



# City of Center Line

## MEDICAL MARIHUANA PERMIT APPLICATION

City of Center Line  
Dennis E. Champine, City Manager/Clerk  
7070 E. Ten Mile Road  
Center Line, MI 48015

\$1,500.00 Application Fee Paid  
(Fee is Non-refundable)

**NOTICE: Applications will only be accepted on weekdays between 9:00 a.m. and 4 p.m. Applications will not be accepted on Wednesdays.**

### I. APPLICANT INFORMATION:

Name (Last, First, Middle):		
Mailing Address (City, State, Zip Code):		
Primary Phone Number:	Alternate Phone Number:	Email Address:
Entity Name (if applicable):		
Attorney Name/Bar No. (if applicable):		
Emergency Contact (Name, Phone Number, E-Mail):		

### II. PROPERTY INFORMATION:

Proposed Facility Address:
Is the Property Owned or Leased? <input type="checkbox"/> Owned <input type="checkbox"/> Leased
If Property is Leased: Property Owner Name/Contact Person: _____ Phone: _____ Email: _____

**III. LICENSE TYPE:** Check the appropriate box(es) to designate the type of Facilities License(s) the Applicant is applying for:

- |                                              |                                                     |
|----------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Grower, Class A     | <input type="checkbox"/> Processor                  |
| <input type="checkbox"/> Grower, Class B     | <input type="checkbox"/> Secure Transporter         |
| <input type="checkbox"/> Grower, Class C     | <input type="checkbox"/> Safety Compliance Facility |
| <input type="checkbox"/> Provisioning Center |                                                     |

**IV. List ALL other municipalities in the State of Michigan where Applicant has applied for a license:** (attach additional page(s) as needed)

City/Township/Village:	License Type:	Application Date:

**V. ADDITIONAL INFORMATION:** In order for your Application to be deemed complete, you must submit, in addition to this Application, the following information:

1. Applicant's completed State of Michigan Pre-Qualification Application and its State Supplemental Applicant Pre-Qualification Application in electronic format, with all attachments thereto
2. \$1,500.00 application fee payable to the "City of Center Line"
3. **Addendum A**, Criminal History Record Authorization, executed by the Applicant and all Owners\* and Employees
4. **Addendum B**, Owner Information
5. **Addendum C**, Employee Information
6. Government issued photo ID for all Owners and Employees;
7. Satellite Map with proposed location highlighted
8. If applicant is a business entity, attach: (a) articles of organization or incorporation; and (b) operating agreement or shareholders' agreement
9. Proof of Property Interest: (a) Deed; (b) if Leased, (i) Lease Agreement and (ii) written Consent of the property owner for Applicant to operate a Medical Marihuana Facility on the premises
10. Security Plan
11. Property and Liability insurance declaration pages for the proposed Facility
12. Detailed Business Plan
13. Detailed Site Plan and Floor Plans, including the building footprint, all elevations, fencing, fire suppression, electrical, plumbing, and disposal systems.

*\*For purposes of this Application, the term "Owner" includes any person who holds a direct or indirect ownership or investment interest in the Applicant.*

**NOTICE: THE APPLICANT MUST SUPPLEMENT THIS APPLICATION WITH ITS STATE MARIHUANA FACILITY LICENSE APPLICATION, WITH ALL ATTACHMENTS THERETO, IMMEDIATELY UPON SUBMISSION OF SAME TO THE STATE. THE MATERIALS MUST BE SUBMITTED IN ELECTRONIC FORMAT.**

**VI. BACKGROUND INFORMATION:**

- I affirm that the Applicant and any affiliated business entity of the Owner(s):
  - have not had a business license revoked or suspended.
  - or
  - have had a business license revoked or suspended, as explained below:

**VII. APPLICANT'S OATH:**

I swear under penalty of perjury that the statements made in this Application, including all attachments hereto, are true, correct, and complete to the best of my knowledge. I acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Michigan Marihuana Facilities Licensing Act, Public Act 281 or 216, and the City of Center Line Ordinances. I agree to provide any additional information requested by Center Line related to my Application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Street Address, City, State, Zip Code

**NOTICES:**

**IF APPLICANT IS APPROVED, NO PERMIT SHALL BE GRANTED UNTIL APPLICANT HAS PAID ALL REQUIRED FEES.**

**ANY PERMIT GRANTED PURSUANT TO THIS APPLICATION WILL NOT BECOME EFFECTIVE UNTIL APPLICANT HAS OBTAINED A STATE LICENSE.**

**ANY PERMIT GRANTED BY THE CITY WILL BE AUTOMATICALLY REVOKED IF APPLICANT FAILS TO OBTAIN A STATE LICENSE WITHIN SIX (6) MONTHS FROM THE PERMIT DATE.**

**ADDENDUM A**

**CRIMINAL HISTORY RECORD AUTHORIZATION**

The City of Center Line may obtain a criminal history records check as part of the Medical Marihuana Facilities licensing process.

**Complete a separate form for each individual subject to a background check.**

Date: \_\_\_\_\_

I, \_\_\_\_\_ authorize the release of any and all information from any appropriate agency regarding my criminal conviction history to the City of Center Line Clerk's Office. I understand that my ethnicity, date of birth, sex, and my age will not be made a part of my Application, nor will they be considered in the review of my License.

I acknowledge that a complete full background investigation, including but not limited to a State Police Criminal Conviction Record Check will be done.

I further understand that the Center Line City Clerk's Office has the right to deny issuance of a Permit based on the results of this investigation.

***(Please Print Clearly)***

<b>Full Name:</b>		<b>Maiden/Other:</b>
<b>Date of Birth:</b>	<b>Sex:</b>	<b>Race:</b>
<b>Driver's License Number:</b>		
<b>OWNER      EMPLOYEE      (circle one) of the Applicant</b>		
<b>List all names you have ever used:</b>		

\_\_\_\_\_  
Signature

***NOTE: ALL CRIMINAL HISTORY RECORD AUTHORIZATION MUST INCLUDE A COPY OF A DRIVER'S LICENSE OR STATE IDENTIFICATION***

**ADDENDUM B**

**OWNER INFORMATION**

<b>Full Name (Last, First, Middle):</b>		<b>Date of Birth:</b>
<b>Home Address:</b>		<b>Social Security Number:</b>
<b>Daytime Phone Number:</b>	<b>Alternate Phone Number:</b>	
<b>Business Name:</b>		<b>Website Address:</b>
<b>Primary Occupation:</b>		
<b>Primary Employer:</b>		
<b>Business Address of Primary Employer:</b>		
<b>Daytime Phone Number:</b>	<b>Email Address:</b>	

Does the above-referenced person or any business with which he or she is affiliated owe money to the City of Center Line?  Yes  No

If Yes, describe the reason: \_\_\_\_\_  
\_\_\_\_\_

List all businesses in which the above-referenced person has an ownership percentage of 25% or greater:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: ALL OWNER INFORMATION FORMS MUST INCLUDE A COPY OF A DRIVER'S LICENSE OR STATE IDENTIFICATION**

**ADDENDUM C**

**EMPLOYEE INFORMATION FORM**

<b>Full Name (Last, First, Middle):</b>	<b>Date of Birth:</b>
<b>Home Address:</b>	
<b>Daytime Phone Number:</b>	<b>Alternate Phone Number:</b>
<b><u>Most Recent Employer:</u></b>	
<b>Business Name:</b>	
<b>Position(s) Held:</b>	
<b>Dates of Employment:</b>	
<b>Reference Person/Phone Number:</b>	

***NOTE: ALL EMPLOYEE INFORMATION FORMS MUST INCLUDE A COPY OF A DRIVER'S LICENSE OR STATE IDENTIFICATION***