



MMFL/MRTMA PERMIT APPLICATION ADMINISTRATIVE CHECKLIST

The following listed items must be submitted with each Michigan Medical Marihuana Facilities Licensing (MMFL) and/or Michigan Regulation and Taxation of Marihuana Act (MRTMA) Permit Application(s) when presented to the City of Center Line. Items not presented at the time of submission of the MMFL and/or MRTMA Permit Application will result in the application not being accepted. NOTE: Each permit requested must have a separate application.

- | <u>Description</u> | <u>Admin Initials</u> |
|--|-----------------------|
| <input type="checkbox"/> Completed Application | _____ |
| <input type="checkbox"/> Item I. Applicant Information <i>(Must incl. name and driver's license of an owner)</i> | _____ |
| <input type="checkbox"/> Item II. Property Information | _____ |
| <input type="checkbox"/> Item III. Permit Type <i>(Check all that apply)</i> | _____ |

MMFL

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

MRTMA

- | | | | |
|-----------------|--------------------------|--------------------|--------------------------|
| Grower, Class A | <input type="checkbox"/> | Processor | <input type="checkbox"/> |
| Grower, Class B | <input type="checkbox"/> | Safety Compliance | <input type="checkbox"/> |
| Grower, Class C | <input type="checkbox"/> | Secure Transporter | <input type="checkbox"/> |
| Excess Grower | <input type="checkbox"/> | Retailer | <input type="checkbox"/> |
| Microbusiness | <input type="checkbox"/> | | |

- | | | |
|--------------------------|---|-------|
| <input type="checkbox"/> | Item IV. Other Applications for MMFL/MRTMA Permit(s) | _____ |
| <input type="checkbox"/> | Item V. Related MMFL/MRTMA Permits | _____ |
| <input type="checkbox"/> | Item VI. Additional Information | |
| <input type="checkbox"/> | 1. Complete State of Michigan Pre-Qualification Application <i>(Digital)</i> | _____ |
| | <input type="checkbox"/> Approved? Date of Approval <i>(If Applicable)</i> _____ | |
| <input type="checkbox"/> | 2. Application Fee (\$1,500/Permit) Cash/Credit/Check/Other <i>(Circle One)</i> | _____ |
| | Total # of Permits Requested: _____ Amount Received: _____ | |
| <input type="checkbox"/> | 3. Addendum A – Criminal History Record Authorization – | _____ |
| <input type="checkbox"/> | 4. Addendum B – Owner Information | _____ |
| <input type="checkbox"/> | 5. Addendum C – Employee Information <i>(If Applicable)</i> | _____ |
| <input type="checkbox"/> | 6. Government Issued Photo ID(s) Owners & Employees <i>(If Applicable)</i> | _____ |
| <input type="checkbox"/> | 7. Satellite Map of Proposed Location | _____ |
| <input type="checkbox"/> | 8a. Business Articles of Organization/Incorporation | _____ |
| <input type="checkbox"/> | 8b. Operating Agreement or Shareholder's Agreement | _____ |
| <input type="checkbox"/> | 9. Proof of Property Interest – Owned/Leased | |

(a) if Owned –

- | | |
|-------------------------------------|-------|
| i. Quit Claim Deed or Property Deed | _____ |
| ii. Purchase Agreement | _____ |

(b) if Leased -

- i. Lease Agreement _____
- ii. Owner's Consent Letter _____
- 10. Safety/Security Plan *(Written & Floor Plan identifying Video, vault and other security systems)* _____
- 11. Fire Safety Plan *(Written & Floor Plan identifying Fire Suppression system & sprinkler heads, and emergency exits)* _____
- 11. Property and Liability Insurance Declarations _____
- 12. Business Plan *(Must incl. personal financing of Owner's w/10% or more financial interest)* _____
- 13a. Site Plan Drawings *(Proposed)* _____
- 13b. Floor Plan Drawings *(Proposed)** _____
**Must include building footprint, all elevations, fencing, security cameras, fire suppression system, sprinkler heads and disposal systems.*
- VII. Background Information *(Must Check One)* _____
- VIII. Applicant's Oath _____

Application Received by: _____ Date: _____