



BUILDING DIVISION  
ONE CITY SQUARE, SUITE 305  
WARREN, MI 48093-2391  
(586) 574-4504  
FAX (586) 574-4577  
WWW.CITYOFWARREN.ORG

**CERTIFICATE OF COMPLIANCE APPLICATION  
FOR MEDICAL MARIHUANA FACILITIES**

**Application Fee: \$2,500.00**  
**Renewal Fee: \$5,000.00**

**Check one:      New       Renewal**

**PLEASE PRINT ALL INFORMATION**

*\*\* Indicates information that will be kept confidential*

The Application must be accompanied with a copy of the following:

- ✓ Application fee.
- ✓ Copy of Business license application and proof of payment.
- ✓ Proof of legal interest in the property (deed, notarized and executed lease, land contract or option to purchase).
- ✓ **\*\***Building floor plan on letter or legal size paper with layout and identification of units and areas intended for growth, cultivation, and storage, and areas to be used for transfer.
- ✓ **\*\***Lighting and security plan for facility and the transfer area.
- ✓ Ventilation Exhaust and Odor Control plan.
- ✓ Proof of agent's authority to submit application for applicant and property owner.
- ✓ **\*\***An emergency contact name and phone number who may be available on a 24/7 basis in the event of emergencies.

## I. FACILITY INFORMATION:

Property Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Phone Number: \_\_\_\_\_  
Fax Number. \_\_\_\_\_  
Website Address: \_\_\_\_\_

\*\*Identify each suite/unit to be occupied for medical marihuana growth, cultivation, processing or storage at the facility by unit or suite number, and include the unit and suite numbers on the floor plan sketch to be submitted with the Application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*State the total square footage of the facility to be used for medical marihuana growth, cultivation, processing or storage:

\_\_\_\_\_

Business Name of Facility: \_\_\_\_\_  
\_\_\_\_\_

Business Name of Building in which Facility is located, if different from Facility name: \_\_\_\_\_  
\_\_\_\_\_

Total Number of Registered Caregivers (or Registered Patients) who will occupy the Facility for Medical Marihuana Growth, Cultivation, Processing or Storage: \_\_\_\_\_

List any other businesses occupying the property, or other uses of the property by the owner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please identify the manager who will be responsible for overall operations and management of the facility:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\*\*Driver's License Number: \_\_\_\_\_

\*\*Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
\*\*Emergency Phone Contact Number and E-Mail Address: \_\_\_\_\_  
\_\_\_\_\_

## II. APPLICANT AND OWNER INFORMATION:

Legal Name of Applicant/Facility Owner: \_\_\_\_\_

\_\_\_\_\_

Type of Entity: (Check one of the following)

\_\_\_\_\_ Corporation

\_\_\_\_\_ General Partnership

\_\_\_\_\_ Limited Partnership

\_\_\_\_\_ Limited Liability Company

\_\_\_\_\_ Individual

\_\_\_\_\_ Other, please describe: \_\_\_\_\_

\_\_\_\_\_

Assumed name for doing business, if any: \_\_\_\_\_

\_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

\*\*Owner's date of birth, if individual: \_\_\_\_\_

\*\*Owner's driver's license number: \_\_\_\_\_

Full name of individual representing applicant: \_\_\_\_\_

\_\_\_\_\_

(Do not list corporate entity, attorney or representative. The person submitting the application for the applicant must be an individual, who is the property owner or the person responsible for the day to day operation of the facility).

Title: \_\_\_\_\_

Company Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*Phone Number: \_\_\_\_\_

\*\*E-Mail Address: \_\_\_\_\_

\*\*Driver's License Number: \_\_\_\_\_

\*\*Date of Birth: \_\_\_\_\_

State Applicant/Facility Owner's Legal Interest in the Property: i.e., deed holder, land contract purchaser, lessee

\_\_\_\_\_

If leased, what is the length of the lease? \_\_\_\_\_

If applicant/facility owner is not the landowner, please identify all entities or persons with an ownership interest in the land:

\_\_\_\_\_

For owner, manager and applicant's representative, please state all former names or aliases each has been known by in the last five years:

\_\_\_\_\_

\_\_\_\_\_

Identify by name and state of formation, other businesses owned or operated by applicant, the owner, and applicant's officers, members, and partners:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Contact for processing this Application and scheduling inspections:

Primary Contact Name and Title: \_\_\_\_\_

\_\_\_\_\_

\*\*Primary Contact E-mail: \_\_\_\_\_

\*\*Primary Contact Daytime Telephone Number: \_\_\_\_\_

**Communications regarding this Application will be sent to your primary contact, and it is the Applicant or Primary Contact's responsibility to notify the Division of Building Inspections and Safety Engineering to coordinate inspections.**

Please check whether Primary contact would prefer communications through e-mail. Yes \_\_\_\_\_ No \_\_\_\_\_

If not, state preferred means of communication: \_\_\_\_\_

### III. OPERATIONAL INFORMATION.

1. State the Hours of Operation of the Facility.

Monday through Friday: \_\_\_\_\_

Saturday and Sunday: \_\_\_\_\_

Holidays: \_\_\_\_\_

2. Has the City of Warren ever issued a violation to the Applicant or Facility Owner based upon any alleged or actual unlawful use or condition of property in the City of Warren?

Yes  (If yes, provide details below)

No

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3. Does the Facility maintain liability insurance that adequately covers property damage from fire, vandalism, malicious mischief and other perils of explosion, collapse or damage to underground utilities?

Yes

No

Attach a copy of your certificate

**CERTIFICATION:**

By signing the following, I/We agree and certify:

- 1) To supplement the information contained in this application within 10 business days of any change in the application information. The City reserves the right to revoke a Certificate of Compliance for failure to comply with this section.
- 2) That the Building Division reserves the right to request additional information as is reasonably necessary to the processing and approval of the facility under the Medical Marihuana Regulatory Ordinance 80-737 and Zoning Ordinance 30-1020, and other sections of the City of Warren Code of Ordinances pertinent to the issuance of a Certificate of Compliance.
- 3) If the location is not approved, the City of Warren will retain a portion of the Certificate of Compliance Application Fee to account for its administrative costs of processing the application. The minimum amount retained is 20 percent (20%) of the Application Fee. The remainder of the Application fee will be refunded to the Applicant at the Applicant's mailing address.
- 4) Annual inspections and renewal of the Certificate of Compliance are required of the Facility and the units to ensure compliance with City ordinances.
- 5) This Certificate of Occupancy may be revoked if the activities within the Facility violate the Act or, after warning, violate City of Warren ordinances.

**APPLICANT:**

Date \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

TITLE: \_\_\_\_\_

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

\*\*PHONE NUMBER: \_\_\_\_\_

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

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, Michigan  
Acting in Macomb County, Michigan  
My Commission Expires:

**Submit completed Application and Application Fee to:  
City of Warren Building Division, One City Square, Suite 305, Warren, Michigan 48093  
(586) 574-4504.**