



MEDICAL MARIJUANA LICENSE APPLICATION

CITY OF YPSILANTI CLERK'S OFFICE

One South Huron, Ypsilanti, MI 48197

Office (734) 483-1100 Fax (734) 487-8742

www.cityofypsilanti.com

All required information must be submitted at the time of application.

Attach additional pages when necessary.

Non-Refundable Fee - subject to change by City Council without notice.

\$2,500 – Initial License

\$1,100 – Renewal fee

Clerk initials

Type of application

- Dispensary
- Growing/Manufacturing Facility

BUSINESS INFORMATION		
Business Name:	Phone:	
Business Address:		
City:	State:	Zip:
Business Mailing Address (if different):		
City:	State:	Zip:
Square footage to be occupied:	Number of Employees:	
Hours of Operation:		
Number of Registered Qualifying Patients (estimate if first year):		
Number of Registered Qualifying Caregivers (estimate if first year):		
Business type: (check all that apply)		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation (including LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit Organization		
If business type is anything other than a sole proprietorship, attach the following:		
<input type="checkbox"/> Attachment A - Articles of incorporation		

List below all officers, directors, officers, and shareholders including their home addresses. If the business is a partnership, list the names and home addresses of each of the partners. If necessary, provide additional information on a separate sheet.

Clerk initials _____ _____ _____ _____	Name	Home Address, City, State & Zip Code	DOB	Position

APPLICANT INFORMATION: Highest level official or employee of business/cooperative such as Board President, Chief Executive Officer, Executive Director or comparable position.		
Applicant Name:	Date of Birth:	
Applicant Address:		
City:	State:	Zip:
<input type="checkbox"/> Attachment B - Provide state or federally issued photo identification.		

OPERATOR INFORMATION: If different than the applicant, list the individual(s) responsible for day to day operations.		
Operator Name:	Date of Birth:	
Applicant Address:		
City:	State:	Zip:
Operator Name:	Date of Birth:	
Applicant Address:		
City:	State:	Zip:
<input type="checkbox"/> Attachment C - Provide state or federally issued photo identification.		

Clerk initials

LICENSE INFORMATION

Has the applicant and/or operator been denied an application for a medical marijuana dispensary, growing facility or other related business from any jurisdiction?

Yes No

If yes state when, where and why: _____

Has the applicant had a medical dispensary/grow facility license suspended or revoked by any jurisdiction?

Yes No

If yes state when, where and why: _____

If yes, what was the next business activity or occupation of the occupant subsequent to such action of suspension or revocation? _____

Has the applicant or operator ever been convicted of a felony or controlled substances violations(s) in a federal, state, or other court? Yes No

If yes, please provide the following: (if necessary, provide additional information on a separate sheet):

Name and Location of Court	Conviction Charge	Sentence	Date of Sentencing	Last date of incarceration/parole/probation

Clerk initials

PROPERTY OWNER INFORMATION

Owner Name: _____

Home Address: _____

Home Phone: _____

City: _____

State: _____

Zip: _____

Does the Applicant have legal possession of the premises from the date that this license will be issued by virtue of ownership, lease or other arrangement?

Ownership Lease Other: (explain in detail)

- Attachment D - Provide proof of ownership or copy of the lease
- Attachment E - If premises are leased, attach written permission from the owner of the premises for the use specified in this application.

FACILITY INFORMATION

Does applicant have alarm system in place? Yes No

If yes, name of alarm company, contact name and number: _____

Does the applicant propose to have retail sales of food or beverages or other merchandise on site?

Yes No

If yes, what items will be sold? _____

Does the applicant have a retail sales or food service license? Yes No

License #: _____ If yes, when did applicant obtain license? _____

- Attachment F - Proof of insurance for fire damage in the amount of the value of the premises and liability insurance with the minimum limits of \$500,000
- Attachment G - Proof that all employees are over the age of 21
- Attachment H - Describe storage facilities of all medical marijuana on site, including lotions, baked goods, usable, and all other forms.
- Attachment I - Describe the security plan for this facility included, but not limited to, any lighting, alarms, barriers, recording/monitoring devices, and/or security guard arrangements.

Additional attachments:

- Attachment J** - Describe the process for tracking medical marijuana quantities and inventory controls including medical marijuana products received from outside sources, as well as caregivers/patients on the premises (see Sec 122-813 (8)a or Sec. 122-814 (8) for more details).

- Attachment K** - Area map, drawn to scale, indicating within a radius of one thousand feet (1,000) from the boundaries of the proposed dispensary location, the proximity of the site to any school and existing dispensaries and/or growing/manufacturing facilities. Existing schools list as of 2-24-2011:
 - East Middle School, 510 Emerick Street
 - Adams Elementary, 503 Oak Street
 - New Beginnings Academy, 211 East Michigan Avenue
 - Ypsilanti High School, 2095 Packard Road
 - Fletcher School, 1055 Cornell Road
 - Perry School, 550 Perry Street
 - Ypsilanti Middle School, 105 N. Mansfield Street
 - Estabrook Elementary School, 1555 W. Cross Street
 - Chapelle Community School, 111 S. Wallace Street

- Attachment L - Dispensary applications only:** Provide a description of the products and services to be provided by the dispensary, including retail sales of food and/or beverages, if any, and any related accommodations or facilities

- Attachment M - Growing facility applications only:** Include proof that all participating caregivers (up to 5) have been legally registered by the Michigan Department of Community Health (MDCH) in accordance with the Michigan Medical Marijuana Act, as amended.

Additional notes:

- Applicants must receive a Certificate of Occupancy from the Building Department within 60 days of receiving a medical marijuana dispensary or growing facility license, and prior to opening and/or operating the facility.
- A site plan review may be required prior to obtaining a certificate of occupancy for dispensaries.
- All growing facilities are subject to special use permit and site plan review. For the related application form, refer to www.cityofypsilanti.com.
- All applicants must obtain a business license from the Assessor prior to opening.
- All Medical Marijuana licenses are non-transferrable.
- The approval of the above use and occupancy is limited to those items described, and that further change, expansion or addition from the approved use is expressly prohibited without approval.
- All licensed medical marijuana dispensaries and growing/manufacturing facilities shall have a sign measuring at least 11 x 17 inches installed and maintained in a conspicuous location visible to all persons entering the premises located inside the building that reads as follows:

THE MICHIGAN MEDICAL MARIHUANA ACT ACKNOWLEDGES THAT “FEDERAL LAW CURRENTLY PROHIBITS ANY USE OF MARIHUANA EXCEPT UNDER VERY LIMITED CIRCUMSTANCES.” SEE MCL 333.26422(c). IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE CONSULT WITH YOUR ATTORNEY

Oath of Application

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the City of Ypsilanti Municipal Code and all Rules and Regulations which govern my Medical Marijuana Dispensary and Grow Facility License Application as well as those of the State of Michigan.

Application must be accompanied by a Certificate of Occupancy from the City of Ypsilanti Building Department OR received by the owner of facility within 60 days of application.

Authorized Signature	Title	Date
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Authorization of Criminal Background Check

I hereby allow the City of Ypsilanti Police Department to perform a criminal background check based on information gathered from this application form.

Applicant's Printed Name	Title	Date
Applicant's Signature	Title	Date

Operator's Printed Name	Title	Date
Operator's Signature		

STATE OF MICHIGAN)
)ss.
 COUNTY OF WASHTENAW)

Subscribed and sworn to before me a Notary Public on this _____ day of _____, 2011, by the above named _____, who has appeared before me and presented photo identification and sworn that they have read the foregoing and says it is true to the best of his/her knowledge.

 , Notary Public
 Washtenaw County, Michigan
 My commission expires: _____

Release of Liability, Indemnification and Waiver

This Application or the granting of a license hereunder is not intended to grant, nor shall it be construed as granting, immunity from criminal prosecution for growing, sale, consumption, use, distribution, or possession of marijuana not in strict compliance with State or Federal law. Also, since Federal law is not affected by the State Act (Michigan Medical Marijuana Act, Initiated Law 1 of 2008), nothing in this license application, the granting of a license hereunder, or any City of Ypsilanti ordinance, policy or rule, is intended to grant, nor shall they be construed as granting, immunity from criminal prosecution under Federal law. The State Act, this license application or the issuance of a city license does not protect users, caregivers or the owners of properties on which the medical use of marijuana is occurring from Federal Prosecution, or from having their property seized by Federal authorities under the Federal Controlled Substances Act.

Upon issuance and acceptance of a Medical Marijuana License and/or renewal, the undersigned individually and on behalf of _____, as its duly authorized agent, hereby unconditionally and irrevocably waives, discharges, and releases the City of Ypsilanti, its agents, employees and officials from any and all claims damages and liability in any way arising out of or related to the licensed premises including, but not limited to, issuance of a license to licensee and any and all acts, omissions damages or injuries to any person or property resulting from any act, omission, condition, occurrence or criminal act occurring upon or in relation to the licensed premises, and to indemnify, defend, and hold harmless the City of Ypsilanti, including its agents, employees and officials to the fullest extent permitted by law and equity for any and all claims, damages, injuries or liabilities at law or equity in any way arising out of or related to any acts, omissions, activities, conditions or occurrences or incidents in any way related to the licensed premises.

Additionally, the applicant hereby agrees to not violate any of the laws of the State of Michigan or the ordinances of the City of Ypsilanti in conducting the business in which the license will be used, and that a violation on the premises may be cause for objecting to renewal of the license, or for requesting revocation of the license. As well, the applicant agrees to make the premises open for inspection upon request by the Building Official the Fire Department and law enforcement officials for compliance with all applicable laws and rules, during the stated hours of operation/use and as such other times as anyone is present on the premises. The applicant agrees to quarterly inspections by the City Official's designee to confirm the dispensary or growing/manufacturing is operating in accordance with applicable laws including, but not limited to, State Law and City Ordinances.

Authorized Signature	Title	Date
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For Department Use Only

City Clerk Application Date Received _____ Complete/Incomplete

Planning/Zoning Approved/Not Approved Date: _____

Building Department Approval: _____ Signed by: _____

Police Department Approval: _____ Signed by: _____

Fire Department Approval: _____ Signed by: _____

Treasurer's Approval: _____ Signed by: _____

Assessor's Approval: _____ Signed by: _____

City Attorney's Approval: _____ Signed by: _____

City Manager: _____ Final Approval _____ Date _____