



City of Madison Heights, Michigan

City Hall Municipal Offices
300 W. Thirteen Mile Road
Madison Heights, MI 48071

Department of Public Services
300 W. Thirteen Mile Road
Madison Heights, MI 48071

Fire Department
31313 Brush Street
Madison Heights, MI 48071

Police Department
280 W. Thirteen Mile Road
Madison Heights, MI 48071

www.madison-heights.org

CITY OF MADISON HEIGHTS MEDICAL MARIHUANA FACILITIES LICENSE APPLICATION PACKET

INSTRUCTIONS

1. All information must be completed using **BLUE INK ONLY**.
2. All Attestations must be fully completed and notarized. (The City will not provide a notary service for this Application.)
3. Please use the included “Application Attachments 1-4” and “Scoring Supplements 1-10” to append the described added documentation to the Application and Scoring Supplement. Please ensure that each Application Attachment and Scoring Supplement Attachment is organized chronologically and each Attachment is separately bound. (do not use paperclips)
4. Attach a copy of the official Allowed Parcels for Medical Marihuana Facilities Map as “Application Attachment 4” and identify the individual parcel on the map that is identified as the proposed location to locate a medical marihuana facility in this Application. Please note that all Applications for Growers, Processors, Secured Transporters and Provisioning Centers must be located in a green area on the map. For Safety Compliance Facilities **ONLY**, please identify that the proposed location is located in an M-1, M-2 or O-1 district on the map.

FOR CITY USE ONLY:	
Application Fees (\$500 per license type)	Number of Licenses _____ . Amount Received _____ . Date Paid _____ . Invoice # _____ .
Application Attachments: 1) Prequalification(s)----- 2) Ownership Information----- 3) Site Plan----- 4) Official Parcel Map-----	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Signed and Notarized: Prequalification Disclosure----- Attestations A-G-----	<input type="checkbox"/> <input type="checkbox"/>



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LICENSE TYPES & ASSOCIATED FEES. Indicate the license type(s) for which the entity will be applying. If applying for more than one license type (Grower, Processor and Provisioning Center ONLY), please check all boxes that apply. THESE APPLICATION FEES ARE NONREFUNDABLE.

	License Type	Application Fee	Description of License
<input type="checkbox"/>	Grower Class C	\$500	Grower license for 1,500 marihuana plants
<input type="checkbox"/>	Processor	\$500	License authorizes purchase of marihuana from a grower and sale of infused-products or marihuana to a provisioning center.
<input type="checkbox"/>	Provisioning Center	\$500	Licensee can sell marihuana to a qualified patient or primary caregiver.
<input type="checkbox"/>	Safety Compliance Facility	\$500	License authorizes the facility to receive marihuana from, test marihuana for, and return marihuana to only a marihuana facility.
<input type="checkbox"/>	Secured Transporter	\$500	License authorizes storage and transportation of marihuana and associated money between facilities.

DEMOGRAPHIC INFORMATION

Please provide the following information regarding the entity seeking a facility license. USE BLUE INK ONLY

Applicant Name (as appears on official Entity document)	Doing Business As (as used in conducting the business of the entity) Attach copy of filed assumed name certificate (if applicable).	
Entity Mailing Address	FEIN/SSN	D.O.B. (Individuals Only)
City State Zip Code	Entity Phone	Entity Fax
Entity Physical Address	Entity Email Address	
City State Zip Code	Entity Website (if available)	

PERSON COMPLETING APPLICATION

Please provide the following information regarding the person completing this application. USE BLUE INK ONLY

Name (Last, First, Middle)	Affiliation with Applicant
Mailing Address (Must Reside within 100 Miles of City of Madison Heights)	Entity Name (if applicable)
City State Zip Code	Phone
Attorney License No. (if applicable)	Fax
CPA License No. (if applicable)	Email Address



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STATE OF MICHIGAN ENTITY/INDIVIDUAL PREQUALIFICATION REQUIREMENTS

Pursuant to the City of Madison Heights Code of Ordinances, Chapter 7, Article XVI, Section 7-305(e)(2) and Section 7-307, all applicants shall have an approved State of Michigan, Entity/Individual Prequalification, issued by the State of Michigan, for each type(s) of City of Madison Heights Medical Marihuana Facilities License applied for. Failure to have a State of Michigan Entity/Individual Prequalification shall result in rejection of this Application. Failure to submit, together with this Application, copy of all applicable State of Michigan Entity/Individual Prequalification(s) shall result in rejection of the Application. The Applicant shall only submit the State of Michigan Entity/Individual Prequalification(s) issued by the State. If the Applicant is selected as a finalist for a City License, the Applicant may then be required to produce a copy of all Michigan Entity/Individual Prequalification Application materials and any and all information pertaining to the State of Michigan Supplemental Application Prequalification materials submitted to the State of Michigan.

STATE OF MICHIGAN ENTITY/INDIVIDUAL PREQUALIFICATION DISCLOSURE

I, _____ (applicant) hereby acknowledge that the City of Madison Heights (City) requires the submission, together with this Application, a State of Michigan Entity/Individual Prequalification for each type of City License applied for. I hereby attest that I have attached to this Application a copy of all applicable State of Michigan Entity/Individual Prequalification(s).

(SEPARATELY ATTACH STATE PREQUALIFICATION DOCUMENTATION AS "ATTACHMENT 1" USING THE INCLUDED ATTACHMENT 1 PAGE SUPPLIED WITH THIS APPLICATION)

I, as the applicant submitting this application, hereby certify that the City of Madison Heights is authorized to receive and review any and all information pertaining to the State of Michigan Entity/Individual Prequalification Application materials and any and all information pertaining to the State of Michigan Supplemental Application Prequalification submitted with this Application.

I understand that by signing this authorization, a verification of my State of Michigan Entity/Individual Prequalification Application materials and State of Michigan Supplemental Application Prequalification materials, submitted to the State of Michigan, will be performed. I authorize the State of Michigan to surrender to the City a complete and accurate record of any and all Entity/Individual Prequalification Application and Supplemental Application Prequalification information, investigations, results or records related to me for the purposes of this application. I authorize the City to obtain, receive, review, copy, discuss, and use any such information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

Applicant Signature

Date

Applicant Printed Name

Subscribed and sworn to by _____ before me on _____
(applicant name) (date)

Notary Public Signature

Notary Public Printed Name

State of _____, County of _____, Acting in the County Of _____
(county) (state)

My commission expires: _____



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CITY OF MADISON HEIGHTS MEDICAL MARIHUANA FACILITIES LOCATION REQUIREMENTS

Pursuant to the City of Madison Heights Code of Ordinances, Chapter 7, Article XVI, Section 7-310, all medical marihuana facilities, except Safety Compliance Facilities as described therein, in the City of Madison Heights shall be located on an approved parcel as designated on the official map published by the City and attached to this Application Packet. Any Application that proposes a location other than on an approved parcel as depicted on the official City map shall result in rejection of this Application.

LOCATION INFORMATION

Please provide the following information regarding the proposed location of the facility or facilities. USE BLUE INK ONLY

Street address of proposed facility location	Tax ID Number of proposed facility location
Owner Name (Last, First, Middle)	Owner Affiliation with Applicant
Owner Address	Owner Entity Name (if applicable)
City State Zip Code	Phone
Email Address	Fax

OWNERSHIP INFORMATION

If the Applicant owns the property, attach documentation evidencing ownership. If the Applicant is not the owner of the proposed licensed premises, the Applicant must provide a notarized statement from the owner of such property authorizing the use of the property for a medical marihuana facility and a copy of any deed, lease, or binding real estate interest reflecting the right of the Applicant to possess, or an option reflecting the Applicant's Right to purchase or lease the proposed premises.

(SEPARATELY ATTACH THE REQUIRED DOCUMENT(S) AS "ATTACHMENT 2" USING THE INCLUDED ATTACHMENT 2 PAGE SUPPLIED WITH THIS APPLICATION)

SITE PLAN INFORMATION

Pursuant to the City of Madison Heights Code of Ordinances, Chapter 7, Article XVI, Section 7-305, all medical marihuana facilities license applications shall include "to scale" site plan of the proposed premises showing, but not limited to, the building floor plan and layout, all entryways, doorways, or passage ways, and means of public entry and exits to the proposed licensed premises, loading zones, available onsite parking spaces, fencing at the premises, landscaping, and all areas in which medical marihuana will be stored, grown, manufactured or dispensed. (If approved for a License, the Applicant shall provide any and all required architectural drawings as required by the State of Michigan, Community Development Department, the Building Official and the Fire Department.)

(SEPARATELY ATTACH "TO SCALE" SITE PLAN OF THE PROPOSED FACILITY AS "ATTACHMENT 3" USING THE INCLUDED ATTACHMENT 3 PAGE SUPPLIED WITH THIS APPLICATION)



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ATTESTATION A

(Use BLUE ink ONLY)

APPLICANT'S ACKNOWLEDGEMENT, AGREEMENT, AND CONSENT

(To be completed and signed by entity/individual seeking licensure)

Do not sign until notary is present

I, _____ (applicant) hereby acknowledge that the City of Madison Heights (City) may require supplemental materials in order to carry out its statutory and ordinance duties. The applicant hereby agrees to submit such supplemental materials as requested by the City in a timely manner.

I hereby acknowledge that any issuance of a license is a privilege. I have the responsibility to prove that I am eligible, suitable, and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information, requested in this form, and expressly waive any claim for damages as a result thereof. Information not called for in this application or in addition to that provided in response to this application, may be requested.

I, as the applicant submitting this application, hereby certify that I do not have an interest in any other operating license that is prohibited by the Medical Marihuana Facilities Licensing Act, 2016 PA 281 (MMFLA).

I hereby acknowledge that I am under a continuing duty to promptly disclose to the City any changes in the information provided in the application and requested materials submitted to the City. To comply with this requirement, I hereby acknowledge that I must submit a letter to the City stating any changes with reference to the specific information within the application to which the changes pertain.

I hereby consent to inspections, searches, and seizures as provided in MMFLA Section 303(1)(c)(i) to (iv), the MMFLA Rules and City Ordinance to disclose to the City and its agents of otherwise confidential records, including tax records held by any federal, state, or local agency, or credit bureau or financial institution, while applying for or holding a marihuana facility license. This consent is authorization to review and inspect tax records administered under the Michigan Revenue Act, 1941 PA 122.

I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.

Applicant Signature

Applicant Printed Name

Date

Subscribed and sworn to by _____ before me on _____
(applicant name) (date)

Notary Public Signature

Notary Public Printed Name

State of _____, County of _____, Acting in the County Of _____, _____
(county) (state)

My commission expires: _____



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ATTESTATION B

(Use BLUE ink ONLY)

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

(To be completed and signed by entity/individual seeking licensure in the presence of a notary)

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, and all governmental agencies federal, state and local, without exception, both foreign and domestic.

On behalf of _____
Name of Entity

_____ Name & Title of Person Authorized to Execute This Release

I authorize the City of Madison Heights (City) and its agents to conduct a full investigation into the background and activities of the applicant for purposes of determining the applicant's eligibility for a medical marihuana facility license.

I understand that by signing this authorization, a financial record check will be performed. I authorize any financial institution to surrender to the City a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or entity financial records in whatever form and wherever located. I authorize my employers to release any employment information required to validate my financial history. I understand that the financial record check will include a credit history examination and that my credit report, credit history, and credit capacity information will be obtained.

I understand that by signing this authorization, a financial record check of my tax filing and tax obligation status will be performed. I authorize my respective state taxing agency to surrender to the City a complete and accurate record of any and all tax information or records relating to me for the purposes of this application. I authorize the City to obtain, receive, review, copy, discuss, and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

I understand that by signing this authorization, a criminal history check will be performed. I authorize the City to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located for purposes of completing this application. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and the sentence was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

Therefore, you are hereby authorized to release any and all information pertaining to this applicant, documentary or otherwise, as requested by any employee or agent of the City, provided that he or she certifies to you that said entity has an application pending before the City or that said entity is a licensee or other person required to be qualified under the provisions of the Michigan Medical Marihuana Facilities Licensing Act (MMFLA) and City Ordinance.

This authorization shall supersede and countermand any prior request or authorization to the contrary and shall be in effect during the pendency of this application. A photocopy of this authorization will be considered as effective and valid as the original.

Applicant Signature

Date

Applicant Printed Name

Subscribed and sworn to by _____ before me on _____
(applicant name) (date)

Notary Public Signature

Notary Public Printed Name

State of _____, County of _____, Acting in the County Of _____
(county) (state)

My commission expires: _____



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ATTESTATION C

(Use BLUE ink ONLY)

APPLICANT'S VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE

(To be completed and signed by entity/individual seeking licensure in the presence of a notary)

1. I am the individual responsible for submitting this application and have full authority to execute this affidavit of full disclosure.
2. I authorize _____ to be the contact person to the City of Madison Heights for the purposes of this licensure application.
3. I swear (or affirm) that the information contained in this application packet is true, complete, and accurate to the best of my knowledge and belief.
4. Except as reported in this application packet, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee or otherwise any interest in the application.
5. Except as reported in this application packet, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the interest in this application.

Applicant Signature

Applicant Printed Name and Title

Date

Subscribed and sworn to by _____ before me on _____
(applicant name) (date)

Notary Public Signature

Notary Public Printed Name

State of _____, County of _____, Acting in the County Of _____
(county) (state)

My commission expires: _____



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ATTESTATION D

(Use BLUE ink ONLY)

ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY

(To be completed and signed by applicant & any professional representative)

I, _____, being first duly sworn upon oath, affirmation or depose hereby acknowledge:

The Federal Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. § 801 et seq., regulates marihuana as a Schedule I controlled substance, for which there is “no currently accepted medical use in treatment in the United States.” 21 U.S.C. § 812(b)(1)(B). Although the state of Michigan has recognized and authorized the use of medical marihuana pursuant to the Michigan Medical Marihuana Act, 2008 IL 1, MCL 333.26421 to 333.26430, has authorized the licensing of medical marihuana facilities pursuant to the Medical Marihuana Facilities Licensing Act, 2016 PA 281, MCL 333.27101 to MCL 333.27801, and has provided for a statewide monitoring system in the Marihuana Tracking Act, 2016 PA 282, MCL 333.27901 to 333.27904, these state authorized activities remain prohibited by federal law.

I understand that a Michigan marihuana facility license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.

I understand that choosing to file an application for a marihuana facility license and, if issued a license, choosing to establish and operate a marihuana facility pursuant to that license, is done so at my own risk.

By my signature and attestation to this form, I hereby completely release and forever discharge the City of Madison Heights, and its respective employees, agents, attorneys, facilities, insurers, indemners, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which I may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of my application for a marihuana facility license and, if issued a license, my operation of a marihuana facility.

Applicant Signature

Date

Applicant Printed Name

Representative Signature (if applicable)

Date

Representative Printed Name & Professional Licensure Number (if applicable)

Subscribed and sworn to by _____ before me on _____
(applicant name) (date)

Notary Public Signature

Notary Public Printed Name

State of _____, County of _____, Acting in the County Of _____
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My commission expires: _____.



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ATTESTATION E

(Use BLUE ink ONLY)

COVENANT NOT TO SUE

(To be completed and signed by applicant & any professional representative)

I, _____, being first duly sworn upon oath, affirmation or depose hereby acknowledge and agree that:

I understand that granting of a City License to operate a medical marihuana facility is a privilege and not a right and does not confer upon the applicant any business expectation or any other possible cause of action if I am denied a license by the City.

I understand and agree that the City will be reviewing and granting licenses to applicants based on an competitive process that utilizes an objective scoring criterion and I understand and agree that by choosing to submit an application to the City of Madison Heights for a medical marihuana facility license that it is done so at my own cost, risk and peril and that the City of Madison Heights shall have no liability whatsoever if I am not granted a license for any reason.

The Applicant, myself, and any subsidiaries, affiliates, officers, directors, shareholders, managers, members, successors, and assigns forever covenant and agree not to sue or bring any action in law, or in equity, including, but not limited to, an action in any court, forum, tribunal or arbitration proceeding whether by original process or demand, counterclaim, cross-claim, third-party process, impleader, claim for indemnity or contribution or otherwise against the City of Madison Heights its respective employees, agents, attorneys, facilities, insurers, indemnors, successors, heirs and/or assigns, arising from, referring to, relating to, or in connection with this Application or the City of Madison Heights Code of Ordinances regarding Medical Marihuana Facilities.

Applicant Signature

Date

Applicant Printed Name

Representative Signature (if applicable)

Date

Representative Printed Name & Professional Licensure Number (if applicable)

Subscribed and sworn to by _____ before me on _____
(applicant name) (date)

Notary Public Signature

Notary Public Printed Name

State of _____, County of _____, Acting in the County Of _____
(county) (state)

My commission expires: _____.



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ATTESTATION F

(Use BLUE ink ONLY)

INDEMNIFICATION, DEFEND AND HOLD HARMLESS

(To be completed and signed by applicant & any professional representative)

I, _____, being first duly sworn upon oath, affirmation or depose hereby acknowledge and agree that:

The Applicant and myself, and any subsidiaries, affiliates, officers, directors, shareholders, managers, members, successors, and assigns agree, at our own expense, that we shall protect, defend, indemnify and hold harmless the City of Madison Heights, its Council, officers, administrators, employees, attorneys, agents, affiliates, successors and assigns, from all claims, damages (including but not limited to direct, indirect, incidental, consequential, special and punitive damages), costs, lawsuits and expenses including, but not limited to, all costs from administrative proceedings, court costs, and attorney fees, that they may incur as a result of any acts, omissions or negligence of Applicant, myself, and any subsidiaries, affiliates, officers, directors, shareholders, managers, members, successors, and assigns which may arise out of the operation of a medical marihuana facility in the City of Madison Heights.

In the event any suit, proceeding, claim, loss, damage, cost, charge or expense shall be brought against the City, its Council, officers, administrators, employees, attorneys, agents, affiliates, successors and assigns, by virtue of the above-referenced activity, the Applicant, myself, and any subsidiaries, affiliates, officers, directors, shareholders, managers, members, successors, and assigns hereby covenants and agrees to assume the defense therefore and defend the same at its own expense and pay all costs, charges, attorney fees and any other expenses related thereto.

Applicant Signature

Date

Applicant Printed Name

Representative Signature (if applicable)

Date

Representative Printed Name & Professional Licensure Number (if applicable)

Subscribed and sworn to by _____ before me on _____
(applicant name) (date)

Notary Public Signature

Notary Public Printed Name

State of _____, County of _____ Acting in the County Of _____
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ATTESTATION G

(Use BLUE ink ONLY)

APPLICANT'S AGREEMENT AND COVENANT TO FULFILL

(To be completed and signed by entity/individual seeking licensure)

Do not sign until notary is present

I, _____ (applicant) hereby acknowledge that I have made representations in this Application pertaining to the ten (10) categories for scoring this Application regarding my proposed use and activities at the location and in the City.

I swear (or affirm) that the representations and information contained in this application pertaining to the ten (10) categories for scoring this Application, regarding my proposed use and activities at the location and in the City, are true, complete, and accurate to the best of my knowledge and belief and that I have full authority to make these representations.

The Applicant agrees, at its own expense, that if it is granted a license to operate a medical marihuana facility in the City, that it shall fulfill and satisfy any and all representations and information contained in this application pertaining to the ten (10) categories for scoring this Application, regarding the proposed use and activities at the location and in the City. The Applicant agrees that these representations constitute: (1) a clear and definite promise; (2) that these promises are expected to induce reliance by the City and that the City is relying on the promises in awarding a license; and (3) that injustice can be avoided only by enforcing the promises. Any approval for a medical marihuana facilities license by the City shall be conditioned upon fulfillment of these representations and information contained in the application.

The Applicant agrees, that if it refuses, neglects or otherwise fail to fulfill or satisfy any of the representations or information contained in this application pertaining to the ten (10) categories for scoring this Application, regarding the proposed use and activities at the location and in the City, that the City shall have the right to suspend or revoke the license.

Applicant Signature

Applicant Printed Name

Date

Subscribed and sworn to by _____ before me on _____
(applicant name) (date)

Notary Public Signature

Notary Public Printed Name

State of _____, County of _____ Acting in the County Of _____
(county) (state)

My commission expires: _____

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1
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1
1

**APPLICATION
ATTACHMENT**
(PREQUALIFICATION(S))

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1
1

2

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2

APPLICATION ATTACHMENT

(OWNERSHIP INFORMATION)

2

2

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APPLICATION
ATTACHMENT
(SITE PLAN)

3

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4

APPLICATION ATTACHMENT

(OFFICAL PARCEL MAP)

4

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