

MEDICAL MARIHUANA FACILITY UNIT LICENSE



OFFICE OF THE WARREN CITY CLERK
 PAUL WOJNO
 ONE CITY SQUARE, SUITE 205
 WARREN, MI 48093-2393
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FEE: \$50.00 ANNUALLY
LICENSE EXPIRES ONE YEAR FROM DATE OF ISSUANCE
10% penalty for renewal applications recieved after this date

I hereby apply for a license to operate a medical marihuana facility unit within the City of Warren in compliance with the Code of Ordinances of the City of Warren. (Ordinance No. 30-1020, Appendix A of Zoning Ordinances, Section 17.02 (aa)) This license is to be issued to primary registered caregivers or registered qualifying patients seeking to grow, cultivate, or manufacture medical marihuana within individual suites or units of a building that has been approved as a Medical Marihuana Facility according to the City of Warren Code of Ordinances.

** an asterisk denotes information that will be kept confidential to the extent allowed by law*

NEW

RENEWAL

APPLICATION MUST BE COMPLETED IN FULL (2 PAGES)

APPLICANT NAME: _____ PHONE: _____
(primary registered caregiver OR registered qualifying patient)

* APPLICANT HOME ADDRESS: _____
 street city state zip

APPLICANT EMAIL ADDRESS: _____

MEDICAL MARIHUANA FACILITY NAME: _____ PHONE: _____

FACILITY ADDRESS: _____ Warren, MI
 street city state zip

APPLICANT'S UNIT OR SUITE NUMBER: _____

	OFFICE USE ONLY <i>Number confirmed by Police:</i>
* LIST ALL OF APPLICANT'S REGISTERED CAREGIVER CARD NUMBERS (for each patient):	
1) _____	
2) _____	
3) _____	
4) _____	
5) _____	
6) _____	

please continue on to the next page...

REQUIREMENTS:
 Copy of Applicant's Driver's License or State ID *

OFFICE USE ONLY	LICENSE EXPIRES:
DEPARTMENT APPROVAL:	
POLICE APPROVAL: _____	DATE: _____
BUILDING APPROVAL: _____	DATE: _____
Issued by _____	Computer Entry <input type="checkbox"/> Paper License <input type="checkbox"/>
LAST YEAR'S LICENSE NO. _____	FEE \$ _____
MEDICAL MARIHUANA FACILITY UNIT LICENSE NO. _____	LATE FEES \$ _____
	CHECK # _____
	RECEIPT # _____

Applicant

PAGE 2 - MEDICAL MARIHUANA FACILITY UNIT LICENSE

Name:

FACILITY

OWNER NAME:

PHONE:

FACILITY

MANAGER NAME:

PHONE:

IS APPLICANT THE OWNER OR LESSEE OF THE FACILITY?

YES

NO

OTHER: _____

TERM OF LEASE WITH FACILITY: _____

Preferred Mailing Address:

Facility Address

Applicant Address

Other: _____

street

city

state

zip

CERTIFICATION:

By signing the following, I/we agree and certify:

(A) To supplement the information contained in this application within 10 business days of any change in application information.

(B) That the location of the medical marihuana facility complies with the locational requirements set forth in the City of Warren Code of Ordinances.

(C) That the information contained herein is true, complete, and accurate.

(D) To provide any other information that may be requested to assist the City of Warren with the review of this application or issuance of this license

I understand that the failure to provide the information and documentation required by this application may result in the denial of this application. This license may be revoked if the application for a medical marihuana facility Certificate of Compliance is denied or revoked by the Building and Inspection Division. This license may also be revoked if the Medical Marihuana Facility or Medical Marihuana Facility Unit is used, operated, or occupied in a manner that violates the Michigan Medical Marihuana Act, MCL333.26421, et. seq., or the City of Warren Code of Ordinances or Code of Zoning Ordinances.

This application must be signed by the applicant, it must also be notarized.

Signed: _____

Print: _____

Subscribed and sworn to before me this _____

day of _____, 20_____.

_____, Notary Public

_____, County, Michigan

My Commission Expires: _____

*** In accordance with the Warren Code of Ordinances mandated in Section 18-9: No license shall be issued or renewed under the provisions of this chapter or any other ordinance of the city until any and all personal property taxes, levied and assessed against such person by the city which may be due and payable at the time of the filing of the application for such license, shall have been paid (Applies to Warren businesses only) / THIS LICENSE IS NOT TRANSFERABLE & NON-REFUNDABLE**

*** Note: New dwelling or new owner must obtain a new Certificate of Compliance from the Building Department**