



# MEDICAL MARIHUANA FACILITY UNIT

**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 unit 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)) This license is to be issued to primary registered caregivers or registered qualifying patients seeking to grow, cultivate, or manufacture medical marihuana within individual suites or units of a building that has been approved as a Medical Marihuana Facility according to the City of Warren Code of Ordinances.

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

NEW

RENEWAL

**PLEASE COMPLETE APPLICATION IN FULL**

APPLICANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPLICANT HOME \_\_\_\_\_

ADDRESS\*: \_\_\_\_\_

street city state zip

MEDICAL MARIHUANA FACILITY \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_ Warren, MI

street city state zip

APPLICANT'S UNIT OR SUITE NUMBER: \_\_\_\_\_

**\* LIST ALL OF APPLICANT'S REGISTERED CAREGIVER CARD NUMBERS  
(for each patient):**

**OFFICE USE ONLY**

*Number confirmed by Police:*

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_


*please continue on to the next page...*

**REQUIREMENTS:**

Copy of Applicant's Driver's License or State ID

**\* 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 for such license, shall have been paid (Applies to Warren businesses only) / THIS LICENSE IS NOT TRANSFERABLE & NON-REFUNDABLE**

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

**OFFICE USE ONLY**

DEPARTMENT APPROVAL:

POLICE:  BUILDING:

Issued by: Computer Entry  Paper License

LICENSE EXPIRES: \_\_\_\_\_ FEE \$ 50.00

MEDICAL MARIHUANA \_\_\_\_\_ LATE FEE \$ \_\_\_\_\_

FACILITY UNIT LICENSE NO. \_\_\_\_\_

PAID  OTC  MAIL

FACILITY OWNER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

FACILITY MANAGER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

IS APPLICANT THE OWNER OR LESSEE OF THE FACILITY?  OWNER  LESSEE  
OTHER: \_\_\_\_\_

IF LESSEE, TERM OF LEASE WITH FACILITY: \_\_\_\_\_

SEND CORRESPONDENCE BY:  EMAIL: \_\_\_\_\_  MAIL ONLY

Preferred Mailing Address:  Facility Address  Applicant Address  
 Other: \_\_\_\_\_  
street city state zip

**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 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 license may also be revoked if the Medical Marihuana Facility or Medical Marihuana Facility Unit is used, operated, or occupied in a manner that violates the Michigan Medical Marihuana Act, MCL333.26421, et. seq., or the City of Warren Code of Ordinances or Code of Zoning Ordinances.**

*This application must be signed by the applicant, it must also be notarized.*

**STOP!** Sign only in front of a Notary: **Signature:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_ \*

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, Notary Public  
\_\_\_\_\_  
County, Michigan

My Commission Expires: \_\_\_\_\_