

Marihuana Facility/Provisioning/Retail Application

Every applicant for a permit to maintain, operate or conduct a medical marihuana facility or provisioning center or marihuana retailer or safety compliance facility shall file an application under oath with the city clerk's office upon a form provided by the city. The application shall contain the following information:

APPLICANT INFORMATION

Name: _____
Address: _____
City/State/Zip: _____
Email: _____
Phone: _____

PROPERTY INFORMATION

Name: _____
Address: _____
City/State/Zip: _____
Email: _____
Phone: _____

EXPLANATION OF SERVICES

Please attach the following information in separate attachments along with this application:

1. Proof that the applicant and/or proposed employees are at least 21 years of age.
2. Identification of applicant and/or operator's driver's license.
3. Business, occupation, or employment of the applicant for the three years immediately preceding the date of application.
4. The medical marihuana facility history of the applicant, if applicable, or marihuana facility history of the applicant; whether such person has had a business license or permit revoked or suspended, the reason therefore, and the business activity or occupation subsequent to such action of suspension or revocation.
5. Proof that the applicant and/or its employees are primary caregivers under the Michigan Medical Marihuana Act and for a provisioning center or safety compliance facility proof in the form of a letter or written acknowledgment from the Michigan Department of Licensing and Regulatory Affairs that the applicant has pre-qualification (Step 1) approval under the Medical Marihuana Facilities Licensing Act, Act 281 of 2016, as amended, and for a marihuana retailer, proof in the form of a letter or written acknowledgment from the Michigan Department of Licensing and Regulatory Affairs that the applicant has pre-qualification (Step 1) approval under the Michigan Regulation and Taxation of Marihuana Act, Initiated Law 1 of 2018, as amended.