



**MEDICAL MARIJUANA
 LICENSE APPLICATION**
 CITY OF INKSTER'S CLERK'S OFFICE
 26215 TROWBRIDGE INKSTER, MI. 48141
 Office (313) 563-9770
www.cityofinkster.com

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

Type of application

- Provisioning Center **\$5,000 Initial/Renewal**
- Microbusiness (5year resident; Social Equity approved) **\$5,000 Initial/Renewal**
- Cultivation Center (Growing/Manufacturing) **\$5,000 Initial/Renewal**
- Transportation **\$5,000 Initial/Renewal**
- Testing **\$5,000 Initial/Renewal**
- Processing **\$5,000 Initial/Renewal**

§ 124.03A ADDITIONAL REQUIREMENTS FOR MARIJUANA MICROBUSINESS

(A) An applicant for a Marijuana Microbusiness license must be qualified for the Social Equity Program as administered by the Michigan Marijuana Regulatory Agency, and certified as a Social Equity participant by the Agency; and
 (B) The applicant must have at least 51% ownership by resident(s) of Inkster and have been a resident(s) for at least the last five years.

ADULT USE (RECREATIONAL) () OR MEDICAL ()

Clerk initials

BUSINESS INFORMATION		
Business Name:	Phone:	
Business Address:		
City: Inkster	State: MI.	Zip:
Business Mailing Address (if different): SAME		
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)		

- Sole Proprietorship
- Corporation (including LLC)
- Partnership
- S Corporation
- Trust
- Non-Profit Organization

If business type is anything other than a sole proprietorship, attach the following:

- 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:** _____

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:** _____

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): **Provide ICHAT for each caregiver.**

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 other merchandise on site?

- Yes No

If yes, what items will be sold?

- 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.**
- 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.**

Clerk
initials

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.

- 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.

- Attachment L – Provisioning Center applications only:** Provide a description of the products and services to be provided by the provisioning center, including retail sales and any related accommodations or facilities.

- ~~**Attachment M – Cultivation Center applications only:** Include proof that all participating caregivers (up to 5) have been legally registered by the Michigan Department of Licensing and Affairs (LARA) in accordance with the Michigan Medical Marijuana Act, as amended. —N/A~~

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 Inkster Municipal Code and all Rules and Regulations which govern my Provisioning Centers and Cultivation Centers License Application as well as those of the State of Michigan.

Authorized Signature	Title	Date
----------------------	-------	------

Authorization of Criminal Background Check

I hereby allow the City of Inkster 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 WAYNE)

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
 Wayne 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 Inkster 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 Inkster 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 Inkster 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 Inkster 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

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 Clerk: _____ Final Approval _____ Date _____