



**CERTIFICATE OF COMPLIANCE APPLICATION
FOR MEDICAL MARIHUANA FACILITY UNITS**

Application Fee: \$1,000.00
Renewal Fee: \$1,000.00

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 authority to occupy the Facility Unit (i.e. lease agreement).
- ✓ ** Proof of Valid Marihuana Registry Patient ID Card and/or Caregiver ID Card for each Registered Qualifying Patient being assisted by Applicant.
- ✓ ** Floor Plan (letter or legal size paper) with layout of the enclosed locked facility used for grow, storage and cultivation activities, and number of plants, and location of windows.
- ✓ Lighting and Security plan for the Facility Unit.
- ✓ Ventilation, Exhaust and Odor Control plan.
- ✓ Waste Disposal Plan detailing plans for disposal of chemical and plant materials.
- ✓ ** An emergency contact name and phone number who may be contacted in the event of emergencies.

I. FACILITY UNIT INFORMATION:

Property Address: _____

Business Phone Number: _____

Business Name of the Facility: _____

Name and Address of the Facility Owner/Manager:

Identify unit or suite numbers to be occupied by the applicant, and include the unit or suite numbers on the floor plan to be submitted with this application:

Total area in square feet of each unit or suite within the Facility to be used for medicinal marihuana growth, cultivation, processing or storage:

** How many Registered Qualifying Patients will you be assisting with medical marihuana grown at the site: _____

Do all such patients list you as their Registered Primary Caregiver? _____

** How many marihuana plants will be grown in this unit? _____

All Medical Marihuana Registry Identification Cards must be in the possession of the Caregiver while operating within the Facility Unit.

II. APPLICANT INFORMATION:

Do not list corporate entity, attorney or representative. The person submitting the Application must be an individual, who will be responsible for the day-to-day operation and activities within the Facility Unit.

**Full Legal Name: _____

** Mailing Address: _____

** Email Address: _____
 I prefer communication through email.

** Phone Number: _____

**Date of Birth: _____

**Driver's License Number: _____

What is the term of your occupancy at the Facility? _____

III. OPERATIONAL INFORMATION.

Hours of Operation:

Monday through Friday: _____

Saturday and Sunday: _____

Holidays: _____

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

Yes (if yes, provide details below)

No

2. What is the total number of marihuana plants to be grown in the Facility Unit: _____

3. **Does the Applicant intend to grow/cultivate/store or process marihuana at the Property:

Yes

No

4. Does the Facility Unit maintain liability insurance that covers fire damage and malicious mischief?

Yes

No

Attach a copy of your certificate:

CERTIFICATION:

By signing the following, I 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 30-1020 of the City of Warren Code of Ordinances and Zoning Ordinances.*
- 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) *I will maintain at all times a valid Marihuana Registry Primary Caregiver ID Card issued by the State of Michigan for each patient I am assisting, and will only assist Registered Patients who identify me as their Caregiver. I understand that any violation of this Certification or revocation or non-renewal of my Marihuana Registry Caregiver ID Card(s) will be grounds to revoke a Certificate of Compliance.*

APPLICANT:

Date _____

Signature

Print Name

Title: _____

Address: _____

Phone Number(s): _____

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.**