



**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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Provisioning Center (Dispensary) | \$5,000 Initial/Renewal |
| <input type="checkbox"/> Cultivation Center (Growing/Manufacturing) | \$5,000 Initial/Renewal |
| <input type="checkbox"/> Transportation | \$5,000 Initial/Renewal |
| <input type="checkbox"/> Testing | \$5,000 Initial/Renewal |
| <input type="checkbox"/> Processing | \$5,000 Initial/Renewal |

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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		

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.

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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.

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.	

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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

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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 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.

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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. Indicate the proximity of the site to any school. (Defined by the State of Michigan definition of a school)

- 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 a Operator has been legally registered by the Michigan Department of Licensing and Affairs (LARA) in accordance with the Michigan Medical Marijuana Act, as amended.

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
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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 Clerk: _____ **Final Approval** _____ **Date** _____