



SUBMISSION INSTRUCTIONS FOR MARIHUANA FACILITY LICENSE

Pursuant to MCL 333.27402, City employees are not permitted to apply for or be affiliated with Medical Marihuana Facilities.

Submit in person all of following to the Building Department on the Third Floor of City Hall, One City Square, Suite 305, Warren, Michigan:

- One original signed and completed paper application.
- One original signed and completed Affidavit of Compliance (for each person required to sign).
- One original signed and completed Consent to Use/Search (property owner).
- One original signed and completed Consent to Search (business owner).
- One set of Security Plans, Facility Plans, and Waste Disposal Plans.
- One hard copy of all other supporting documents listed on Page 7.
- One electronic flash drive application and all supporting documents listed on Page 7.

Applications that do not comply with these number of copy requirements will be returned.

The City will not process applications if they are:

- incomplete or illegible;
- contain superfluous information; or
- submitted by or affiliated with a City of Warren employee or official.

Keep a copy of your application and supporting documents for your file.



MARIHUANA FACILITY LICENSE

City of Warren
One City Square
Warren, Michigan 48093

PROPERTY INFORMATION

Facility Name: _____

Address: _____ Parcel No.: _____

Is the building new construction: YES NO

Facility Type (check one):

- Grower State License A
- Grower State License B
- Grower State License C _____
- Processor
- Safety Compliance
- Secure Transporter

NO. OF STACKING LICENSES ANTICIPATED*

For Growers, Processors, and Provisioning Centers, is this a co-located facility*? YES NO

If yes, indicate other co-location facility types: _____

*Applicants with co-location, stacking, or both are required to obtain a separate local license for each corresponding state facility license.

LOCAL AGENT INFORMATION

Responsible Local Agent (a contact person that lives within 50 miles of the City with access to the Facility)

Name: _____
(LAST) (FIRST) (MIDDLE INITIAL)

Address: _____ City: _____ State: _____ Zip Code: _____
(NO P.O. BOXES)

Driver's License/State ID No.: _____ Date of Birth: _____

Phone (work): _____ (cell): _____

The Responsible Local Agent is not employed by any governmental agency.

Applicant Signature: _____ **Date:** _____

Printed Name: _____

Company and title: _____

OFFICE USE ONLY

Project No.
Date Submitted

BUSINESS OWNER INFORMATION

Business Owner type (check one):

- Individual
- Sole Proprietorship
- Limited Liability Partnership
- Corporation
- Limited Liability Company (LLC)
- Trust
- Other: _____

1. Name: _____ dba: _____

Address: _____ City: _____ State: _____ Zip Code: _____
(NO P.O. BOXES)

Phone (business): _____ (cell): _____

Federal Tax Identification No. _____

2. Name: _____ dba: _____

Address: _____ City: _____ State: _____ Zip Code: _____
(NO P.O. BOXES)

Phone (business): _____ (cell): _____

Federal Tax Identification No. _____

**Attach additional Pages if necessary.
If an entity, also complete Page 4 – Business Owner Information.**

ASSOCIATED FORMER CAREGIVER INFORMATION (GROWER ONLY – through 2021)

Name: _____
(LAST) (FIRST) (MIDDLE INITIAL)

Address: _____ City: _____ State: _____ Zip Code: _____
(NO P.O. BOXES)

Driver's License/State ID No.: _____ Date of Birth: _____

Phone (business): _____ (cell): _____

Number of years licensed: _____

The Associated Former Caregiver is not employed by any governmental agency.

STATE LICENSE

Status (check all that apply):

- Applied for State License prequalification
- Received prequalification
- Applied for State License final approval

Applicant Signature: _____ **Date:** _____

Printed Name: _____

Company and title: _____

BUSINESS OPERATION INFORMATION

1. Provide the hours of operation*:

Monday: _____

Friday: _____

Tuesday: _____

Saturday: _____

Wednesday: _____

Sunday: _____

Thursday: _____

2. Described services provided/operations conducted:**

3. Anticipated start of construction or remodel date: _____

4. Anticipated start of operations date: _____

5. For Secure Transporters:

Have transport vehicles been purchased***? YES NO

If yes, provide make, model, and vin number of the vehicles:

Vehicle 1: _____

Vehicle 2: _____

* For Growers: provide hours open for secure transporter pickup. For a Processor, a Safety Compliance Facility, or a Secure Transporter: provide the hours employees will be on premises.

** Administrative functions, methods of extraction, secure transporter delivery/pickup, truck storage, etc.

*** Applicant must update this information within seven days of purchasing or selling a vehicle to be used for Medical Marijuana transport.

Applicant Signature: _____

Date: _____

Printed Name: _____

Company and title: _____

BUSINESS OWNER INFORMATION

PROPERTY INFORMATION

Facility Address: _____ Parcel No.: _____

ENTITY INFORMATION

List the following entity information:

For sole proprietor – The proprietor

For trusts – All beneficiaries

For a partnership and limited liability partnerships – All partners

For a limited liability company – All members and managers

For a corporation – All corporate officers and directors

1. **Name:** _____

Title (i.e. partner, member etc.): _____

This person is not employed by any governmental agency.

2. **Name:** _____

Title (i.e. partner, member etc.): _____

This person is not employed by any governmental agency.

3. **Name:** _____

Title (i.e. partner, member etc.): _____

The person is not employed by any governmental agency.

4. **Name:** _____

Title (i.e. partner, member etc.): _____

The person is not employed by any governmental agency.

Attach additional Pages if necessary.

Applicant Signature: _____

Date: _____

Printed Name: _____

Company and title: _____

EMPLOYEE INFORMATION

(including contract employees)

PROPERTY INFORMATION

Facility Address: _____ Parcel No.: _____

EMPLOYEE INFORMATION

Name: _____

Job title: _____ Date of Birth: _____

CHECK BOX IF THE EMPLOYEE IS EITHER A MANAGER OR INVOLVED IN THE BUSINESS OPERATION

CHECK BOX IF THE EMPLOYEE HAS A CHAUFFER'S LICENSE

Name: _____

Job title: _____ Date of Birth: _____

CHECK BOX IF THE EMPLOYEE IS EITHER A MANAGER OR INVOLVED IN THE BUSINESS OPERATION

CHECK BOX IF THE EMPLOYEE HAS A CHAUFFER'S LICENSE

Name: _____

Job title: _____ Date of Birth: _____

CHECK BOX IF THE EMPLOYEE IS EITHER A MANAGER OR INVOLVED IN THE BUSINESS OPERATION

CHECK BOX IF THE EMPLOYEE HAS A CHAUFFER'S LICENSE

Name: _____

Job title: _____ Date of Birth: _____

CHECK BOX IF THE EMPLOYEE IS EITHER A MANAGER OR INVOLVED IN THE BUSINESS OPERATION

CHECK BOX IF THE EMPLOYEE HAS A CHAUFFER'S LICENSE

Name: _____

Job title: _____ Date of Birth: _____

CHECK BOX IF THE EMPLOYEE IS EITHER A MANAGER OR INVOLVED IN THE BUSINESS OPERATION

CHECK BOX IF THE EMPLOYEE HAS A CHAUFFER'S LICENSE

Attach additional Pages if necessary. The business owner must submit an updated list to the City of Warren Building Department within seven days of an employee leaving, hiring a new employee, or a current employee legally changing his/her name. Along with the list, the business owner must submit a copy of each new employee's Drivers License.

Applicant Signature: _____

Date: _____

Printed Name: _____

Company and title: _____



MARIHUANA FACILITY LICENSE

City of Warren
One City Square
Warren, Michigan 48093

By signing this Application, I verify all of the following: the information on this Application is, to the best of my knowledge, accurate; the business owner has a continuing obligation to update the application documents with any changes within seven days of the status change or the license may be revoked; the business owner has read, understand, and agree to abide by the City of Warren Ordinances relating to Medical Marihuana Facilities, including but not limited to, the cost recovery provision; the business owner understands that marihuana possession is illegal under Federal Law (21 USC 812(b)(1)(B)); and the business owner indemnifies the City of Warren from and against any claim of liability or loss; penalties; damages; attorney fees; professional advisor fees; settlements; or other expenses related to conducting an investigation, issuing a Medical Marihuana Local License, and disclosing information contained in this application or obtained during the investigation to Federal or State authorities; or as required by law or court order. To the best of my knowledge, no one listed in this Application is employed by a governmental unit or is otherwise prohibited from obtaining a State Facility License. I am the business owner or I am an agent of the business owner with authorization to both sign this Application and release or cause to be released all information required to investigate the application.

The application fee for a Medical Marihuana Facility is \$5,000.00 as established by council. Of the total required fee, two thousand five hundred dollars (\$2,500.00) is non-refundable. If the application is withdrawn or denied, the remainder of the fee will be returned to the applicant.

Applicant's Signature: _____ **Date:** _____

Printed Name: _____

Company and title: _____

Driver's License/Government ID No.: _____ Date of Birth: _____

Phone (work): _____ (cell): _____

The Applicant is not employed by any governmental agency.

Local Agent's Signature: _____ **Date:** _____

(ONLY REQUIRED IF APPLICANT IS NOT THE LOCAL AGENT LISTED ON FIRST PG)

Printed Name: _____

Company and title: _____

ALL FACILITIES

- Completed Application**
- Owner's Governing Documents**
(if owner is an entity)
- Application Fee** (if applicable prorated)
- Property Ownership Information**
(deed, lease, real estate trust, purchase Agreement, or other relevant document related to property ownership)
- Facility Plan** (as required by the as required by the Medical Marijuana Emergency Rules, filed with the Secretary of State on December 4, 2017 (MMER) Rule 8).
- Disclosure 7 (and SA) – Criminal History with Attachments** (State Application)
- Security Plan** (as required by MMER - Rule 27, including all alarm system information).
- Copy of Driver's License or Government Identification** (a passport for any listed person who is domiciled outside the country) **for all of the following:**
 - Applicant;**
 - Responsible Local Agent** (if different than the applicant);
 - Employees;**
 - Former Associated Caregiver; and**
 - Owners, Beneficiaries, Partners, Members, Managers, Officers, and Directors.**
- Affidavit of Compliance** (for each of the following: business, partner, member, manager, officer, and director)
- Consent to Search** (business)
- Consent to Use/Search** (property owner)

SECURE TRANSPORTER FACILITY

- Copies of Each Vehicle's Registration**
(provide when available)

GROWING FACILITY AND PROCESSING FACILITY

- Waste Disposal Plan**
- Odor Control Plan**



CONSENT TO SEARCH
BUSINESS OWNER

STATE OF MICHIGAN)
) SS.
COUNTY OF _____)

_____ being first duly sworn, deposes and states
(APPLICANT)

that he/she is applying for a Local License from the City of Warren to operate a Medical
Marihuana Facility at _____.
(ADDRESS OF THE PROPERTY)

Deponent states that he/she is the business owner/agent of the business owner. Deponent further
states that he/she consents to the Warren Building Division, Police Department, and Fire
Department inspecting all real and personal property (including log books, other business records,
and security camera footage) associated with the Medical Marihuana Facility described above.

Signature: _____

Title: _____

Subscribed and sworn to before me
this _____ day of _____ 20_____.

Notary Public
County, Michigan

My commission expires: _____
Acting in County of: _____

