



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.



CITY OF ANN ARBOR MARIJUANA FACILITIES PERMIT APPLICATION

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.*

| | | | | |
|--|------------------------|-------------|------------|-----------------------|
| FACILITY NAME & LOCATION | <i>Business Name</i> | | | |
| | <i>Address</i> | <i>City</i> | <i>Zip</i> | <i>Website Ph</i> |
| | <i>Suite or Unit #</i> | | | |
| PROPERTY OWNER(S) | <i>Name</i> | | <i>Ph</i> | |
| | | | <i>Fax</i> | |
| | <i>Address</i> | <i>City</i> | <i>Zip</i> | <i>Email</i> |
| Are there additional property owners? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , attach a separate sheet listing this information for each additional owner. | | | | |
| FACILITY OWNER(S) | <i>Name</i> | | <i>Ph</i> | |
| | | | <i>Fax</i> | |
| | <i>Address</i> | <i>City</i> | <i>Zip</i> | <i>Email</i> |
| This facility is owned by: (check one) <input type="checkbox"/> me as the individual owner <input type="checkbox"/> corporation <input type="checkbox"/> limited liability company <input type="checkbox"/> partnership <input type="checkbox"/> 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. | | | | |
| FACILITY or BUSINESS MANAGER(S) | <i>Name</i> | | <i>Ph</i> | |
| | | | <i>Fax</i> | |
| | <i>Address</i> | <i>City</i> | <i>Zip</i> | <i>Email</i> |
| Are there additional facility managers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , attach a separate sheet listing this information for each additional person. | | | | |

FELONY CONVICTIONS

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.

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

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

OFFICE USE ONLY

POLICE

Notes: _____

Recommendation: _____ Date: _____

FIRE

Notes: _____

Recommendation: _____ Date: _____

BUILDING

Notes: _____

Recommendation: _____ Date: _____

PLANNING

Notes: _____

Recommendation: _____ Date: _____

ATTORNEY

Notes: _____

Recommendation: _____ Date: _____

CLERK

Date Sent for Departmental Review: _____ Date Due Back to Clerk's Office: _____

Comments: