ADULT USE MARIHUANA ESTABLISHMENT AND MEDICAL MARIHUANA FACILITY LICENSE APPLICATION INSTRUCTIONS

1) Complete the application in compliance with the checklist below.

2) Existing medical marihuana facilities/establishments currently operating within the City of Warren that will be incorporating adult use licenses into their current facility follow the applicant instructions on each page for existing facility.

3) All new facilities must complete the application in its entirety.

4) The non-refundable application fees for medical marihuana facility (MMFLA) and adult use marihuana establishment (MRTMA) licenses are as follows:

   a. Initial application fee per license: $5,000

   b. Renewal application fee per license: $5,000

5) Submit an original and one (1) copy of all documents along with an electronic copy on a flash drive.

6) The security plan, facility plan, odor control plan shall be prepared by a licensed professional architect or engineer on minimum 12 x 18 sheet along with a digital copy.

7) Submit all documents in person at City Hall, Building Division 3rd Floor, 1 City Square, Suite 305, Warren MI 48093. Existing facility applicants that are applying for renewal and have no changes to their business operations, ownership, management, employees, building or floor area, and are not in violation of any state or local laws, ordinances or codes can submit by mail, but are encouraged to submit in person.

8) If you require additional information contact the Building Division at 586-574-4504 and direct inquiries to the Building Director.

ADULT USE MARIHUANA AND MEDICAL MARIHUANA FACILITY CHECKLIST

ALL FACILITIES

- ☐ **Completed Application**
- ☐ **Complete Business Owner Information** (Existing facility follow comments on page 3) (complete business operation information, employee information, and declaration signature page)
- ☐ **Release** (sign and notarize)
- ☐ **Affidavit of Compliance**
- ☐ **Consent to Search – Business Owner**
- ☐ **Consent to Use/Search – Property Owner**
- ☐ **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** (not required for existing employees without changes)
    - ☐ **Owners, Beneficiaries, Partners, Members, Managers, Officers, and Directors** (not required for existing business)
- ☐ **Property Ownership Information** (not required for existing business) (deed, lease, real estate trust, purchase agreement, or other relevant document related to property ownership)
- ☐ **Facility/Establishment Plan** (not required for existing business unless identifying adult use grow areas as required by the MMMA, MMFLA, MRTMA with the Secretary of State on December 4, 2017 (MMER) Rule 8).
- ☐ **Disclosure 7 (and SA) – Criminal History with Attachments** (State Application)
- ☐ **Security Plan** (not required for existing business unless update provided) (as required by MMER - Rule 27, including all alarm system information)
- ☐ **Submit copies of State of Michigan Business Entity License** (not required for existing business) (LARA company filings and business operating agreement)
- ☐ **Non-Refundable Application Fee**
- ☐ **Proof of Insurance**
- ☐ **Copy of State of Michigan Cannabis Regulatory Agency Prequalification Status**

SECURE TRANSPORTER FACILITY

- ☐ **Copies of Each Vehicle's Registration** – not required for existing businesses' existing vehicles (provide when available)
- ☐ **Copies of Vehicle Insurance** (provide when available)

GROWING AND PROCESSING FACILITIES/ESTABLISHMENTS

- ☐ **Waste Disposal Plan** (not required for existing business)
- ☐ **Odor Control Plan** (not required for existing business)

ADULT USE MARIHUANA AND MEDICAL MARIHUANA ESTABLISHMENT LICENSE APPLICATION

PROPERTY INFORMATION

Facility/Establishment Name:

_____

Address: _____ Parcel No.:_____

Adult Use Marihuana Establishment License Type (check all that apply):

☐ Adult use Retail Establishment
☐ Adult Use Grower State License A
☐ Adult Use Grower State License B
☐ Adult Use Grower State License C _____
NO. OF STACKED LICENSES

☐ Adult Use Secure Transporter
☐ Adult Use Processor
☐ Adult Use Safety Compliance
☐ Adult Use Excess Grower _____
NO. OF STACKED LICENSES

Medical Marihana Facility License Type (check all that apply):

☐ Medical Marihuana Provisioning Center Facility

☐ Medical Grower State License A
☐ Medical Grower State License B
☐ Medical Grower State License C _____
NO. OF STACKED LICENSES

☐ Medical Secure Transporter
☐ Medical Processor
☐ Medical Safety Compliance
☐ Medical Excess Grower _____
NO. OF STACKED LICENSES

Does the applicant currently operate an adult use or medical marihuana operation in the City of Warren?
YES ☐ NO ☐ Will this be a co-located facility*? YES ☐ NO ☐
If yes, indicate other co-location facility types: _____
Total building area: _____ sq. ft. Area used for this license: _____ sq. ft.
Is the area of the facility being increased? YES ☐ NO ☐
*Applicants with co-location, stacking, or both are required to obtain a separate local license for each type of state facility/establishment license.

LOCAL SECURITY CONTACT

Local Security Contact (a person who: (1) lives within 30 miles of the City boundaries; and (2) is available at all times to assist emergency responders)

Name: _____
(LAST) (FIRST) (MIDDLE INITIAL)

Home Address: _____ City: _____ State:_____ Zip Code:_____
(NO P.O. BOXES)

Driver's License/State ID No.: _____Date of Birth: _____

Phone (work): _____(cell): _____

Email Address: _____

☐ The Local Security Contact is not employed by any governmental agency.

Applicant Signature: _____ Date: _____
Printed Name: _____
Company and title: _____

BUSINESS OWNER INFORMATION

Business Owner type (check one):

☐ Individual
☐ Sole Proprietorship
☐ Corporation
☐ Limited Liability Corporation or Partnership
☐ Trust
☐ Other: _____

1. Name:_____ dba:_____

Address: _____ City: _____ State:_____ Zip Code: _____
(NO P.O. BOXES)

Phone (business): _____(cell):_____

Email Address: _____

Federal Tax Identification No._____

2. Name:_____ dba:_____

Address: _____ City: _____ State:_____ Zip Code: _____
(NO P.O. BOXES)

Phone (business): _____ (cell): _____

Email Address: _____

Federal Tax Identification No._____

3. Local Agent Name (if different than above): _____

Address: _____ City: _____ State:_____ Zip Code: _____
(NO P.O. BOXES)

Phone Numbers: _____ Email Address: _____

☐ The Local Agent is not employed by any governmental agency.

☐ Consent to communication by electronic communication between the City and Authorized Representative.

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 Date: _____
☐ Received prequalification Date: _____
☐ Applied for State License final approval Date: _____

Attach a copy of your State prequalification.

Applicant Signature: _____ Date: _____

Printed Name: _____

Company and title: _____Email: _____

Phone (business): _____ (cell): _____

☐ The Applicant is not employed by any governmental agency.

BUSINESS OPERATION INFORMATION

If existing business, will all current operations, ownerships and employee status remain the same?
YES ☐ NO ☐ If yes go to page 6

1. **Provide the hours of operation*:**

   Monday: _____

   Tuesday: _____

   Wednesday: _____

   Thursday: _____

   Friday: _____

   Saturday: _____

   Sunday: _____

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 marihuana transport.**

Applicant Signature: _____ Date: _____

Printed Name: _____

Company and title: _____

BUSINESS OWNER INFORMATION

PROPERTY INFORMATION

Facility/Establishment 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/Establishment Address: ____________________________ Parcel No.:__________________

EMPLOYEE INFORMATION

Name:____

Job title:____Date of Birth:_______________

☐ CHECK BOX IF THE EMPLOYEE IS EITHER A MANAGER OR INVOLVED IN THE BUSINESS OPERATION

☐ CHECK BOX IF THE EMPLOYEE HAS A CHAUFFER'S LICENSE

Name:____

Job title:____Date of Birth:_______________

☐ CHECK BOX IF THE EMPLOYEE IS EITHER A MANAGER OR INVOLVED IN THE BUSINESS OPERATION

☐ CHECK BOX IF THE EMPLOYEE HAS A CHAUFFER'S LICENSE

Name:____

Job title:____Date of Birth:_______________

☐ CHECK BOX IF THE EMPLOYEE IS EITHER A MANAGER OR INVOLVED IN THE BUSINESS OPERATION

☐ CHECK BOX IF THE EMPLOYEE HAS A CHAUFFER'S LICENSE

Name:____

Job title:____Date of Birth:_______________

☐ CHECK BOX IF THE EMPLOYEE IS EITHER A MANAGER OR INVOLVED IN THE BUSINESS OPERATION

☐ CHECK BOX IF THE EMPLOYEE HAS A CHAUFFER'S LICENSE

Name:____

Job title:____Date of Birth:_______________

☐ CHECK BOX IF THE EMPLOYEE IS EITHER A MANAGER OR INVOLVED IN THE BUSINESS OPERATION

☐ CHECK BOX IF THE EMPLOYEE HAS A CHAUFFER'S LICENSE

Attach additional Pages if necessary. **The business owner must submit an updated list to the City of Warren Building Department within fourteen days of 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 Driver's License.**

Applicant Signature: ______________________________ Date: ________________________

Printed Name:_____________________________________

Company and title:__________________________________

By signing this Application, I declare, on behalf of the applicant and myself, all of the following:

The information contained in this Application, its instructions, affidavits, exhibits, and attachments are true and complete to the best of my knowledge.

I have read, understood, had the opportunity to consult with legal counsel regarding, and agree to be bound by and abide by the City of Warren Marihuana Regulatory Ordinance and the City of Warren Zoning Ordinance, this Application and its conditions, and any terms or conditions placed on an Applicant, License, or Licensee by the City of Warren. My obligations include all requirements and regulations in the City Ordinances, including but not limited to, the following notice requirements contained in the Ordinances:

(a) Immediately report in writing to the Division of Building and Safety Engineering any fire, accident, chemical spill, criminal charges brought against a responsible party, or a government agency enforcement action taken against the Marihuana business or a responsible party.

(b) Within 24 hours of any criminal activity on the property, make a police report with the Warren Police Department and provide a copy of the police report to the Division of Building and Safety Engineering.

(c) Within 10 days of a change in operation that would materially alter any answer to a question on this Application, a subsequent application, or renewal, I shall provide written notice of such change and any change to any of the application documents to the City's Division of Building and Safety Engineering.

I agree to abide by the cost recovery provision, and I understand that marihuana possession is illegal under Federal Law (21 USC 812(b)(1)(B)). I indemnify the City of Warren, its past, present, and future officers, directors, attorneys, agents, employees, representatives, insurers, assigns, and all current and former elected and appointed City officials, 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 marihuana facility/ establishment 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/Establishment License.

I hereby acknowledge that the non-refundable Application fee for each marihuana facility/establishment license is $5,000.00 and each license has a non-refundable annual renewal fee of $5,000.00, as established by the Warren City Council.

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.

Applicant's Signature: _____ Date: _____

Printed Name: _____

Company and title: _____

Driver's License/Government ID No.: _____ Date of Birth: _____

Phone (work): _____ (cell): _____

Email Address: _____

RELEASE

STATE OF MICHIGAN)
) SS.
COUNTY OF _____)

I _____ on behalf of Applicant _____ and myself being first
[NAME]
duly sworn, deposes and states that I hereby acknowledge and agree that:

I understand that the granting of a City of Warren ("City") marihuana facility/establishment license to operate a marihuana establishment is a privilege and not a right and does not confer upon the applicant any business expectation or any other possible cause of action if I am denied a City marihuana facility or establishment license by the City.

The applicant, myself, and any subsidiaries, affiliates, officers, directors, shareholders, managers, members, successors, 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 licenses for the type of license addressed in this Application and the process contained in the City of Warren Ordinances regarding the marihuana facilities or establishments or marihuana licenses, including but not limited to the City of Warren Marihuana Regulatory Ordinance and the City of Warren Zoning Ordinance.

The operation of a licensed marihuana facility/establishment 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 City operating license, 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 medical marihuana and adult use marihuana facility/establishment licenses 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 consent to inspections, searches, and seizures as provided in State law, MCL 333.27401 of the Michigan Medical Marihuana Facilities Licensing Act and MCL 333.27957 of the Michigan Regulation and Taxation of Marihuana Act (MCL 333.27951 et seq.); the marihuana administrative rules, and City Ordinances to disclose to the City and its agents of otherwise confidential records, including tax records, held by any Federal, State, or local agency, credit bureau, or financial institution, while applying for or holding a City marihuana operating license. This consent is authorization to review and inspect tax records administered under the Michigan Revenue Act, 1941 PA 122.

I am the business owner of the Applicant or I am an agent of the business owner 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_____.

_____
Notary Public
_____ County, Michigan
My commission expires: _____
Acting in County of: _____

AFFIDAVIT OF COMPLIANCE

STATE OF MICHIGAN)
) SS.
COUNTY OF _____)

_____being first duly sworn, deposes and states that he/she is the
[NAME]

agent of _____, the applicant, or is the applicant. Deponent
[BUSINESS NAME]

states that the business applicant , and the applicant's owners are not indebted to the City of Warren, which includes, but is not limited to, outstanding taxes, liens, unpaid license fees, unpaid renewal fees, unpaid fines, and unpaid water charges or, indebted to the 37th District Court. Deponent further states that no owner or employee associated with the marihuana facility/establishment is employed by the City of Warren or any other government agency. Deponent further states that the proposed location is a property where the Marihuana Business is permitted to operate by the Warren Zoning Ordinance.

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: _____

CONSENT TO SEARCH
BUSINESS OWNER

STATE OF MICHIGAN)
) SS.
COUNTY OF _____)

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

he/she is applying for a Municipal License from the City of Warren to operate a marihuana facility/establishment 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, Assessing Department, Police Department, and Fire Department inspecting all real and personal property (including logbooks, other business records, and security camera footage) associated with the marihuana facility/establishment 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)
) 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 facility/establishment. 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_____.

_____
Notary Public
_____ County, Michigan
My commission expires: _____
Acting in County of: _____