



# 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:**

<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 Property is Leased:</b> 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 Marijuana 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.**