

APPLYING FOR YOUR MEDICAL MARIHUANA FACILITY BUSINESS LICENSE

- This is your **BUSINESS LICENSE** application
 - o *required to operate a Medical Marihuana Facility in the City of Warren, MI*
 - The Clerk's Office processes your business license
 - o *2nd floor of City Hall - (586) 574-4557*
 - Other paperwork and inspections for your location are with the Building Department
 - o *3rd floor of City Hall - (586) 574-4504*
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1) Complete your Business License Application as completely as you can

- a. **NOTE:** Facility Owner is the Business Owner (*NOT the Landlord, unless you own the building AND operate the business – there is a separate line to put the Landlord name & phone #*)
- b. Facility Owner and Facility Manager must both provide a copy of their ID and have their signatures notarized on the page 4
 - i. *If there is **not** a separate Manager, only the Owner must provide ID & have signature notarized*

2) Turn in your completed application to the Clerk's Office & pay \$50.00 fee

- a. *by mail (made payable to City of Warren) OR*
- b. *drop off at the Clerk's Office – (2nd floor of City Hall (8:30 to 5, M-F))*

Once your completed application and payment is received by the Clerk's Office, it will be sent to the proper departments for approval. Once the approvals are obtained, your license will be mailed to you.

Please note: There are TWO types of business licenses required for a Medical Marihuana Facility

1. Medical Marihuana Facility – *required per facility*
 2. Medical Marihuana Facility Unit – *required PER caregiver at a licensed facility*
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FAQ

1. How long does it take to get my license?
 - a. *It varies - this depends on how long it takes for you to obtain the proper approvals through the Building Department. Once Building approves your license, it will be mailed to you. The Building Department can be reached at (586) 574-4504*
2. When should I apply for the Unit license?
 - a. *You may apply for both the Facility and the Units simultaneously, however a Unit will not be issued until the Facility has been approved and issued. You may also choose to apply for the Unit license at a later time. An application for a Unit cannot be accepted until we have an application for the Facility they will be operating at on file.*
3. Who needs to apply for the Unit license?
 - a. *Each Caregiver at a Facility must apply for his/her own Unit license*
4. When will my license expire?
 - a. *One year from the day it is issued*
5. How do I renew my license?
 - a. *The exact same way your applied the first time – new and renewal applications are the same and are considered in the same manner.*

Business License Applications are available for download at:

www.cityofwarren.org/business-licenses



MEDICAL MARIHUANA FACILITY

BUSINESS LICENSE APPLICATION

OFFICE OF THE CITY CLERK
ONE CITY SQUARE, SUITE 205
WARREN, MI 48093-2393
(586) 574-4557 / FAX (586) 574-4556

FEE: \$50.00 ANNUALLY
LICENSE EXPIRES ONE YEAR FROM DATE OF ISSUANCE

10% late fee for renewal applications received after this date

I hereby apply for a license to operate a medical marihuana facility within the City of Warren in compliance with the Code of Ordinances of the City of Warren. (Ordinance No. 30-1020, Appendix A of Zoning Ordinances, Section 17.02 (aa))

** an asterisk denotes information that will be kept confidential to the extent allowed by law*

NEW

RENEWAL

APPLICATION MUST BE COMPLETED IN FULL (4 PAGES)

A.

FACILITY NAME: _____ PHONE: _____

FACILITY ADDRESS: _____ Warren, MI _____
street city state zip

APPLICANT / FACILITY OWNER NAME: _____ PHONE: _____

* APPLICANT / FACILITY OWNER HOME ADDRESS: _____
street city state zip

* DATE OF BIRTH: / / _____

EMAIL ADDRESS: _____

FACILITY MANAGER NAME: _____ PHONE: _____

(individual responsible for overall operating)
(IF different from Medical Marihuana applicant/facility owner)

* FACILITY MANAGER HOME ADDRESS: _____
street city state zip

* DATE OF BIRTH: / / _____

EMAIL ADDRESS: _____

FACILITY LANDLORD NAME: _____ PHONE: _____

please continue on to the next page...

REQUIREMENTS:

- Copy of Applicant / Facility Owner's Driver's License or State ID *
- Copy of Facility Manager's Driver's License or State ID (if applicable) *

OFFICE USE ONLY

DEPARTMENT APPROVAL:

POLICE: BUILDING:

Issued by: Computer Entry Paper License

LICENSE EXPIRES: _____ FEE \$ 50.00

LATE FEE \$ _____

MEDICAL MARIHUANA FACILITY LICENSE NO. _____

PAID OTC MAIL

B.

1) APPLICANT ENTITY TYPE:

- SOLE PROPRIETORSHIP
 CORPORATION
 LIMITED LIABILITY COMPANY
 PARTNERSHIP
 OTHER: _____

2) PLEASE PROVIDE THE INFORMATION REQUESTED BELOW FOR EACH INDIVIDUAL HAVING ANY OF THE FOLLOWING:

(1) the actual power to control the operation, management or policies of the medical marihuana facility or legal entity which operates the medical marihuana facility, (2) ownership of a financial interest of ten (10) percent or more of a business or of any class of voting securities of a business, or (3) holding an office (e.g., president, vice president, secretary, treasurer, managing member, managing director, etc.) in a legal entity which operates the medical marihuana facility.

NAME:	* DATE OF BIRTH:	* PHONE:
ADDRESS:		
street	city	state zip

NAME:	* DATE OF BIRTH:	* PHONE:
ADDRESS:		
street	city	state zip

NAME:	* DATE OF BIRTH:	* PHONE:
ADDRESS:		
street	city	state zip

NAME:	* DATE OF BIRTH:	* PHONE:
ADDRESS:		
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NAME:	* DATE OF BIRTH:	* PHONE:
ADDRESS:		
street	city	state zip

NAME:	* DATE OF BIRTH:	* PHONE:
ADDRESS:		
street	city	state zip

please continue on to the next page...

*** 3) PLEASE LIST ALL PERSONS WHO WILL BE EMPLOYED EITHER PART-TIME OR FULL-TIME AT THE MEDICAL MARIHUANA FACILITY:**

**all information will be withheld from disclosure unless compelled by law*

NAME:	DATE OF BIRTH:	PHONE:
ADDRESS:		
street	city	state zip
JOB TITLE:		

NAME:	DATE OF BIRTH:	PHONE:
ADDRESS:		
street	city	state zip
JOB TITLE:		

NAME:	DATE OF BIRTH:	PHONE:
ADDRESS:		
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JOB TITLE:		

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ADDRESS:		
street	city	state zip
JOB TITLE:		

4) FOR PERSONS IDENTIFIED IN SUBSECTIONS A, B-2, AND B-3, PLEASE LIST ANY ASSUMED NAMES OR ALIASES THEY HAVE BEEN KNOWN BY IN THE LAST FIVE YEARS:

please continue on to the next page...

*** 5) WHO IS THE PRIMARY CONTACT FOR QUESTIONS CONCERNING THIS APPLICATION?:**

Name: _____
Title: _____ **Phone:** _____
Email: _____

CERTIFICATION: By signing the following, I/we agree and certify:

(A) To supplement the information contained in this application within 10 business days of any change in application information.

(B) That the location of the medical marihuana facility complies with the locational requirements set forth in the City of Warren Code of Ordinances.

(C) That the information contained herein is true, complete, and accurate.

(D) To provide any other information that may be requested to assist the City of Warren with the review of this application or issuance of this license

I/we understand that the failure to provide the information and documentation required by this application may result in the denial of this application. This license may be revoked if the application for a medical marihuana facility Certificate of Compliance is denied or revoked by the Building and Inspection Division.

*This application must be signed by each individual identified in response to **Section A**, it must also be notarized.*

STOP! Sign only in front of a Notary:

FACILITY OWNER: (APPLICANT)	FACILITY MANAGER: (IF APPLICABLE)
Signed: _____	Signed: _____
Print: _____	Print: _____
Title: _____	Title: _____
Subscribed and sworn to before me this _____ day of _____, 20_____. _____, Notary Public	Subscribed and sworn to before me this _____ day of _____, 20_____. _____, Notary Public
County, Michigan	County, Michigan
My Commission Expires: _____	My Commission Expires: _____

*** In accordance with the Warren Code of Ordinances mandated in Section 18-9: No license shall be issued or renewed under the provisions of this chapter or any other ordinance of the city until any and all personal property taxes, levied and assessed against such person by the city which may be due and payable at the time of the filing of the application**

*** Note: New dwelling or new owner must obtain a new Certificate of Compliance from the Building Department**