



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

APPLICATION FOR MEDICAL MARIHUANA CAREGIVER OPERATION

Application Fee: \$5,000.00, Non - Refundable
Renewal Fee: \$5,000.00, Non - Refundable

Check one: *New* *Renewal*

PLEASE PRINT ALL INFORMATION

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

1. Application Fee.
2. Proof of Legal interest in the property (deed, notarized and executed lease, land contract or option to purchase).
3. 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.
4. Lighting and security plan.
5. Ventilation Exhaust and Odor Control plan.
6. Proof of agent's authority to submit application for applicant and Property owner.
7. An emergency contact name and phone number who may be available on a 24/7 basis in the event of emergencies.
8. A copy of your Driver's License/State I.D. No
9. Proof of Insurance.

I. APPLICANT AND OWNER INFORMATION:

Legal Name of Applicant _____

Phone Number: _____

Owner's date of birth: _____

Owner's driver's license number: _____

Full name of individual representing applicant: _____

(Do not list corporate entity. The person submitting the application for the applicant must be an individual, authorized by the caregiver to submit documents on behalf of the applicant).

State Applicants Legal Interest in the Property: i.e., deed holder, land contract purchaser, lessee.

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: _____

II. PROPERTY INFORMATION:

Property Address: _____

Emergency Phone Contact Number and E-Mail Address: _____

Identify each suite/unit to be occupied for medical marihuana growth, cultivation, 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 Caregiver Operation to be used for medical marihuana growth, cultivation, processing or storage:

Total Number of Registered Caregivers (or Registered Patients) who will occupy the building for Medical Marihuana Growth Cultivation.

III. OPERATIONAL INFORMATION:

1. State the Hours of Operation.

Monday through Friday: _____

Saturday and Sunday: _____

Holidays: _____

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

Yes: (If yes, provide details below)

No:

3. The Caregiver Operation shall maintain liability insurance that adequately covers property damage from fire, vandalism, malicious mischief and other perils of explosion, collapse or damage to underground utilities:

Attach a copy of your certificate



**CONSENT TO SEARCH
PROPERTY OWNER**

STATE OF MICHIGAN)
) ss.
COUNTY OF _____)

_____ being first duly sworn, deposes and states
(PROPERTY OWNER OR HIS/HER AGENT)

that he/she owns the property or is an authorized 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 marihuana Caregiver Operation. Deponent consents to this use.

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

Signature: _____

Title: _____

Subscribed and sworn to before me:

this _____ day of _____ 20_____.

Signature, Notary Public _____

County, Michigan _____

My commission expires: _____

Acting in County of: _____



**CONSENT TO SEARCH
APPLICANT**

STATE OF MICHIGAN)
) ss.
COUNTY OF _____)

_____ being first duly sworn, deposes and states
(APPLICANT)

that he/she is applying for a Certificate of Compliance from the City of Warren to operate a Caregiver Operation at:

(ADDRESS OF THE PROPERTY)

Deponent states that he/she is the applicant/agent of the applicant.

Deponent further states that he/she consents to the Warren Building Division, Assessing Department, Police Department, and Fire Department inspecting all real and personal property (Including logbooks, other records, and security camera footage) associated with the Caregiver operation described above.

Signature: _____

Title: _____

Subscribed and sworn to before me:

this _____ day of _____ 20_____.

Signature, Notary Public _____

County, Michigan _____

My commission expires: _____

Acting in County of: _____

obtaining the required authorization from the City and the State is deemed to be an illegally established use and is not entitled to legal nonconforming status. Nothing in the City's Ordinance or the Application are to be held or construed to grant a vested right, license, permit, or privilege to marihuana operations within the City.

I have the responsibility to prove that I am eligible, suitable, and qualified to be licensed. Information not initially requested or additional information may be requested by the City.

I am the applicant and/or agent for the applicant with authorization to both sign this Application and legally bind the Applicant and I have had the opportunity to consult with legal counsel regarding this Application, with attachments, including this Release and the Affidavits.

Signature: _____

Title: _____

Subscribed and sworn to before me:

this _____ day of _____ 20____.

Signature, Notary Public _____

County, Michigan _____

My commission expires: _____

Acting in County of: _____



STATE OF MICHIGAN)
) ss.
COUNTY OF _____)

AFFIDAVIT OF COMPLIANCE

_____ being first duly sworn, deposes and states that
[NAME]

he/she is the agent of _____, the
[APPLICANTS NAME]

applicant, or is the applicant. Deponent states that the applicant does not owe any fines, costs, taxes, or other debts to the City of Warren or the 37th District Court. Deponent further states that no owner or Caregiver associated with the Caregiver Operation is employed by the City of Warren or any other government agency. Deponent further states that the proposed location is a property where the Caregiver Operation is permitted

Signature: _____

Title: _____

The foregoing instrument was acknowledged before me on

[DATE] _____

by _____ the _____
[NAME OF SIGNATORY] **[TITLE OF SIGNATORY]**

on behalf of the **[APPLICANTS NAME]**

Subscribed and sworn to before me:

this _____ day of _____ 20_____.

Signature, Notary Public _____

County, Michigan _____

My commission expires: _____

Acting in County of: _____



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 of Warren 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 Caregiver Operation 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. Application fee is Non-refundable.
4. Annual safety inspections and renewal of the Certificate of Compliance are required of the Caregiver Operation and the units to ensure compliance with the City ordinance.
5. This Certificate of Compliance & Safety may be revoked if the activities within the Caregiver Operation violate the ACT or, after warning, violate City of Warren Ordinances.

APPLICANT:

Date: _____

SIGNATURE

PRINT NAME

TITLE: _____

ADDRESS: _____

PHONE NUMBER: _____

Subscribed and sworn to before me:

this _____ day of _____ 20_____.

Signature, Notary Public _____

County, Michigan _____

My commission expires: _____

Acting in County of: _____

**Submit completed application and application fee to:
c/o Rachel Nicholas
City of Warren Building Division
One City Square, Suite 305 (3rd Floor)
Warren, MI 48093
596-574-4504**