



**MEDICAL MARIHUANA FACILITY LICENSE APPLICATION  
Grower, Processor, Safety Compliance, Secure Transporter**

All required information must be submitted at the time of application.  
Attach additional pages when necessary.

	TYPE OF APPLICATION	Non-Refundable Fee	Initial	Renewal
	Grower	\$5,000		
	Processor	\$5,000		
	Safety Compliance	\$5,000		
	Secure Transporter	\$5,000		

**BUSINESS INFORMATION:**

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

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ Zoning: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Square footage to be occupied: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

**APPLICANT INFORMATION:** Highest level official or employee of business/cooperative such as Board President, Chief Executive Officer, Executive Director or comparable position.

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

Applicant Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

- **Attachment A** - Provide Applicant's state or federally issued photo identification
- **Attachment B** – Provide Applicant's State of Michigan Prequalification Status Letter

**OPERATOR INFORMATION:** If different than the applicant, list the individual(s) responsible for day to day operations.

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

Operator Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Operator Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

- **Attachment C** - Provide Operator's state or federally issued photo identification
- **Attachment D** – Provide Operator's State of Michigan Prequalification Status Letter

**LICENSE INFORMATION:**

Has the applicant and/or operator been denied an application for a medical marihuana dispensary or growing facility, or other marihuana 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 Applicant subsequent to such action of suspension or revocation?

**PROPERTY OWNER INFORMATION:**

Owner Name:

Home Address:

City:

State:

Zip:

Home Phone:

State the Applicant's real property interest in proposed facility:

Fee Simple

Joint Tenants\*

Lease

Other\*\*

**\*List all Tenants and their legal interest; \*\*Attach detailed explanation**

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

**FACILITY INFORMATION:**

Does the facility have alarm system in place?

YES

NO

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

- **Attachment G** – 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, listing the City as an additional insured.
- **Attachment H** – Describe storage facilities of all medical marihuana on site.
- **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.
- **Attachment J** – Full Site Plan Review – including area map, drawn to scale, (indicating the proximity of the site to any school. Defined by the State of Michigan definition of a school). Interior floor plan of the permitted premises and the permitted property signed and sealed by a Michigan registered architect, surveyor, or professional engineer.
- **Attachment K** – A list of Material Safety Data Sheets for all nutrients, pesticides, and other chemicals proposed for use in the facility
- **Attachment L** – A description and plan of all equipment and methods that will be used to stop any impact to adjacent uses, including enforceable assurances that no odor will be detectable from outside of the Permitted Premises.
- **Attachment M** – A plan for the disposal of Marihuana and related byproducts that will be used at the facility.
- **Attachment N** – A statement providing information regarding any other Medical Marihuana Facility License that the Applicant(s) is authorized to operate in any other jurisdiction within the State, or another State, and the Applicant(s) involvement in each Facility.

### Oath of Application

I declare that this application and all attachments are true, correct, and complete to the best of my knowledge. I acknowledge that it is my responsibility to comply with all the provisions of the City of Owosso Municipal Code, Laws and Regulations of the State of Michigan, especially those of which concern or relate to Medical Marihuana. I acknowledge that I may be personally held accountable for the actions of my agents and employees that violate the City of Owosso Municipal Code, Laws and Regulations of the State of Michigan, especially those of which concern or relate to Medical Marihuana.

Authorized Signature	Title	Date
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STATE OF MICHIGAN        )  
  )ss.  
COUNTY OF SHIAWASSEE )

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  
Shiawassee 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 Marihuana Act, Initiated Law 1 of 2008), nothing in this license application, the granting of a license hereunder, or any City of Owosso 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 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 Medical Marihuana 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 Owosso 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 Owosso 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 Owosso 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

**For Department Use Only**

➤ Application	Date Received:	<input type="checkbox"/> Oath of Application Complete
➤ Planning/Zoning	Approved/Not Approved	Date:
Comments:		
		Signed by:
➤ Building Department	Approved/Not Approved	Date:
Comments:		
		Signed by:
➤ Police Department	Approved/Not Approved	Date:
Comments:		
		Signed by:
➤ Fire Department	Approved/Not Approved	Date:
Comments:		
		Signed by:
➤ Treasurer	Approved/Not Approved	Date:
Comments:		
		Signed by:
➤ Assessor	Approved/Not Approved	Date:
Comments:		
		Signed by:
➤ City Manager	Approved/Not Approved	Date:
Comments:		
		Signed by: