



# CITY OF EASTPOINTE

MUNICIPAL OFFICES  
23200 GRATIOT AVENUE  
EASTPOINTE, MI 48021

## Application for Medical Marihuana Facility

Secure Transporter       Provisioning Center       Safety Compliance

Location of Proposed Medical Marihuana Facility: \_\_\_\_\_

### PERMIT APPLICANT:

**Entity Information:** Please provide the following information regarding the main entity applicant.

Entity Name (as it appears on official business documents)			Assumed Name (if applicable)	
Entity Mailing Address			FEIN	
City	State	Zip Code	Entity Phone	Entity Email Address

**Person Completing Application:** Please provide the following information regarding the person completing this application

Name (Last, First, Initial)			Date of Birth (mm/dd/yyyy)	Social Security Number
Mailing Address			Phone	
City	State	Zip Code	Email Address	
Relationship to Entity			Title	



**PROPERTY INTEREST**

*Please select one:*

\_\_\_\_\_ **Owner Applicant:** Attach valid and recorded documentation of ownership of proposed facility

OR:

\_\_\_\_\_ **Land Contract Applicant:**

**Property Owner Information:** Please provide the following information regarding the owner of the property

Name (Last, First, Initial)	<b>PLEASE PROVIDE A CLEAR COPY OF THE PROPERTY OWNER'S VALID, UNEXPIRED DRIVER'S LICENSE OR STATE-ISSUED IDENTIFICATION</b>
Mailing Address (not the address of the proposed facility)	Phone
City                                  State                                  Zip Code	Email Address

- Attach a valid land contract, including all terms and conditions.
- Attach a copy of valid and recorded documentation of the owner's legal interest in the property.
- Attach a notarized statement from the property owner authorizing the use of the location for a commercial medical marihuana facility.

OR:

\_\_\_\_\_ **Lease Applicant:**

**Property Owner Information:** Please provide the following information regarding the owner of the property

Name (Last, First, Initial)	<b>PLEASE PROVIDE A CLEAR COPY OF THE PROPERTY OWNER'S VALID, UNEXPIRED DRIVER'S LICENSE OR STATE-ISSUED IDENTIFICATION</b>
Mailing Address (not the address of the proposed facility)	Phone
City                                  State                                  Zip Code	Email Address

- Attach a valid lease, including all terms and conditions.
- Attach a copy of valid and recorded documentation of the owner's legal interest in the property.
- Attach a notarized statement from the property owner authorizing the use of the location for a commercial medical marihuana facility.

## ENTITY INFORMATION

Entity Type: Indicate the legal status of the proposed permit holder:

- Limited Liability Company (LLC)
- Privately-Held Corporation
- Publicly-Held Corporation
- Partnership
- Trust
- Other: \_\_\_\_\_

Attach the following documents for the Entity:

- A copy of all formation documents, including amendments
- Proof of registration with the State of Michigan
- Certification of good standing
- Evidence of a valid sales tax license

### Commercial License Denial:

Has 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?

If yes, attach the following information:

- Name(s) of applicant(s)
- 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
  - the reason for each action

**BUSINESS AND OPERATIONS PLAN:**

Attach detailed information on the proposed plan of operation, including without limitation the following:

**Operations:**

- Description of the type of facility proposed
- Anticipated or actual number of employees
- Name of the proposed manager(s)
- Days and hours the facility will be open and or in operation

**Security Plan:**

- General description of the security systems(s)
- Lighting plan showing the lighting outside of the medical marihuana facility for security purposes in compliance with city requirements
- Current centrally alarmed and monitored security system service agreement for the proposed location
- Confirmation that those systems will meet state requirements and be approved by the state prior to commencing operations

**Disposal:**

- Plan for the disposal of marihuana and related byproducts that will be used at the facility
- Details regarding:
  - How the plan will protect against any marihuana being ingested by any person or animal
  - How the waste will be stored and disposed of
  - How any marihuana will be rendered unusable upon disposal.

**Signage:**

- Description of any proposed signs including a detailed depiction of sign language or displays, dimensions, locations, quantity, configuration and illumination.

The Applicant acknowledges that the cost of independent security consulting firm inspection will be paid by the applicant. The Applicant further acknowledges that disposal by on-site burning or introduction to the sewage system is prohibited. The Applicant further acknowledges that signs shall comply with applicable provisions of the city’s Sign Ordinance and any marketing/advertising restrictions for marijuana products and facilities adopted pursuant to Section 206 of the Act. I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Representative Signature, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Printed Name & Professional Licensure Number, if applicable

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Applicant Name) (Date)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the County of \_\_\_\_\_, \_\_\_\_\_.  
(County) (State)

My commission expires: \_\_\_\_\_.

**SPECIAL LAND USE AND SITE PLAN APPLICATIONS:**

**Special Land Use Application:**

Use of any property or structure as a Marijuana Facility requires Special Land Use Review, in conformance with Article V of the city's Zoning Ordinance, Chapter 50, which includes a public hearing, and a recommendation by the Planning Commission to the City Council for final approval. Special land use application must be made with the Building Official.

Attach copy of submitted application.

**Site Plan Application:**

A copy of the site plan of the location, building and the permitted property must be submitted for review and approval by the Planning Commission, in conformance with Article V of the city's Zoning Ordinance, Chapter 50. The site plan shall also include an interior floor plan as well as a scale diagram illustrating the location upon which the facility(s) is to be operated, including all available parking spaces and specifying required ADA parking spaces. Consult Article XIX of the city's Zoning Ordinance, Chapter 50 regarding compliance with the requirements of off-street parking, loading and layout standards.

Attach copy of submitted application.

The Applicant acknowledges that approval of a site plan for a Marijuana Facility does not guarantee, represent or imply approval of a Marijuana Facility Operating License or any other permit or local approval that may be required by city codes or ordinances for the proposed facility.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Representative Signature, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Printed Name & Professional Licensure Number, if applicable

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Applicant Name) (Date)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the County of \_\_\_\_\_, \_\_\_\_\_.  
(County) (State)

My commission expires: \_\_\_\_\_.

**RELATED ENTITIES:**

Attach the following identification information for any business that is directly or indirectly involved in the processing, testing, transporting or sale of marihuana for the proposed facility, including:

- Name of business
- Type of business
- Address of business
- Phone of business
- Name of business owner
- Address of business owner
- Phone of business owner
- Email of business owner

Attach the following identification information for the Applicant's other Commercial Medical Marihuana Facilities:

- Type of Facility
- Name of Facility
- Address of Facility, including state
- Phone of Facility
- Applicant's involvement

**Proof of insurance:**

- Attach proof of insurance in the form of a certificate of insurance evidencing the existence of a valid and effective policy which discloses the limits of each policy, the name of the insurer, the effective date and expiration date of each policy, the policy number and the names of the additional insureds.
- Attach evidence that the policy names the City of Eastpointe and its officials and employees as additional insureds to the limits required by this section.

The Applicant acknowledges that it is required to at all times maintain full force and effect for duration of the license, worker's compensation insurance as required by state law, and general liability insurance with minimum limits of \$1,000,000 per occurrence and a \$2,000,000 aggregate limit issued from a company licensed to do business in Michigan having an AM Best rating of at least A-.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Representative Signature, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Printed Name & Professional Licensure Number, if applicable

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Applicant Name) (Date)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the County of \_\_\_\_\_, \_\_\_\_\_.  
(County) (State)

My commission expires: \_\_\_\_\_.

**FACTORS TO BE CONSIDERED:**

(Sec. 10-230(c)(4)(A))

Does the main entity applicant have the financial ability to purchase and maintain the required liability insurance?

- No.
- Yes. *If Yes, please provide the relevant information and supporting documentation.*

Does the main entity applicant have the resources to fund, operate and maintain the proposed marijuana facility?

- No.
- Yes. *If Yes, please provide the relevant information and supporting documentation.*

Has the main entity applicant been indicted for, charged with, arrested for, or convicted of, pled guilty to or nolo contendere to, any criminal offense under the laws of any jurisdiction, either felony or misdemeanor, not including traffic violations?

- No.
- Yes. *If Yes, please provide the relevant information and supporting documentation.*

Has the main entity applicant filed, or had filed against it, a proceeding for bankruptcy within the past seven years?

- No.
- Yes. *If Yes, please provide the relevant information and supporting documentation.*

Has the main entity applicant been served with a complaint or other notice filed with any public body regarding payment of any tax required under federal, state, or local law that has been delinquent for one or more years?

- No.
- Yes. *If Yes, please provide the relevant information and supporting documentation.*

Does the main entity applicant have a history of noncompliance with any regulatory requirements in this state or any other jurisdiction?

- No.
- Yes. *If Yes, please provide the relevant information and supporting documentation.*

Is the main entity applicant a defendant in litigation involving its business practice at the time this application is submitted?

- No.
- Yes. *If Yes, please provide the relevant information and supporting documentation.*

Does the main entity applicant have a proposed security and safety compliance plan for the facility?

- No.
- Yes. *If Yes, please provide the relevant information and supporting documentation.*

Does the main entity applicant have, or plan to make, significant physical and capital improvements to the building housing the medical marijuana facility?

- No.
- Yes. *If Yes, please provide the relevant information and supporting documentation.*



Did the main entity applicant provide a business plan, including experience, history of performance and profit and loss statements?

- No.
- Yes. *If Yes, please provide the relevant information and supporting documentation.*

Has the main entity applicant provided information on community involvement, residency and business operations in the City of Eastpointe?

- No.
- Yes. *If Yes, please provide the relevant information and supporting documentation.*

Has the main entity applicant provided information considering the effects of proposed facility on neighboring properties?

- No.
- Yes. *If Yes, please provide the relevant information and supporting documentation.*

The Applicant acknowledges that the premises and surveillance and security camera recordings for protection of the public safety are subject to inspection for purposes of determining compliance with state and local laws, without a search warrant.

The Applicant further acknowledges that any final denial of a permit may be appealed to the Hearing Officer, provided that the pendency of an appeal shall not stay or extend the expiration of any permit.

I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Representative Signature, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Printed Name & Professional Licensure Number, if applicable

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Applicant Name) (Date)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the County of \_\_\_\_\_, \_\_\_\_\_.  
(County) (State)

My commission expires: \_\_\_\_\_.

**ATTESTATION A**

**APPLICANT'S ACKNOWLEDGEMENT, AGREEMENT AND CONSENT**

I, \_\_\_\_\_ (Applicant) hereby acknowledge that the City of Eastpointe (City) may require supplemental materials in order to carry out its statutory and ordinance duties. The Applicant hereby agrees to submit such supplemental materials as requested by the City in a timely manner.

I hereby acknowledge that any issuance of a license is a privilege. I have the responsibility to prove that I am eligible, suitable, and qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information, requested in this form, and expressly waive any claim for damages as a result thereof. Information not called for in this application or in addition to that provided in response to this application, may be requested.

I, as the Applicant submitting this application, hereby certify that I do not have an interest in any other operating license that is prohibited by the Medical Marijuana Facilities Licensing Act, 2016 PA 281 (MMFLA).

I hereby acknowledge that I am under a continuing duty to promptly disclose to the City and changes in the information provided in the application and requested materials submitted to the City. To comply with this requirement, I hereby acknowledge that I must submit a letter to the City stating any changes with reference to the specific information within the application to which the changes pertain.

I hereby consent to inspections, searches, and seizures as provided in MMFLA Section 303(1)(c)(i) to (iv), the MMFLA Rules and City Ordinance to disclose to the City and its agents of otherwise confidential records, including tax records held by any federal, state or local agency, or credit bureau of financial institution, while applying for or holding a Marijuana Facility License. This consent is authorization to review and inspect tax records administered under the Michigan Revenue Act, 1941 PA 122.

I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Representative Signature, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Printed Name & Professional Licensure Number, if applicable

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Applicant Name) (Date)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the County of \_\_\_\_\_, \_\_\_\_\_.  
(County) (State)

My commission expires: \_\_\_\_\_.

**ATTESTATION B**

**APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION**

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial and other such institutions, and all governmental agencies federal, state and local, without exception, both foreign and domestic.

On behalf of \_\_\_\_\_  
Name of Entity Name & Title of Person Authorized to Execute this Release

I authorize the City of Eastpointe (City) and its agents to conduct a full investigation into the background and activities of the applicant for purposes of determining the Applicant's eligibility for a Medical Marihuana Facility License.

I understand that by signing this authorization, a financial record check will be performed. I authorize any financial institution to surrender to the City a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or entity financial records in whatever form and wherever located. I authorize my employers to release any employment information required to validate my financial history. I understand that the financial record check will include a credit history examination and that my credit report, credit history, and credit capacity information will be obtained.

I understand that by signing this authorization, a financial record check of my tax filing and tax obligation status will be performed. I authorize my respective state taxing agency to surrender to the City a complete and accurate record of any and all tax information or records relating to me for the purposes of this application. I authorize the City to obtain, receive, review, copy, discuss, and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

I understand that by signing this authorization, a criminal history check will be performed. I authorize the City to obtain and use from any source, any information concerning me contained in any type of criminal history files, wherever located for purposes of completing this application. I understand that the criminal history record files contain records which may have resulted in a disposition other than a finding of guilt (ie: dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and the sentence was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

Therefore, you are hereby authorized to release any and all information pertaining to this applicant, documentary or otherwise, as requested by any employee or agent of the City, provided that he or she certifies to you that said entity has an application pending before the City or that said entity is a licensee or other person required to be qualified under the provisions of the Michigan Medical Marihuana Facilities Licensing Act (MMFLA) and City Ordinance.

This Authorization to Release Information shall supersede and countermand any prior request or authorization to the contrary and shall be in effect during the pendency of this application. A photocopy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Representative Signature, if applicable Date

\_\_\_\_\_  
Representative Printed Name & Professional Licensure Number, if applicable

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_  
(Applicant Name) (Date)

Notary Public Signature Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the County of \_\_\_\_\_, \_\_\_\_\_  
(County) (State)

My commission expires: \_\_\_\_\_.

**ATTESTATION C**

**APPLICANT'S VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE**

- 1) I am the individual responsible for submitting this application and have full authority to execute this Affidavit of Full Disclosure.
  
- 2) I authorize \_\_\_\_\_ to be the contact person to the City of Eastpointe for the purposes of this licensure application.
  
- 3) I swear / affirm that the information contained in this application packet is true, complete, and accurate to the best of my knowledge and belief.
  
- 4) Except as reported in this application packet, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee or otherwise any interest in the application.
  
- 5) Except as reported in this application packet, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the interest in this application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Representative Signature, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Printed Name & Professional Licensure Number, if applicable

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Applicant Name) (Date)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the County of \_\_\_\_\_,  
(County) (State)

My commission expires: \_\_\_\_\_.

**ATTESTATION D**

**APPLICANT'S ACKNOWLEDGEMENT OF FEDERAL LAW & RELEASE OF LIABILITY**

I, \_\_\_\_\_, being first duly sworn upon oath, affirmation or depose hereby acknowledge:

The Federal Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. Sec. 801 et seq., regulates marihuana as a Schedule I controlled substance, for which there is "no currently accepted medical use in treatment in the United States." 21 U.S.C. Sec. 812(b)(1)(B). Although the state of Michigan has recognized and authorized the use of medical marihuana pursuant to the Michigan Medical Marihuana Act, 2008 IL 1, MCL 333.26421 to 333.26430, has authorized the licensing of medical marihuana pursuant to the Medical Marihuana Facilities Licensing Act, 2016 PA 281, MCL 333.27101 to MCL 333.27801, and have provided for a statewide monitoring system in the Marihuana Tracking Act, 2016 PA 282, MCL 333.27901 to 333.27904, these state authorized activities remain prohibited by federal law.

I understand that a Michigan marihuana facility license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.

I understand that choosing to file an application for a marihuana facility license and, if issued a license, choosing to establish and operate a marihuana facility pursuant to that license, is done so at my own risk.

By my signature and attestation to this form, I hereby completely release and forever discharge the City of Eastpointe, and its respective employees, agents, attorneys, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all part, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which I may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of my application for a marihuana facility license and, if issued a license, my operation of a marihuana facility.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Representative Signature, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Printed Name & Professional Licensure Number, if applicable

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Applicant Name) (Date)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the County of \_\_\_\_\_, \_\_\_\_\_.  
(County) (State)

My commission expires: \_\_\_\_\_.

**ATTESTATION E**

**APPLICANT'S COVENANT NOT TO SUE**

I, \_\_\_\_\_, being first duly sworn upon oath, affirmation or depose hereby acknowledge and agree that:

I understand that the granting of a City License to operate a medical marihuana facility is a privilege and not a right and does not confer upon the applicant any business expectation or any other probable cause of action if I am denied a license by the City.

I understand and agree that the City will be reviewing and granting licenses to applicants based on a competitive process that utilizes an objective scoring criterion and I understand and agree that by choosing to submit an application to the City of Eastpointe for a medical marihuana facility license that it is done so at my own cost, risk and peril and that the City of Eastpointe shall have no liability whatsoever if I am not granted a license for any reason.

The Applicant, myself, and any subsidiaries, affiliates, officers, directors, shareholders, managers, members, successors, and assigns forever covenant and agree not to sue or bring any action in law, or in equity, including, but not limited to, an action in any court, forum, tribunal or arbitration proceeding whether by original process or demand, counterclaim, cross-claim, third-party process, impleader, claim for indemnity or contribution or otherwise against the City of Eastpointe, its respective employees, agents, attorneys, facilities, insurers, indemnors, successors, heirs and/or assigns, arising from referring to, relating to, or in connection with this Application or the City of Eastpointe's Code of Ordinances regarding Medical Marihuana Facilities.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Representative Signature, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Printed Name & Professional Licensure Number, if applicable

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Applicant Name) (Date)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the County of \_\_\_\_\_, \_\_\_\_\_.  
(County) (State)

My commission expires: \_\_\_\_\_.

**ATTESTATION F**

**INDEMNIFICATION, DEFEND AND HOLD HARMLESS**

I, \_\_\_\_\_ (Applicant) hereby acknowledge that by accepting a permit issued pursuant to the City of Eastpointe’s Code of Ordinances, I waive and released the city, its officers, elected officials and employees from any liability for injuries, damages or liabilities of any kind that result from any arrest or prosecution of medical marihuana facility owners, operators, employees, clients or customers for a violation of state or federal laws, rules or regulations.

I, \_\_\_\_\_ (Applicant) hereby acknowledge that by accepting a permit issued pursuant to the City of Eastpointe’s Code of Ordinances, I agree to indemnify, defend and hold harmless the city, its officers, elected officials, employees and insurers, against all liability, claims or demands arising on account of bodily injury, sickness, disease, death, property loss or damage or any other loss of any kind, including, but not limited to, any claim of diminution of property value by a property owner whose property is located in proximity to a permitted operating facility, arising out of, claimed to have arisen out of, or in any manner connected with the operation of a medical marihuana facility or use of a product cultivated, processed, distributed or sold that is subject to the permit, or any claim based on an alleged injury to business or property or reason of a claimed violation of the federal Racketeer Influenced and Corrupt Organizations Act (RICO), 18 U.S.C. 1964.

I, \_\_\_\_\_ (Applicant) hereby acknowledge that by accepting a permit issued pursuant to the City of Eastpointe’s Code of Ordinances, I agree to indemnify, defend and hold harmless the city, its officers, elected officials, employees and insurers, against all liability, claims, penalties, or demands arising on account of any alleged violation of the federal Controlled Substances Act, 21 U.S.C. 801 et seq. or Article 7 of the Michigan Public Health Code, MCL 333.7101 et seq.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Representative Signature, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Printed Name & Professional Licensure Number, if applicable

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Applicant Name) (Date)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the County of \_\_\_\_\_, \_\_\_\_\_.  
(County) (State)

My commission expires: \_\_\_\_\_.

**ATTESTATION G**

**ACKNOWLEDGEMENT OF ZONING DISTRICT REQUIREMENTS**

I, \_\_\_\_\_ (Applicant) hereby acknowledge that the City of Eastpointe shall limit the number of permits and zoning districts upon which medical marihuana facilities are authorized under Article X, Medical Marijuana Facilities, and per the overlay district requirements of Article XXIII, Medical Marihuana Overlay Districts.

I further acknowledge that any medical marihuana use shall be contained in a freestanding building. Enclosed malls, commercial strip stores, or common wall structures and multiple uses within the same structure, do not constitute freestanding buildings.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Representative Signature, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Printed Name & Professional Licensure Number, if applicable

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Applicant Name) (Date)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the County of \_\_\_\_\_, \_\_\_\_\_.  
(County) (State)

My commission expires: \_\_\_\_\_.



**ATTESTATION H**  
**INSPECTIONS BY LAW ENFORCEMENT**

I, \_\_\_\_\_ (Applicant) hereby acknowledge that by accepting a permit issued pursuant to the City of Eastpointe's Code of Ordinances, I and all owners, officers, managers, agent and employees provide consent for any state, federal or local law enforcement to conduct random and unannounced inspections at any time of the facility, and all articles of property in that facility, without a search warrant.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Representative Signature, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Printed Name & Professional Licensure Number, if applicable

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Applicant Name) (Date)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the County of \_\_\_\_\_, \_\_\_\_\_.  
(County) (State)

My commission expires: \_\_\_\_\_.

**ATTESTATION I**  
**DUTY TO SUPPLEMENT; FORFEITURE**

*(Section 10-230(g), (h))*

I, \_\_\_\_\_ (Applicant) hereby acknowledge the following:

If, at any time before or after a permit is issued pursuant hereto, any information required in the permit application, the MMFLA, or any rule or regulation promulgated thereunder, changes in any way from that which is stated in the application, the applicant, permit holder or licensee shall supplement such information in writing within ten days from the date upon which the such change occurs.

An applicant, permit holder or licensee has a duty to notify the city clerk in writing of any pending criminal charge, and any criminal conviction of a felony or other offense involving a crime of moral turpitude by the applicant, any owner, principal officer, director, manager, or employee within ten days of the charge.

An applicant, permit holder or licensee has a duty to notify the city clerk in writing of any pending criminal charge, and any criminal conviction, whether a felony, misdemeanor, petty offense, or any violation of a local law related to the cultivation processing, manufacture, storage, sale, distribution testing or consumption of any form of marihuana, the MMMA, the MMFLA, any building, fire, health or zoning statute, code or ordinance related to the cultivation, processing, manufacture, storage, sale, distribution testing or consumption of any form of marihuana by the permit holder/licensee, any owner, principal officer, director, manager, or employee within ten days of the event.

Permit forfeiture. In the event that a medical marihuana facility does not commence operations within one year of issuance of a permit, or extension thereof, the permit shall be deemed forfeited; the business may not commence operations and the license is not eligible for renewal.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Representative Signature, if applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Printed Name & Professional Licensure Number, if applicable

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Applicant Name) (Date)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the County of \_\_\_\_\_,  
(County) (State)

My commission expires: \_\_\_\_\_.