



# City of Southfield

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26000 Evergreen Road • P.O. Box 2055 • Southfield, MI 48037-2055 • [www.cityofsouthfield.com](http://www.cityofsouthfield.com)

Dear Applicant,

When applying for a Medical Marihuana Facility license with the City of Southfield please have the following when you return your application to the Clerk's office.

- Application Fee: \$200 (subject to change)
- Fingerprints
- Application- filled out and notarized
- Police Background Check Application (filled out by owner)
- Copy of Driver's License (Front and Back)
- Caregiver registry card issued by the State of Michigan

The City of Southfield Medical Marihuana Facility License Application must be filled out by each applicant and returned to the City Clerk's Office. Once all the information required is received an investigation will begin. The investigation cannot begin until all documents are received and all necessary fees are paid.

Once your applications are received you will be contacted by a representative from the Police Department to conduct their investigation. Inspectors from the Building Department and Planning will also be coming out to do inspections. You will be contacted by the City Clerk's Office once a decision regarding your application has been made. If you have any questions do not hesitate to contact us at (248)796-5150.

05/2018



26000 Evergreen Road  
P.O. Box 2055  
Southfield, Michigan 48037-2055

## Application for Medical Marihuana Facility

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application Fee: \$\_\_\_\_\_

1. Name of Applicant:

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First Name	Middle Name	Last Name
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2. Address of Applicant:

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Number & Street	City/State	Zip Code
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3. Telephone Number of Applicant: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

4. Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

5. How long have you been a resident of Michigan? \_\_\_\_\_

6. List of all other names used by applicant at any other time: \_\_\_\_\_

7. Relationship of applicant to the facility: \_\_\_\_\_

8. Has the applicant applied for a Caregiver identification number? Yes \_\_\_ No \_\_\_

If yes, Caregiver identification number: \_\_\_\_\_

9. Provide copy of Primary Caregiver’s identification number as it appears on his/her Registry Identification Card as issued by the State of Michigan.

10. Address and legal description of the precise premises at which there shall be possession, cultivation, distribution or other assistance in the use of marihuana:

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Legal Description

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Number & Street

City/State

Zip Code

11. Name and address where all unused portions of marihuana plants cultivated in connection with the use of the marihuana or caregiver activity shall be disposed:

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Name

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Number & Street

City/State

Zip Code

12. Describe the enclosed, locked facility in which all cultivation of marihuana is proposed to occur, or where marihuana is stored, with such description including: Location in building, precise measurement of the floor dimension and height, and the security device(s) for the facility:

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13. Describe all locations on the premises where a caregiver or other person authorized under the MMMA shall render assistance to a qualifying patient: \_\_\_\_\_

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14. Specify the number of patients to be assisted. Including the number of patients for whom marihuana is proposed to be cultivated, and the maximum number of plants to be grown or cultivated at any one time.

a. Number of patients to be assisted: \_\_\_\_\_

b. Number of plants to be grown or cultivated at any one time: \_\_\_\_\_

15. For safety and code inspection purposes, describe and provided a detail specification of all lighting equipment, other electrical and plumbing and other means proposed to be used to facilitate the cultivation of the marihuana plants:

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16. Mailing address of proposed / licensed facility (if different from above):

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Number & Street	City/State	Zip Code
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17. Telephone number of proposed / licensed facility: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

18. Name of business which will own the facility (if different from applicant):

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19. Trade name which the facility will be operated under (if different from above):

DBA: \_\_\_\_\_

20. Federal Identification Number: \_\_\_\_\_

21. Type of Business:

- a. \_\_\_ Sole Proprietorship - If doing business under an assumed name attach DBA Certificate.
- b. \_\_\_ Partnership (General or Limited) - Provide full names, dates of birth, home addresses of all partners (pgs. 4-6); also attach applicable Articles of Partnership.
- c. \_\_\_ Privately-Held Corporation - Name and address of each corporate officer, member of the board of directors, and stockholders and a copy of the Articles of Incorporation shall be attached to the application.
- d. \_\_\_ Publicly-Held Corporation - The name and address of each corporate officer, member of the board of directors and each stockholder who owns ten (10) percent or more of the corporate stock shall be listed on the application.

- e. \_\_\_ Limited-Liability Company - the name and address of each member, manager and assignee of a membership interest; the Articles of Incorporation shall be attached to the application.

Please answer the following questions for b thru e

First Name	Middle Name	Last Name
Position held in Organization		Maiden Name or Aliases
Number & Street	City/State	Zip Code
Home Telephone	Business Telephone	Email Address
Michigan Driver's License Number	Date of Birth	
*****		

First Name	Middle Name	Last Name
Position held in Organization		Maiden Name or Aliases
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First Name	Middle Name	Last Name
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Position held in Organization	Maiden Name or Aliases
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Number & Street	City/State	Zip Code
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Home Telephone	Business Telephone	Email Address
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Michigan Driver's License Number	Date of Birth
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22. List all managers of the facility:

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First Name	Middle Name	Last Name
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Position held in Organization	Maiden Name or Aliases
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Number & Street	City/State	Zip Code
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Home Telephone	Business Telephone	Email Address
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Michigan Driver's License Number	Date of Birth
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First Name	Middle Name	Last Name
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Position held in Organization	Maiden Name or Aliases
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Number & Street	City/State	Zip Code
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Home Telephone	Business Telephone	Email Address
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Michigan Driver's License Number	Date of Birth
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23. Financial Qualification Statement:

A. Do you presently own the building? \_\_\_\_\_ If not, list the name and address of the owner and the terms of the lease:

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Name of Owner

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Number & Street

City / State

Zip Code

If you presently own the building, but it is subject to a mortgage or being purchased under a land contract, answer the following:

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Name of Mortgage/Land Contract Holder

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Number & Street

City / State

Zip Code

\$ \_\_\_\_\_

(Balance Owing)

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Repayment terms, including interest rate

B. Are all of your city and county personal property taxes paid to date? Yes \_\_\_ No \_\_\_





I hereby authorize the City of Southfield, its agents and employees, to seek information and conduct an investigation into the truth of the statements set forth in this application and the qualifications of the applicant for the license, and I will execute waivers or authorization for the release of information upon request.

State of Michigan)

)ss.

County of Oakland)

I, \_\_\_\_\_, hereby declare under penalty of perjury, that the foregoing information in this application is true and correct and understand any falsification or omission is grounds for denial or if issued a license grounds for revocation or recommendation for non-renewal.

\_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
\_\_\_\_\_, did appear personally before me, a Notary Public, in and for the said County, and being duly sworn by me, did state (s)he is the applicant of the within application, and that the information contained within the application is true, correct and complete.

\_\_\_\_\_

Notary Public

Oakland County, Michigan

My Commission Expires: \_\_\_\_\_

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Name and address of person completing the foregoing application, if not completed by the applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_)\_\_\_\_\_



City of Southfield

**Medical Marihuana Facility License**

Ordinance 1638

CERTIFICATION AND APPROVAL OF SOUTHFIELD CHIEF OF POLICE

Name of Applicant: \_\_\_\_\_

Trade Name of Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Number & Street

City / State

Zip Code

Based upon all competent and pertinent information available to me, I have found, and do hereby certify, that the applicant's character, moral integrity, and physical and mental condition, is not inimical to the public health, safety, morals or general welfare; and that the applicant is of good moral character.

I approve the applicant's application for a medical marihuana facility license.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



City of Southfield

**Medical Marihuana Facility License**

Ordinance 1638

CERTIFICATION AND APPROVAL OF SOUTHFIELD FIRE CHIEF

Name of Applicant: \_\_\_\_\_

Trade Name of Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Number & Street

City / State

Zip Code

This certifies that I, as Fire Chief of the City of Southfield, based upon actual inspection of the facility named above, at the address shown above, on or about the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, found that the premises at the above business address comply with all of the Fire Regulations of the state and of the City.

I approve the applicant's application for a medical marihuana facility license.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



City of Southfield

**Medical Marihuana Facility License**

Ordinance 1638

CERTIFICATION AND APPROVAL OF BUILDING, HOUSING AND REDEVELOPMENT

Name of Applicant: \_\_\_\_\_

Trade Name of Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Number & Street

City / State

Zip Code

This certifies that use or proposed use of the building or structure at the business address shown above, as a Medical Marihuana Facility as defined in Ordinance 1638, is not prohibited by Title V of the Southfield Ordinance Code or other Zoning Regulations of the City.

This will certify that a Certificate of Occupancy has been issued for this use as this location.

I approve the applicant's application for a medical marihuana facility license.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_