



# City of Center Line

## MMFL/MRTMA PERMIT APPLICATION

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

Application Fee \$1,500.00 \$\_\_\_\_\_ Amount Paid  
*(Application Fee is per permit and is Non-refundable)*

***MMFL/MRTMA PERMIT APPLICATION WILL ONLY BE ACCEPTED ON WEEKDAYS BETWEEN 9:00 A.M. AND 4:00 P.M. AND MUST BE SUBMITTED IN PERSON BY THE APPLICANT OR HIS/HER DESIGNEE. MMFL/MRTMA PERMIT APPLICATIONS WILL NOT BE ACCEPTED ON WEDNESDAYS OR OFFICIAL CITY HOLIDAYS***

### **I. APPLICANT INFORMATION:**

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

### **II. PROPERTY INFORMATION:**

|  |                                |                                 |
|--|--------------------------------|---------------------------------|
| <b>Proposed Facility Address:</b>  |                                |                                 |
| <b>Is the Property Owned or Leased?</b>  | <input type="checkbox"/> Owned | <input type="checkbox"/> Leased |
| <b>If Owned: <i>(Deed or Purchase Agreement required)</i></b>  |                                |                                 |
| Property Owner Name: _____   |                                |                                 |
| Phone: _____ Email: _____  |                                |                                 |
| <input type="checkbox"/> Deed  |                                |                                 |
| <input type="checkbox"/> Purchase Agreement <i>(Must be signed and dated by Seller and Buyer)</i>                    |                                |                                 |
| <b>If Leased: <i>(Lease Agreement &amp; Owner Consent required)</i></b>  |                                |                                 |
| <input type="checkbox"/> Lease <i>(Must be signed and dated by both parties)</i>                                     |                                |                                 |
| <input type="checkbox"/> Owner Consent <i>(Must be a signed and dated letter or included in the Lease Agreement)</i> |                                |                                 |

**III. PERMIT TYPE:** Check the appropriate box(es) to designate the type of MMFL Facilities or MRTMA Establishments Permit(s) the Applicant is applying for:

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

| <u>MRTMA Establishment Permit</u>                   | <u># Requested</u> |
|---|--------------------|
| <input type="checkbox"/> Grower, Class A            | _____              |
| <input type="checkbox"/> Grower, Class B            | _____              |
| <input type="checkbox"/> Grower, Class C            | _____              |
| <input type="checkbox"/> Excess Grower              | _____              |
| <input type="checkbox"/> Processor                  | _____              |
| <input type="checkbox"/> Safety Compliance Facility | _____              |
| <input type="checkbox"/> Secure Transporter         | _____              |
| <input type="checkbox"/> Retailer                   | _____              |
| <input type="checkbox"/> Microbusiness              | _____              |

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

| City/Township/Village: | Permit Type: | Application Date: |
|------------------------|--------------|-------------------|
|                        |              |                   |
|                        |              |                   |
|                        |              |                   |
|                        |              |                   |

**V. RELATED PERMITS:**

a. Is the applicant, or any affiliated entity, a past or current permit-holder of a MMFL Facilities permit or MRTMA Establishment permit with the City of Center Line? If so, please provide all entity names and any assumed or other names of the MMFL Facility or MRTMA Establishment permit-holder, business(es)/entities, and the dates of permit issuance.

---



---



---



---



---

b. If applying for a MMFL Facilities or MRTMA Establishment permit, will the proposed facility be co-located with an existing or proposed MMFL/MRTMA permit other than this requested permit? If so, what is the name of the MMFL Facility or MRTMA Establishment, and the names of all affiliated persons or entities?

---



---



---



---



---

**VIII. 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/or the Michigan Regulation and Taxation of Marihuana Act, 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:**

***ENTITIES OR INDIVIDUALS RECEIVING NOMINATION APPROVAL BY THE CENTER LINE CITY COUNCIL FOR AN MMFL/MRTMA PERMIT SHALL BE SUBJECT TO REVOCATION OF SAME SHOULD THE STATE OF MICHIGAN CANNABIS REGULATORY AGENCY APPROVE AN MMFL/MRTMA LICENSE FOR THE ENTITY OR INDIVIDUAL UNDER A DIFFERENT NAME OTHER THAN THE ENTITY OR INDIVIDUAL NAME SUBMITTED ON THE MMFL/MRTMA PERMIT APPLICATION WITH THE CITY OF CENTER LINE.***

***IF APPLICANT IS APPROVED, MMFL/MRTMA PERMIT SHALL NOT BE ISSUED UNTIL APPLICANT HAS PAID ALL REQUIRED FEES, HAS RECEIVED A FINAL CERTIFICATE OF OCCUPANCY AND BUSINESS LICENSE, AND HAS BEEN ISSUED A MMFL/MRTMA LICENSE FROM THE STATE OF MICHIGAN LICENSING AND REGULATORY AFFAIRS (LARA), AS APPROVED BY THE CANNABIS REGULATORY AGENCY (CRA).***

***ANY PERMIT GRANTED PURSUANT TO THIS APPLICATION SHALL NOT BE ISSUED 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 TWELVE (12) MONTHS FROM THE PERMIT APPROVAL DATE.***

***ANY VIOLATION OR NON-COMPLIANCE OF STATE OF MICHIGAN CANNABIS LAWS OR CITY OF CENTER LINE ORDINANCES MAY RESULT IN REVOCATION OF PERMITS.***

***With my signature, I acknowledged and understand the applicable administrative rules, state laws and city ordinances as outlined in this application.***

\_\_\_\_\_  
Signature Date