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 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 ☐ Processor
☐ Grower State License B ☐ Safety Compliance
☐ Grower State License C ☐ 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: ________________________________________

Pg 2
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 Marihuana transport.

Applicant Signature: ___________________________  Date: ________________

Printed Name: ________________________________

Company and title: ________________________________

Pg 3
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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Job title:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] CHECK BOX IF THE EMPLOYEE IS EITHER A MANAGER OR INVOLVED IN THE BUSINESS OPERATION
- [ ] CHECK BOX IF THE EMPLOYEE HAS A CHAUFFEUR’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 prorate)
☐ 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 Marihuana 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)
AFFIDAVIT OF COMPLIANCE
BUSINESS

STATE OF MICHIGAN )
) SS.
COUNTY OF ____________)

____________________________________ being first duly sworn, deposes and states that he/she is the

[NAME]

agent of ______________________________. Deponent states that the business

[BUSINESS NAME]

does not owe any fines, costs, taxes, or other debts to the City of Warren or the 37th

District Court. Deponent further states that ----- are associated with the Medical Marihuana
Facility is employed by the City of Warren or any other government agency.

Signature: ________________________________

Title: ________________________________

The foregoing instrument was acknowledged before me on ________________

[DATE]

by __________________________________ the __________________________

[NAME OF SIGNATORY] [TITLE OF SIGNATORY]

on behalf of the _____________________________.

[BUSINESS NAME]

____________________________________ Notary Public
____________________________________ County, Michigan

My commission expires: _______________________
Acting in the County of: ______________________
AFFIDAVIT OF COMPLIANCE
(officer, member, partner, director, manager)

STATE OF MICHIGAN  )
                     ) SS.
COUNTY OF __________)

________________________________ being first duly sworn, deposes and states that he/she is the

(NAME)________________________________ of ________________________________.

(TITLE)                           (BUSINESS NAME)

Deponent states that he/she does not owe any fines, costs, taxes, or other debts
to the City of Warren or the 37th District Court. I also consent to joint and several personal liability
for any ordinance violations and cost recovery assessments.

Signature: ______________________________________

Title: __________________________________________

Subscribed and sworn to before me
this ______ day of ____________________ 20____.

__________________________________________ Notary Public
__________________________________________ County, Michigan

My commission expires: _______________________
Acting in County of: _________________________
CONSENT TO SEARCH
BUSINESS OWNER

STATE OF MICHIGAN    )
COUNTY OF __________) SS.

__________________________ 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: ________________________
CONSENT TO USE/SEARCH
PROPERTY OWNER

STATE OF MICHIGAN )
COUNTY OF __________) SS.

________________________, being first duly sworn, deposes and states

(Property Owner or His/Her Agent)

that he/she owns the property or is an agent of the property owner located at

________________________.

(Address of the Property)

Deponent states that he/she is aware that the above-mentioned property is being used
as a Medical Marihuana Facility. Deponent consents to this use.

Deponent consents to the Warren Police Department, Fire Department, and other city officials
conducting compliance checks and searching the property.

Signature: __________________________

Title: __________________________

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

________________________ Notary Public
________________________ County, Michigan

My commission expires: _______________________
Acting in County of: _______________________

Notary Public

County, Michigan