

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: $\Box$

## 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:
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: □

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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

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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 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:



#### **RELEASE**

STATE OF MICHIGAN	)		
	) ss.		
COUNTY OF	_)		
I		on behalf of Applicant	and
myself be	ing first [NAME]		

duly sworn, deposes and states that I hereby acknowledge and agree that:

I understand that the granting of a Certificate of Compliance to operate a Caregiver Operation is a privilege and not a right and does not confer upon the applicant any expectation or any other possible cause of action if I am denied a Certificate of Compliance by the City.

The applicant, myself, and any affiliate applicant caregivers, and assigns forever covenant and agree not to sue or bring any action in law, or in equity, including, but not limited to, an action in any court, forum, tribunal or arbitration proceeding and hereby release the City of Warren, its past, present, and future officers, directors, attorneys, agents, employees, representatives, insurers, assigns, the current and former members of the Warren City Council, and all other elected and appointed current and former City officials, of and from any and all claims, cross-claims, counterclaims, liability, demands, actions, causes of action, suits, debts, judgments, executions, damages and rights of whatever nature in law, equity or otherwise, which now exist or which may subsequently accrue by reason of any acts, events or facts which now exist or which could have been asserted arising out of the acts, transactions or occurrences which refer or relate to or arise out of or in connection with this Application and the actions or inactions of the City in considering, acting upon and/or awarding, approving, denying, or issuing Certificate of Compliance for the Caregiver Operation addressed in this Application and the process contained in the City of Warren Ordinances regarding the Caregiver Operation or Certificate of Compliance, including but not limited to the City of Warren Marihuana Regulatory Ordinance and the City of Warren Zoning Ordinance.

The operation of a Caregiver Operation is a revocable privilege and not a right, in conformance with applicable State law. Nothing in the City's Ordinances or the Application for a Certificate of Compliance, its instructions, affidavits, exhibits, and attachments are to be construed to grant a property right for an individual or business entity to engage in the use, distribution, cultivation, production, possession, transportation, or sale of marihuana as a commercial enterprise. Any business entity or individual which purports to have engaged in such activities either prior to or after the enactment of the City of Warren Marihuana Regulatory Ordinance permitting certain Caregiver Operations without

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:				
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 C	OMPLIANCE
being firs	t duly sworn, deposes and states that
he/she is the agent of[APPLICANT	, the
applicant, or is the applicant. Deponent states	s that the applicant does not owe any fines
costs, taxes, or other debts to the City of Wa	arren or the 37th District Court. Deponen
further states that no owner or Caregiver as	ssociated with the Caregiver Operation is
employed by the City of Warren or any other go	overnment agency. Deponent further states
that the proposed location is a property where	the Caregiver Operation is permitted
Signature: _	
The foregoing instrument was acknowledged	before me on
	[DATE]
bythe	
[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.
- 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:

	<u> </u>
Date:	SIGNATURE
	SIGNATURE
	PRINT NAME
	TITLE:
	ADDRESS:
	PHONE NUMBER:

Subscribed	and sworn to	before me:		
this	day of		20	
Signature, N	Notary Public	;		
County, Mic	higan			
My commiss	sion expires:		· · · · · · · · · · · · · · · · · · ·	
Acting in Co	ounty of:			
c/o Rachel City of War	Nicholas ren Building quare, Suite 48093		application fee to:	