



# CITY OF CENTER LINE

## MEDICAL MARIHUANA FACILITIES LICENSING PERMIT APPLICATION

### ADMINISTRATIVE CHECKLIST

The following listed items must be submitted with each Medical Marihuana Facilities Licensing (MMFL) Permit Application when presented to the City of Center Line. Items not presented at the time of submission of the MMFL 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"/> Application Fee (\$1,500/Permit) Cash Credit Other (Circle One)	_____
<input type="checkbox"/> Licensing Type (Check One)	_____
<input type="checkbox"/> Grower, Class A <input type="checkbox"/> Grower, Class B <input type="checkbox"/> Grower, Class C	
<input type="checkbox"/> Provisioning Center <input type="checkbox"/> Processor <input type="checkbox"/> Secure Transporter	
<input type="checkbox"/> Safety Compliance Facility	
<input type="checkbox"/> Business Plan (Must include Financials)	_____
<input type="checkbox"/> State of Michigan Pre-Qualification Application in Digital Format	_____
<input type="checkbox"/> Approved?   Date of Approval (If Applicable) _____	
<input type="checkbox"/> Applicant Information	_____
<input type="checkbox"/> Property Information	_____
<input type="checkbox"/> Criminal Background Check Forms for Owners/Principles	_____
<input type="checkbox"/> State Identifications for Owners/Principles	_____
<input type="checkbox"/> Criminal Background Check Forms for Employees	_____
<input type="checkbox"/> State Identifications for Employees	_____
<input type="checkbox"/> Owner Information Form(s)	_____
<input type="checkbox"/> Employee Information Form(s)	_____
<input type="checkbox"/> Satellite Map of Location	_____
<input type="checkbox"/> Business Articles of Incorporation	_____
<input type="checkbox"/> Operating Agreement or Shareholder's Agreement	_____
<input type="checkbox"/> Proof of Property Interest (Deed or Lease Agreement)	_____
<input type="checkbox"/> If Lease Agreement – Property Owner Authorization Letter	_____
<input type="checkbox"/> Site Plan (Detailed Architectural Drawings with Elevations)	_____
<input type="checkbox"/> Floor Plan (Detailed Architectural Drawings)	_____
<input type="checkbox"/> Security Plan (Detailed Architectural Drawings with Written Explanation)	_____
<input type="checkbox"/> Fire Safety Plan (Detailed Architectural Drawings with Written Explanation)	_____

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_