

**REQUIRED INFORMATION FOR  
MARIJUANA FACILITY/ ESTABLISHMENT LICENSE  
CITY OF WAYNE**

Proposed Business will operate within (check one): 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 Permit, the Applicant(s) must complete the 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 applicants proposed plan of operation, including without limitation, the following:
  1. A security plan meeting the requirements of Wayne City Ordinance Authorizing and Permitting Facilities/Establishments.
  2. A description of the type of Facility/Establishment 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 Facility/Establishment.
  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/Establishment.

( ) 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 Facilities/Establishments 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/Establishment.

( ) 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.

( ) Copy of Prequalification letter from State of Michigan

( ) A completed copy of final submission of State Application

***NOTE:***

*If you already have an active/approved Medical Facility License with the City of Wayne, you do not need to re-submit all of the information above. Please submit your State Prequalification for Adult Use along with a copy of your Social Equity Plan.*