City of Ann Arbor
Marijuana Facilities Permit
PRE-APPLICATION QUESTIONNAIRE

**Instructions to Applicants:** If you are applying for a City of Ann Arbor Marijuana Facilities Permit, this form must be completed prior to filling out the Marijuana Facilities Permit Application form. The form will not be accepted without this completed pre-application questionnaire.

Facility name: ___________________________________________________________

Facility address: _________________________________________________________

Please indicate, by checking YES or NO, if your establishment meets the following criteria. (Note: The permit application requires these items to be attached, and all are subject to City review.)

1. Has the business received a Zoning Compliance Permit?  □ Yes  □ No

2. Has the business received a Certificate of Occupancy?  □ Yes  □ No

3. Does the business have legal possession or ownership of the business location?  □ Yes  □ No

Signature of Authorized Representative  ________________________________  Printed Name  ________________________________

**If all of the above have been answered YES,** the applicant may submit an application for a Marijuana Facilities Permit. Fill out the City of Ann Arbor permit application form. Attach this completed questionnaire to the permit application and submit with the $5000.00 application fee and all other attachments to the Ann Arbor City Clerk, 301 E Huron Street, Second Floor, Ann Arbor, MI 48104. Fax Number (734) 994-8296. Phone Number (734) 794-6140.

**If any of the above have been answered NO,** the applicant is not eligible to apply for a Marijuana Facilities Permit as designated under Chapter 96 of the Code of the City of Ann Arbor. Applicants that are not yet able to meet the minimum criteria will not be considered by the City of Ann Arbor. Do NOT fill out an application.

➢ Please see the reverse side of this pre-application questionnaire for important information regarding the permit application process.
Additional Information:

- The Zoning Compliance permit must be applied for and obtained from the City Planning Department on the first floor of City Hall, 301 E. Huron. Phone Number (734) 794-6265.

- A Certificate of Occupancy Permit application will require an inspection and may trigger building code compliance for structural, electrical, plumbing, or other code issues. Applications can be obtained from and applied for at the Building Permit Desk on the first floor of City Hall, 301 E. Huron. Phone Number (734) 794-6267.

- If your application is complete, you will receive official confirmation from city staff. Issuance of a permit authorizes operation of the facility only after submission to the City Clerk of a copy of the state license when issued.

- For more information on permit requirements, see Chapter 96, sections 7:604, 7:606 and 7:607.
Please return completed application and **$5000 permit fee** to:  
City Clerk’s Office  
301 E Huron Street  
Ann Arbor, MI 48104  

| Date Submitted: ____________________ | Permit #: ____________________ |

**NEW**  **RENEWAL** – Applications may be submitted 90 days prior to existing permit expiration.

Type* of Permit Requested:  
- [ ] Grower – Maximum Number of Plants Requested: ____________________  
- [ ] Processor  
- [ ] Secure Transporter  
- [ ] Provisioning Center/Retailer  
- [ ] Safety Compliance Facility  
- [ ] Microbusiness  
- [ ] Designated Consumption Establishment  

*Note: Check only one box per application. Only one application is required for each type of facility at one location, regardless of whether the applicant is applying for a State license under the MMFLA, MRTMA, or both.

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<thead>
<tr>
<th>FACILITY NAME &amp; LOCATION</th>
<th>Business Name</th>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Zip</th>
<th>Website</th>
<th>Ph</th>
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<table>
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<tr>
<th>Suite or Unit #</th>
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<table>
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<tr>
<th>PROPERTY OWNER(S)</th>
<th>Name</th>
<th>Ph</th>
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<tr>
<th>Address</th>
<th>City</th>
<th>Zip</th>
<th>Email</th>
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Are there additional property owners?  
- [ ] Yes  
- [ ] No  
If yes, attach a separate sheet listing this information for each additional owner.

<table>
<thead>
<tr>
<th>FACILITY OWNER(S)</th>
<th>Name</th>
<th>Ph</th>
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<tr>
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<th>City</th>
<th>Zip</th>
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This facility is owned by: (check one)  
- [ ] me as the individual owner  
- [ ] corporation  
- [ ] limited liability company  
- [ ] partnership  
- [ ] sole proprietor with an assumed name  

**For any other than** “me as the individual owner,” attach a separate sheet listing this information for all directors, officers, members, partners, and individuals.

<table>
<thead>
<tr>
<th>FACILITY or BUSINESS MANAGER(S)</th>
<th>Name</th>
<th>Ph</th>
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<tr>
<th>Address</th>
<th>City</th>
<th>Zip</th>
<th>Email</th>
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</table>

Are there additional facility managers?  
- [ ] Yes  
- [ ] No  
If yes, attach a separate sheet listing this information for each additional person.
<table>
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<tr>
<th><strong>FELONY CONVICTIONS</strong></th>
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<tbody>
<tr>
<td>Each person named on the application (i.e. facility owners including all names associated with a corporation, facility managers, and property owners) must fill out the following statement. Please duplicate this sheet and attach one copy for each person named on the application.</td>
</tr>
</tbody>
</table>

**Name**

Have you ever been convicted of a felony involving controlled substances as defined under the Michigan public health code, MCL 333.1101, et seq, the federal law, or the law of any other state?  

- [ ] Yes  
- [ ] No  

If yes, what is the date of the conviction(s) and the law(s) under which you were convicted?

Have you ever been convicted of any other type of felony under the law of Michigan, the United States, or another state?  

- [ ] Yes  
- [ ] No  

If yes, what is the date of the conviction(s) and the law(s) under which you were convicted?

I hereby certify that the felony conviction information provided is true and correct.

Signature: ___________________________________________ Date: ______________________

Print Name of Signature and Title: _________________________________________________
### SECURITY MEASURES

Have the security measures required under Section 7:607 of Chapter 96 been installed?  
☑ Yes  ☐ No

If no, what is the anticipated date of installation: ________________________________

### PROOF OF CONTROL OF PREMISES

Proof of the applicant’s ownership or legal possession of the premises (such as a deed, lease, or other legally binding document) is attached.  
☑ Yes  ☐ No

### ZONING

The facility’s Zoning Compliance Permit for Medical Marijuana Facilities is attached.  
☑ Yes  ☐ No

### CERTIFICATE OF OCCUPANCY

The facility’s Certificate of Occupancy is attached.  
☑ Yes  ☐ No

### ANNUAL FINANCIAL STATEMENTS (if renewal)

The facility’s most recent Annual Financial Statements have been submitted to the Clerk’s Office.  
☑ Yes  ☐ No

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I, the undersigned, have the authority to sign this Application on behalf of ________________________ (the “Facility”). I have read all of the above answers and they are true and correct. The Facility agrees to comply with all terms and conditions of a permit as it may be issued.

Signature: __________________________________________  Date: ______________________

Print Name of Signature and Title: ________________________________________________

Business Name: ___________________________________________________________________
Attachments Required at time of Application:
- Zoning Compliance Permit
- Certificate of Occupancy
- Proof of legal occupancy of facility (e.g. lease, deed, etc.)
- Additional owner/manager pages (if necessary)

Documents Required prior to Legal Operation of the facility under a permit that has been issued:
- Copy of State License

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OFFICE USE ONLY

POLICE

Notes: ____________________________________________________________ Date: ______________________
Recommendation: _______________________________________________ Date: ______________________

FIRE

Notes: ____________________________________________________________ Date: ______________________
Recommendation: _______________________________________________ Date: ______________________

BUILDING

Notes: ____________________________________________________________ Date: ______________________
Recommendation: _______________________________________________ Date: ______________________

PLANNING

Notes: ____________________________________________________________ Date: ______________________
Recommendation: _______________________________________________ Date: ______________________

ATTORNEY

Notes: ____________________________________________________________ Date: ______________________
Recommendation: _______________________________________________ Date: ______________________

CLERK

Date Sent for Departmental Review: ________________ Date Due Back to Clerk’s Office: ________________

Comments: