

CITY OF WAYE,  
WAYNE COUNTY, MICHIGAN

APPLICATION DATE \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

**APPLICATION FOR PERMIT COMMERCIAL MEDICAL MARIHUANA FACILITY**

Submit three (3) physical copies to Wayne City Hall and one (1) electronic copy of completed application and all required materials to the City at [cityclerk@cityofwayne.com](mailto:cityclerk@cityofwayne.com)

**Application for (check one):**

- New permit for Commercial Medical Marihuana Facility ("CMMF")
- Renewal permit for CMMF

**Applicant(s) Information**

(In addition to the information required below, the names, home addresses, and personal phone numbers for all owners, directors, officers, and managers of the proposed CMMF are required and must be attached to this application)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Legal Interest in Subject Property \_\_\_\_\_

**Subject Property Owner**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Address of Subject Property: \_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_

**Type of CMMF (check one only):**

- Grower Facility, Class A
- Grower Facility, Class B
- Grower Facility, Class C
- Processor Facility
- Provisioning Center
- Safety Compliance Facility
- Secure Transporter facility

**Proposed CMMF will operate within (check one):**

- A structure or structures pre-existing on the Subject Property
- A structure or structures to be erected pending issuance of a Permit
- A combination of structures pre-existing on the Subject Property and structures to be erected pending issuance of a Permit

Before the City will consider the Application for a CMMF Permit, the Applicant(s) must complete this application form, pay all fees and attach ALL of the following documentation:

- If the proposed Permit Holder is a corporation, non-profit organization, limited liability company or any other entity other than a natural person, attach all of the following:
  1. Documentation indicating its legal status
  2. Copy of all company formation documents (including amendments)
  3. Proof of registration with the State of Michigan
  4. Certificate of Good Standing

- All documentation showing the proposed Permit Holder's valid tenancy, ownership or other legal interest in the proposed Permitted Property and Permitted Premises. If the Applicant is not the owner of the proposed Permitted Property and Permitted Premises, a notarized statement from the owner of such property authorizing the use of the property for a CMMF.
- Copies of a valid, unexpired driver's license or state issued ID for all owners, directors, officers and managers of the proposed Facility.
- Evidence of a valid sales tax license for the business if such a license is required by state law or local regulations.
- \$5,000 non-refundable Application fee, which will not be refunded under any circumstances.
- Business and Operations Plan, showing in detail the CMMF's proposed plan of operation, including without limitation, the following:
  1. A security plan meeting the requirements of Wayne City Ordinance Authorizing and Permitting CMMFs.
  2. A description of the type of Facility proposed and the anticipated or actual number of employees.
  3. A description by category of all products to be sold, if applicable.
  4. A list of Material Safety Data Sheets for all nutrients, pesticides, and other chemicals proposed for use in the CMMF.
  5. A description and plan of all equipment and methods that will be employed to stop any impact to adjacent uses, including a plan to ensure that no odor or noise will be detectable from outside of the Permitted Premises.
  6. A plan for the disposal of Marihuana and related byproducts that will be used at the Facility.
- An identification of any business that is directly or indirectly involved in the growing, processing, testing, transporting or sale of Marihuana for the Facility.
- A statement indicating whether any Applicant has ever applied for or has been granted any commercial license or certificate issued by a licensing authority in Michigan or any other jurisdiction that has been denied, restricted, suspended, revoked, or not renewed and a statement describing the facts and circumstances concerning the application, denial, restriction, suspension, revocation, or nonrenewal, including the licensing authority, the date each action was taken, and the reason for each action.
- A site plan and interior floor plan of the Permitted Premises and the Permitted Property signed and sealed by a Michigan registered architect, surveyor or professional engineer.
- A statement providing information regarding any other CMMF that the Applicant(s) is authorized to operate or has interest in any other jurisdiction within the State, or another State, and the Applicant(s) involvement in each Facility.
- A zoning map prepared by a registered surveyor demonstrating that the property is in compliance with the applicable zoning regulations and the applicable distance requirements contained therein.
- A completed copy of their final submission of the state application.

Applicant(s) and Owner(s) Certification:

Applicant(s) and Owner(s) certify that the information submitted in and attached to this application is true and correct to the best of their knowledge. Applicant(s) and Owner(s) acknowledge and agree that: (1) it is their sole responsibility to comply with the requirements of any applicable City of Wayne Ordinance, notwithstanding the signature or approval of any City employee(s) or official(s); (2) The City of Wayne is not bound to recognize the approval or other action of any employees(s) or official(s) that is not in strict compliance with the applicable City of Wayne Ordinance; and (3) the resulting permit does not give the Applicant(s) or Owner(s) any vested rights to any permit or to any renewal.

Any incomplete applications will be rejected and no refunds will be given.

\_\_\_\_\_  
Signature (Applicant) Print name: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature (Applicant) Print name: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature (Owner) Print name: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature (Owner) Print name: \_\_\_\_\_ Date \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE CITY OF WAYNE**

On \_\_\_\_\_, 20\_\_\_\_, the Wayne City Clerk:

Approved the application subject to the following conditions: \_\_\_\_\_  
\_\_\_\_\_.

Denied the application for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
City Manager Date \_\_\_\_\_

\_\_\_\_\_  
City Clerk Date \_\_\_\_\_