SUBMISSION INSTRUCTIONS FOR
MARIHUANA ProvisionING CENTER 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:

- Seven original signed and completed paper applications.
- Seven original signed and completed Affidavit of Compliances (for each person required to sign).
- Seven original signed and completed Consent to Use/Search (property owner).
- Seven original signed and completed Consent to Search (business owner).
- Seven hard copies 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 PROVISIONING CENTER 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 □

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: ____________________________________________

(FIRST) (MIDDLE INITIAL) (LAST)

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        ☐ Limited Liability Company (LLC)
☐ Sole Proprietorship ☐ Trust
☐ Limited Liability Partnership ☐ Other: __________________________
☐ Corporation

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.

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 the License Year, provide anticipated:
   Gross revenue: $_________

6. If renewal application, previous year:
   Gross revenue: $_________

Applicant Signature: ___________________________  Date: ___________________
Printed Name: ________________________________
Company and title: ______________________________
BASIC BUSINESS 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: ______________________________________

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EMPLOYEE INFORMATION
(including contract employees)

PROPERTY INFORMATION

Facility Address: ___________________________ Parcel No.: ___________________________

EMPLOYEE INFORMATION

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<thead>
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<td>Date of Birth:</td>
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<td>☐ CHECK BOX IF THE EMPLOYEE IS EITHER A MANAGER OR INVOLVED IN THE BUSINESS OPERATION</td>
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<td>☐ CHECK BOX IF THE EMPLOYEE HAS A CHAUFFER'S LICENSE</td>
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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: ___________________________

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MARIHUANA PROVISIONING CENTER
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 Provisioning Center 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 PAGE)

Printed Name: ___________________________

Company and title: ___________________________
□ 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 3a (and SA) – Financial information
  with CPA Attestation  (State Application)
□ Disclosure 4 (and SA) – Debt,
  Insolvency, or Bankruptcy Actions
  with Attachments (State Application)
□ Disclosure 5 (and SA) – Tax and Tax
  Compliance without Attachments
  (State Application)
□ Disclosure 6 (and SA) – Government
  Regulation without Attachments
  (State Application)
□ Disclosure 7 (and SA) – Criminal History
  with Attachments (State Application)
□ Disclosure 8 (and SA) – Litigation
  History (State Application)
□ Business Plan (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.
□ Resumes (for each of the following individuals:
  associated former caregiver, owner, partner,
  member, manager, officer, director, and any
  employee working in a management or
  business operation capacity)
□ Affidavit of Compliance (for each of the
  following: business, partner, member,
  manager, officer, and director)
□ Consent to Use/Search (property owner)
□ Consent Search (business)
□ Neighborhood compatibility plan
□ Charitable and community involvement plan
□ Environmental responsibility and holistic
  approach statements
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 Marijuana 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: ______________________