

City of Warren  
Division of Buildings & Safety Engineering  
One City Square, Ste 305  
Warren, MI 48093-2391  
Phone: 586-574-4504 Fax: 586-574-4577

## MMFLA APPLICATION REFUND

APPLICATION CANCELLATION     APPLICATION REFUND    Date/Time Received: \_\_\_\_\_  
\_\_\_\_\_

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

Application Type: \_\_\_\_\_

Receipt Number(s): \_\_\_\_\_

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

### Refund Subject to \$2,500 Non-Refundable per Chapter 19.5-12 (2) to the Code of Ordinances relating to the Medical Marihuana Facility Licensing Act (MMFLA)

Contact Person: \_\_\_\_\_

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

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

Mail Refund to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

#### FOR OFFICE USE ONLY:

1)	Receipt Fee	\$	<u>\$5,000.00</u>
	Less Non-Refundable	\$	<u>\$2,500.00</u>
	<b>Refund Amount</b>	\$	<u><b>\$2,500.00</b></u>

**REASON FOR REFUND:** \_\_\_\_\_

Chief Zoning Inspector Approval: \_\_\_\_\_ Date \_\_\_\_\_

Building Division Director Approval: \_\_\_\_\_ Date \_\_\_\_\_

2) Application cancelled in system:     Yes     No

Name (who cancelled) \_\_\_\_\_ Date \_\_\_\_\_

3) Administration: Forwarded to Controllers  
Name \_\_\_\_\_ Date \_\_\_\_\_