as applicable.

A submission will be deemed **Somewhat Deficient** in a particular category if it partially satisfies the criteria set out for that category but fails to satisfy all criteria, as applicable.

A submission will be deemed **Satisfactory** in a particular category if it satisfies the criteria set out for that category, as applicable.

Proximity to Other Structures (Sec. 9(f)(8))

Per Section 3.11010 – Buffer Distance Restrictions, of the City of Pontiac's Medical Marihuana Zoning Ordinance #2363, the applicant must submit documentation showing the proximity of the proposed medical marihuana facility to other structures, including (a) whether the proposed medical marihuana facility is more than 1,000 feet from an operational public or private school, and (b) more than 500 feet from an operational commercial childcare organization (non-home occupation) that is licensed or registered with the State of Michigan Department of Health and Human Services or its successor agency, a public park with playground equipment, or a religious institution that is defined as tax exempt by the city assessor.

Such distance between the school, childcare center, public park, or religious institution and the contemplated location shall be measured along the centerline of the street or streets of address between two fixed points on the centerline determined by projecting straight lines, at right angles to the centerline, from the primary point of ingress to the school, childcare center, or religious institution, or from the playground equipment in a public park, and from the primary point of ingress to the contemplated location.

PHYSICAL IMPROVEMENTS

☐ Satisfactory ☐ Somewhat Deficient ☐ Very Deficient

Comments: _____

Applicant Name_____

Application Number_____

District_____

☐ All Documents Returned to Office of City Clerk

Reviewer Name:_____ Signature:_____ Title:_____

Applicant Name _____

Application Number _____

Applicant Type _____

COMPLIANCE REVIEW – LEGAL ADVISOR

CITY CLERK

Community Development
[Sec. 8(c)(15)]

Maximum Score
10

Reviewer Score

Reviewer Score Verified

☐
☐

Consistent

Inconsistent

If inconsistent, please explain in detail

If inconsistent, please recommend an appropriate score.

☐

Commitment (1 point)

☐

Duration (1 point)

☐

Community Support (1 point)

☐

Commitment (4 points)

☐

Duration (3 points)

☐

Community Support (3 points)

Philanthropic and Community Involvement
[Sec. 8(c)(16) & 9(f)(17)]

Maximum Score
10

Reviewer Score

Reviewer Score Verified

☐
☐

Consistent

Inconsistent

If inconsistent, please explain in detail

If inconsistent, please recommend an appropriate score.

☐

Commitment (1 point)

☐

Duration (1 point)

☐

Community Support (1 point)

☐

Commitment (4 points)

☐

Duration (3 points)

☐

Community Support (3 points)

Applicant Name _____

Application Number _____

Applicant Type _____

Patient Education
Patient and Community Programs
[Sec. 8(c)(28)(29)]

Maximum Score
2.5

Reviewer Score

Reviewer Score Verified

☐
☐

Consistent

Inconsistent

If inconsistent, please explain in detail

If inconsistent, please recommend an appropriate score.

☐

2.5 points – Satisfactory

☐

0.5 points – Very Deficient

FINANCIAL ADVISOR

Background Information
Business Entity
[Sec. 8(c)(2)(4)(7)(8)]

Maximum Score
2.0

Reviewer Score

Reviewer Score Verified

☐
☐

Consistent

Inconsistent

If inconsistent, please explain in detail

Financial Background
[Sec. 8(c)(6)(9)(10)(12)(13)(22)(24)]

Maximum Score
10

Reviewer Score

Reviewer Score Verified

☐
☐

Consistent

Inconsistent

If inconsistent, please explain in detail

Applicant Name _____

Application Number _____

Applicant Type _____

If inconsistent, please recommend an appropriate score.

☐

10 points – Satisfactory

☐

5 points – Somewhat Deficient

☐

1 point – Very Deficient

Economic Benefits
[Sec. 8(c)(11)]

Maximum Score
10

Reviewer Score

Reviewer Score Verified

☐

Consistent

☐

Inconsistent

If inconsistent, please explain in detail

If inconsistent, please recommend an appropriate score.

☐

10 points – Satisfactory

☐

5 points – Somewhat Deficient

☐

1 point – Very Deficient

Patient Education
-Staff Training Education
[Sec. 8(c)(5)]

Maximum Score
2.5

Reviewer Score

Reviewer Score Verified

☐

Consistent

☐

Inconsistent

If inconsistent, please explain in detail

If inconsistent, please recommend an appropriate score.

☐

2.5 points – Satisfactory

☐

0.5 points – Very Deficient

Applicant Name _____

Application Number _____

Applicant Type _____

Managerial Resources
[Sec. 9(f)(4)]

Maximum Score
10

Reviewer Score

Reviewer Score Verified

☐
☐

Consistent

Inconsistent

If inconsistent, please explain in detail

If inconsistent, please recommend an appropriate score.

☐

10 points – Satisfactory

☐

5 points – Somewhat Deficient

☐

1 point – Very Deficient

Financial Resources
[Sec. 9(f)(5)]

Maximum Score
10

Reviewer Score

Reviewer Score Verified

☐
☐

Consistent

Inconsistent

If inconsistent, please explain in detail

If inconsistent, please recommend an appropriate score.

☐

10 points – Satisfactory

☐

5 points – Somewhat Deficient

☐

1 point – Very Deficient

Job Creation
[Sec. 9(f)(6)]

Maximum Score
10

Reviewer Score

Reviewer Score Verified

☐
☐

Consistent

Inconsistent

If inconsistent, please explain in detail

Applicant Name _____

Application Number _____

Applicant Type _____

If inconsistent, please recommend an appropriate score.

☐ 10 points – Satisfactory

☐ 5 points – Somewhat Deficient

☐ 1 point – Very Deficient

MARIHUANA REGULATIONS

Background Information

Maximum Score

Reviewer Score

[Sec. 8(c)(1)(3)(25)]

1.5

Reviewer Score Verified

☐
☐

Consistent

Inconsistent

If inconsistent, please explain in detail

FACILITY

Sanitation

Maximum Score

Reviewer Score

[Sec. 8(c)(21)]

2.0

Reviewer Evaluation Verified

☐
☐

Consistent

Inconsistent

If inconsistent, please explain in detail

If inconsistent, please recommend an appropriate score.

☐ 2 points – Satisfactory

☐ 1 point – Somewhat Deficient

☐ 0 points – Very Deficient

Applicant Name _____

Application Number _____

Applicant Type _____

SECURITY

Background Information

Maximum Points

Reviewer Score

Security Plan

1

[Sec. 8(c)(17)]

Reviewer Score Verified

☐

Consistent

☐

Inconsistent

If inconsistent, please explain in detail

Applicant Criminal History

Maximum Score

Reviewer Score

[Sec. 8(c)(14)]

0.5

Reviewer Score Verified

☐

Consistent

☐

Inconsistent

If inconsistent, please explain in detail

Land Use

A. Resident Safety

Maximum Points

Reviewer Score

[Sec. 9(f)(2)]

10

Reviewer Score Verified

☐

Consistent

☐

Inconsistent

If inconsistent, please explain in detail

Applicant Name_____

Application Number_____

Applicant Type_____

If inconsistent, please recommend an appropriate score.

☐

10 points – Satisfactory

☐

5 points – Somewhat Deficient

☐

1 point – Very Deficient

***EACH SUCH EMPLOYEE, AGENT OR CONTRACTOR MUST SIGN THIS REVIEW FORM**

Under penalties of perjury, each of the undersigned, as a City of Pontiac employee, agent or contractor involved in the review of the above application, hereby declares and certifies that he or she has completed aspects of this review and that to the best of his or her knowledge and belief this review form is true, correct and complete, and that he or she: (i) has not shared any information or materials about the above application (including the application itself and any attachments thereto) with anyone outside of the review process; (ii) has no actual or potential conflict of interest with regard to the above application and has not directly or indirectly solicited, accepted or retained any direct or indirect gift, gratuity, compensation, payment or other benefit from any individual or entity associated with such application; and (iii) has returned all application materials (including the application itself and any attachments thereto) back to the Pontiac City Clerk's Office.

Legal Advisor Name:_____ Signature:_____ Title:_____ Date:_____

Legal Advisor Name:_____ Signature:_____ Title:_____ Date:_____

Legal Advisor Name:_____ Signature:_____ Title:_____ Date:_____

Legal Advisor Name:_____ Signature:_____ Title:_____ Date:_____

☐

All Documents Returned to Office of the City Clerk

Applicant Name _____

Application Number _____

District _____

COMPLIANCE REVIEW – PLANNING ADVISOR

FACILITY

Planning
[Sec. 8(c)(18)(19)(20)(27)]

Maximum Points
8

Reviewer Score

Reviewer Score Verified

☐

Consistent

☐

Inconsistent

If inconsistent, please explain in detail

If inconsistent, please recommend an appropriate score.

☐

8 points – Satisfactory

☐

4 points – Somewhat Deficient

☐

1 point – Very Deficient

LAND USE

B. Neighborhood Land Use
[Sec. 9(f)(2)]

Maximum Points
10

Reviewer Score

Reviewer Score Verified

☐

Consistent

☐

Inconsistent

If inconsistent, please explain in detail

If inconsistent, please recommend an appropriate score.

☐

10 points – Satisfactory

☐

5 points – Somewhat Deficient

☐

1 point – Very Deficient

Applicant Name _____

Application Number _____

District _____

Community Impact
[Sec. 9(f)(3)]

Maximum Points
10

Reviewer Score

Reviewer Score Verified

☐
☐

Consistent

Inconsistent

If inconsistent, please explain in detail

If inconsistent, please recommend an appropriate score.

☐

10 points – Satisfactory

☐

5 points – Somewhat Deficient

☐

1 point – Very Deficient

Physical Improvements
[Sec. 9(f)(8)]

Maximum Points
10

Reviewer Score

Reviewer Score Verified

☐
☐

Consistent

Inconsistent

If inconsistent, please explain in detail

If inconsistent, please recommend an appropriate score.

☐

10 points – Satisfactory

☐

5 points – Somewhat Deficient

☐

1 point – Very Deficient

Applicant Name_____

Application Number_____

District_____

***EACH SUCH EMPLOYEE, AGENT OR CONTRACTOR MUST SIGN THIS REVIEW FORM**

Under penalties of perjury, each of the undersigned, as a City of Pontiac employee, agent or contractor involved in the review of the above application, hereby declares and certifies that he or she has completed aspects of this review and that to the best of his or her knowledge and belief this review form is true, correct and complete, and that he or she: (i) has not shared any information or materials about the above application (including the application itself and any attachments thereto) with anyone outside of the review process; (ii) has no actual or potential conflict of interest with regard to the above application and has not directly or indirectly solicited, accepted or retained any direct or indirect gift, gratuity, compensation, payment or other benefit from any individual or entity associated with such application; and (iii) has returned all application materials (including the application itself and any attachments thereto) back to the Pontiac City Clerk's Office.

Planning Advisor Name:_____ Signature:_____ Title:_____ Date:_____

Planning Advisor Name:_____ Signature:_____ Title:_____ Date:_____

Planning Advisor Name:_____ Signature:_____ Title:_____ Date:_____

Planning Advisor Name:_____ Signature:_____ Title:_____ Date:_____

☐ All Documents Returned to Office of the City Clerk