



# MARIHUANA FACILITY PERMIT APPLICATION

CITY OF YPSILANTI CLERK'S OFFICE

One South Huron, Ypsilanti, MI 48197

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

[www.cityofypsilanti.com](http://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.

**\$5,000 – Initial Permit Application**

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**Type of application**

- Provisioning Center
- Growing/Processing Facility

**BUSINESS INFORMATION**

<b>Business Name:</b>		<b>Phone:</b>
<b>Business Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Business Mailing Address (if different):</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
Square footage to be occupied:		Number of Employees:
Hours of Operation:		
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		
<b>If business type is anything other than a sole proprietorship, attach the following:</b>		
<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.

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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.

<b>Applicant Name:</b>	<b>Date of Birth:</b>
<b>Applicant Address:</b>	
<b>City:</b>	<b>State:</b> <b>Zip:</b>
<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.

<b>Operator Name:</b>	<b>Date of Birth:</b>
<b>Applicant Address:</b>	
<b>City:</b>	<b>State:</b> <b>Zip:</b>
<b>Operator Name:</b>	<b>Date of Birth:</b>
<b>Applicant Address:</b>	
<b>City:</b>	<b>State:</b> <b>Zip:</b>
<input type="checkbox"/> Attachment C - Provide state or federally issued photo identification.	

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**LICENSE INFORMATION**

List all professional licenses, including those related to marijuana/marihuana currently held or held in the past by the applicant/operator:

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Has the applicant and/or operator been denied an application for a professional license, including those related to marijuana/marihuana, from any jurisdiction? (include state and local applications)

Yes  No

If yes state when, where and why: \_\_\_\_\_

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Has the applicant had a professional license, including those related to marijuana/marihuana, suspended or revoked by any jurisdiction? (include state and local applications)

Yes  No

If yes state when, where and why: \_\_\_\_\_

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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):

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

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**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 permit may 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: \_\_\_\_\_

\_\_\_\_\_

- 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 Marihuana 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.

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\_\_\_\_\_

### **Additional attachments:**

- Attachment J** – Provide proof of compliance with the Statewide Monitoring System.
  
- Attachment K** - Area map, drawn to scale, indicating within a radius of one thousand feet (1,000) from the boundaries of the proposed facility parcel, the proximity of the site to any school and existing facilities. Existing schools list:
  - 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 – for both renewal and new applications.**
  - **For permit renewal please provide copy of state license**
  - **For new applicant please provide proof of state prequalification**
  
- Attachment M – Provisioning Center applications only:** Provide a description of the products and services to be provided by the Provisioning Center, including retail sales of food and/or beverages, if any, and any related accommodations or facilities
  
- Attachment N – Growing/Processing Facility applications only:** Provide a description of the growing and processing procedures, including volatile chemicals stored or used on the premises.

### **Additional notes:**

- Applicants must receive a certificate of occupancy from the Building Department within 60 days of receiving a Marihuana Facility Permit, and prior to opening and/or operating the Facility.
- A site plan review may be required prior to obtaining a certificate of occupancy.
- All Growing/Processing Facilities are subject to special use permit and site plan review.
- All applicants must obtain a business license from the Assessor prior to opening.
- All Marihuana Facility Permits 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 permitted Marihuana 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





## **Release of Liability, Indemnification, and Waiver**

This Application or the granting of a permit 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/marihuana not in strict compliance with state or federal law. Also, since federal law is not affected by state law or local ordinance, nothing in this permit application; the granting of a permit 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. State law, this permit application, or the issuance of a city permit does not protect users, caregivers, or the owners of properties on which the medical use of marijuana/marihuana 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 permit for Marihuana Facilities 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 permitted premises including, but not limited to, issuance of a permit to permittee 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 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 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 permit will be used, and that a violation on the premises may be cause for objecting to renewal of the permit, or for revocation of the permit.

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 facility is operating in accordance with applicable laws including, but not limited to, state law and local 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: \_\_\_\_\_

\_\_\_\_\_

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**City Manager: \_\_\_\_\_ Final Approval \_\_\_\_\_ Date \_\_\_\_\_**