



# MARIHUANA FACILITY PERMIT APPLICATION

CITY OF YPSILANTI CLERK'S OFFICE

One South Huron, Ypsilanti, MI 48197

Office (734) 483-1100

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

**All required information must be submitted at the time of application.  
Applications must be provided in both hardcopy and digital flash drive**

Attach additional pages when necessary.

Clerk initials

- Non-Refundable Fee - subject to change by City Council without notice.
- \$5,000 – Initial Permit Application:** application will not be accepted without fee
- \$5,000 – Renewals:** If you are a new applicant or business, the application will be an Initial Permit Application. Licenses cannot be transferred to new applicants or businesses.

### TYPE OF APPLICATION

**A separate application and fee must be filed for Recreational and Medical Facilities**

#### RECREATIONAL, or

- |  |   |
|--|---|
| <input type="checkbox"/> Retailer                    | <input type="checkbox"/> Microbusiness          |
| <input type="checkbox"/> Growing/Processing Facility | <input type="checkbox"/> Excess Grower          |
| <input type="checkbox"/> Safety Compliance Facility  | <input type="checkbox"/> Designated Consumption |
| <input type="checkbox"/> Secure Transport            |   |

#### MEDICAL

- Provisioning Center
- Cultivation/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		

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**If business type is anything other than a sole proprietorship, attach the following:**  
 Attachment A - Articles of incorporation; LLC Articles of Organization; Partnership Agreement; DBA Certificate

List below all officers, directors, shareholders, members, and partners 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.

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>

Attachment B - Provide state or federally issued photo identification. Expired identification will not be accepted, and if provided the application will be considered incomplete and denied.

**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>

Attachment C  
 Provide state or federally issued photo identifications and  
 Provide background checks (ICHAT) (Ypsilanti Police Dept. Will Verify)

Clerk initials

**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 the applicant have an 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 \$1,000,000**
- 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 including, but not limited to, any lighting, alarms, barriers, recording/monitoring devices, and/or security guard arrangements.**

**BUSINESS INFORMATION**

Has the Business had any adverse actions and/or disciplinary actions taken against the Business by the Cannabis Regulatory Agency in the past year?  Yes  No

If yes, please add a letter of explanation.

\_\_\_\_\_

\_\_\_\_\_

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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 marihuana facilities. Existing schools list as of 1-17-2020:
  - Ypsilanti Middle School, 510 Emerick Street
  - Ypsilanti International Elementary School, 503 Oak Street
  - Ypsilanti High School, 2095 Packard Road
  - Perry School, 550 Perry Street
  - Washtenaw International Middle/High School Academy, 105 N. Mansfield Street
  - Estabrook Elementary School, 1555 W. Cross Street
  - WSC Academy, 565-855 Jefferson
  - Huron Valley Catholic School, 1300 N. Prospect Rd
- Attachment L** – A Copy of state license or prequalification letter
- Attachment M – Retailer/Microbusinesses/Designated Consumption Establishments only:** Provide a description of the products and services to be provided by the establishment, including retail sales of food and/or beverages, if any, and any related accommodations or facilities
- Attachment N – Growing/Processing/Safety Compliance Facility applications only:** Provide a description of the growing and processing procedures, including volatile chemicals stored or used on the premises.
- Attachment O** – Provide copy of facility social equity plan.
- Attachment P** – Volunteerism Plan. provide a plan of community projects to be completed through the permit year. Plans could either be in the form of financial contribution or time given to specific community projects. All contributions must be undertaken in the City of Ypsilanti. Documentation of completion will be required upon renewal. If documentation is not provided the application will be considered incomplete and denied.

**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 Facilities are subject to special use permit and site plan review. All facilities must be in an adopted zoning district per facility type. **The city recommends an applicant request a marihuana location affidavit.**
- All applicants must obtain a business license from the Assessor prior to opening.

- 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 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 FACILITIES LICENSING ACT & MICHIGAN  
REGULATION AND TAXATION of MARIHAUNA ACT ACKNOWLEDGES THAT  
“FEDERAL LAW CURRENTLY PROHIBITS ANY USE OF MARIHUANA EXCEPT  
UNDER VERY LIMITED CIRCUMSTANCES.” SEE MCL 333.26422(c) &  
333.27967(17). 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, or the owners of properties on which the 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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The Applicant and Authorized Representative agree to the following on behalf of themselves and their owners, operators, directors, officers, agents, shareholders, investors, heirs, assigns, estates, successors, parents, subsidiaries, and any other holder of any interest whatsoever (collectively, the "Applicant"):

A. Definitions. As used in Part VIII, the following terms have the following meanings:

- (a) Claim, means any cause of action or potential cause of action that arises out of the operation of or in any way relates to one or more state or local licenses for medical marijuana facilities or adult-use marijuana establishments within the City of Ypsilanti, including, causes of action or potential causes of action relating to the City of Ypsilanti's application, licensing, inspection, enforcement, renewal, amendment, suspension, or revocation process. This definition includes, but is not limited to, lawsuits arising under statutory, constitutional, contractual, and/or equitable law.
- (b) City includes the City of Ypsilanti and its representatives, agents, employees, appointed and elected officials, department heads, insurers, contractors, and all boards, commissions, committees, and the members thereof.

B. All of the following apply to all Claims against the City:

(i) Applicant waives its right to a trial of any kind, in both federal and state court, including the right to participate in any class action litigation.

(ii) Applicant consents to individual arbitration of all Claims against the City. Under no circumstances will class action or joint action of any kind be permitted.

(iii) Arbitration will be in accordance with the then-current rules of JAMS or AAA, or as otherwise agreed to by the parties in writing. An award by the Arbitrator may be entered as a judgment by any court having jurisdiction. Arbitration shall take place in Ypsilanti, Michigan and shall be governed by the laws of the State of Michigan, notwithstanding any conflict of law provisions.

(iv) Claims against the City must be brought within six months from the date that a final decision is issued by the City, or such claim will be waived and permanently barred.

(v) If the City prevails on any Claim, the Arbitrator shall award the City its costs and attorney fees for the Claim or Claims.

\* \* \*

C. Applicant has reviewed the Chapter 7 of the City of Ypsilanti Code Ordinance, Relevant sections of Chapter 122, and this Application, all in their entirety, and has had the opportunity to consult with legal counsel. By submitting this Application, Applicant agrees that the Application Consideration Policy is a competitive process and Applicant waives any right to

challenge the City's selection process or selection criteria.

D. The issuance of a Permit or conditional Permit will be contingent on the Applicant agreeing to any other conditions imposed by the City on the Applicant. Under penalty of perjury, I attest, to the best of my information, knowledge, and belief, that I have read and understood the foregoing, and that I am duly authorized to sign this application and bind the Applicant to its terms.

\_\_\_\_\_  
Authorized Signature

STATE OF MICHIGAN                    )  
  )ss.  
COUNTY OF \_\_\_\_\_            )

Subscribed and sworn to before me a Notary Public on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, 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  
\_\_\_\_\_ County, Michigan  
My commission expires: \_\_\_\_\_

**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** \_\_\_\_\_