

**City of Detroit  
 Business License Center  
 402 Coleman A. Young Municipal Center  
 Detroit, MI 48226  
 313.224.3179**

Please read application carefully. Type or print legibly and complete all applicable items. Copies of required documents must be provided. Incomplete data will delay processing of your application. Non-refundable processing fee must accompany application. If space allowed below is insufficient, complete answers on reverse side. Make checks or money orders payable to Treasurer, City of Detroit.

<b>Business Address</b>	<b>Own or Lease (circle one)</b>
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<b>Business, Trade or Assumed Name</b>	Date _____
<b>Organization Name and Type</b>	Fed Tax ID# _____
<b>Resident Agent and Address</b>	Applicant has operated this type of business anywhere during the past five years _____
<b>Telephone #</b>	<b>Fax#</b>

**Type of Business: Medical Marijuana Facility (circle type below)**

**Provisioning Center      Grower      Processor      Secure Transporter      Safety Compliance**

List Name(s) of all business owners, members, partners and corporate officers and titles (attach additional list if needed)

<b>Name (Last, First)</b>	<b>Title</b>
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**Address**

<b>Date of Birth</b>	<b>Driver's License#</b>
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<b>Name (Last, First)</b>	<b>Title</b>
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**Address**

<b>Date of Birth</b>	<b>Driver's License#</b>
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<b>Name (Last, First)</b>	<b>Title</b>
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**Address**

<b>Date of Birth#</b>	<b>Driver's License#</b>
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**Has the applicant or owner, member, partner or corporate officer named above ever had a business license suspended or revoked by the City of Detroit? Y or N**

**If yes, Please state the business license # and the circumstances on an attachment.**

**BUILDINGS, SAFETY ENGINEERING & ENVIRONMENTAL DEPARTMENT  
BUSINESS LICENSE CENTER**

C.A.Y.M.C. STE 402

313.224.3179

Hours: 8:00 a.m.-4:30 p.m.

**BUSINESS LICENSE FOR MEDICAL MARIJUANA FACILITY**

**APPLICATION FEE: \$1000.00**

**LICENSE FEE UPON APPROVAL: \$5,000.00**

**SUPPORTING DOCUMENTS NEEDED TO ACCOMPANY THE APPLICATION**

- (1) The name, age, address, principal telephone number and email address of the applicant;
- (2) The name, age, address, principal telephone number and email address of all business partners of the applicant;
- (3) A signed release authorizing the Detroit Police Department to perform criminal background checks on all individuals listed within the application;
- (4) If the applicant is a corporation, the names and addresses of all directors, officers or shareholders as well as the name and address of the registered agent;
- (5) If the applicant is a partnership, the names and addresses of all general partners, limited partners, or officers as well as the name and address of the registered agent;
- (6) If the applicant is a limited liability company, the names and addresses of all directors, managers, members, or officers as well as the name and address of the registered agent;
- (7) If the applicant is any other legal entity, the names and addresses of all directors, members, officers, partners, or shareholders as well as the name and address of the registered agent;
- (8) The address of the property/building proposed to be used as a medical marijuana facility;
- (9) The type of medical marijuana facility (grower, processor, provisioning center, safety compliance facility or secure transporter) proposed to be operated and a narrative describing the applicant's experience with such an operation, including whether associated permits, licenses or approvals had been denied, suspended or revoked;
- (10) An applicant for a grower's license or a processor's license shall not be a registered primary caregiver and shall not employ an individual who is simultaneously a registered primary caregiver, and the applicant shall provide proof, until December 31, 2021, that the applicant has, or has an active employee who has, a minimum of 2 years' experience as a registered primary caregiver;

- (11) A description of the security plan for the medical marihuana facility, including, security precautions, recording/monitoring devices, barriers and lighting;
- (12) A description of the storage facilities and related equipment for all medical marihuana, regardless of its form;
- (13) A description of the process for tracking quantities and inventory controls for medical marihuana, regardless of its form, including cultivation and disposal;
- (14) A description of the products and services to be provided by the medical marihuana facility, including retail items;
- (15) A description of the procedures for testing of contaminants and the labeling of medical marihuana products, regardless of form;
- (16) Any other information the applicant believes is needed to fully and completely describe the services the applicant intends to provide and/or the benefits the applicant will provide to the City and the greater community.

CRIMINAL BACKGROUND CHECK RELEASE

I, \_\_\_\_\_, hereby authorize the Detroit Police Department to perform criminal background checks and provide written confirmation that all individuals listed within the application do not have any felony convictions related to illegal narcotics, fraud, embezzlement or dishonesty.

APPLICANT

\_\_\_\_\_  
Name:

Business Name:

FINANCE DEPARTMENT RELEASE

I, \_\_\_\_\_, hereby authorize the Detroit Finance Department to review and provide written confirmation that provides written confirmation that all individuals listed on this application are not in arrears for any property or income taxes, special assessments, fines, fees or other financial obligations to the City of Detroit.

APPLICANT

\_\_\_\_\_  
Name:

Business Name:

**AFFIDAVIT OF APPLICANT**

State of Michigan

County of Wayne

\_\_\_\_\_ first being duly sworn deposes and says all of the information submitted with this application is true of his own knowledge and belief.

**Applicant's Signature**

\_\_\_\_\_ **Title** \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary's Signature \_\_\_\_\_

Notary Public  
Wayne County, Michigan  
My commission expires: \_\_\_\_\_

Notary's Name typed or printed

\_\_\_\_\_