



## Medical Marihuana Grow Operation License Application

### INSTRUCTIONS

(Please allow up to 30 days for application review)

#### APPLICANT:

- Complete the Medical Marihuana Grow Operation License Application (**TYPED OR PRINTED**) and include the following attachments:
  - Payment of \$1500.00 (cash, charge card, debit card, check or money order payable to "City of Troy")
  - All caregivers and/or patients must provide a copy of their current and valid State of Michigan Registry Identification Card(s)
  - Caregiver must provide copy of Driver's License or State ID Card
  - If premises is owned by applicant, provide copy of proof of ownership
  - If premises is not owned by applicant, the landlord/owner must provide signed statement, acknowledging they are aware of and consent to grow operation and contents
  - Name and address of place where all unused portions of marihuana plants will be disposed and documentation how they will be disposed of
  - Description of enclosed, locked area for each patient including location in the building, precise floor dimensions, height, and the security devices used for each area
  - Description of any permit requirements (lights, equipment, etc.) including odor and light control
- Submit the completed Medical Marihuana Grow Operation License Application to the City Clerk's Office

#### CITY CLERK'S OFFICE:

- Review accuracy of the completed application and documentation
- Make a copy of Driver License and State of Michigan Registry Identification Card(s) if copies are not provided
- Retain original, completed application for internal processing
- Process payment; print receipt for the applicant; write receipt info on bottom of application
- Route application to approving departments for approval/denial

#### APPROVING DEPARTMENTS:

- Review application and notify City Clerk's Office of approval/denial

#### CITY CLERK'S OFFICE:

- Denial - Notify applicant in writing by First-Class mail.
- Approval - Prepare license and notify contact or mail to address listed on application



# Medical Marijuana Grow Operation License Application

FEE \$1500.00

Date \_\_\_\_\_

Operation Name \_\_\_\_\_

Operation Address \_\_\_\_\_

City State Zip

When was the Certificate of Occupancy issued for this Operation? \_\_\_\_\_  Not Applicable  
(Date)

Mailing Address \_\_\_\_\_  
(if different from Operation address) City State Zip

Operation Phone (if applicable) \_\_\_\_\_ Email \_\_\_\_\_

## CAREGIVER INFORMATION:

Caregiver Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_  
City State Zip

Primary Phone (must be answered 24/7) \_\_\_\_\_ Other Phone \_\_\_\_\_

Driver License #: \_\_\_\_\_ Email \_\_\_\_\_

Caregiver's Last (2) Home Addresses:

1) \_\_\_\_\_ 2) \_\_\_\_\_  
Address Address  
City/State/Zip City/State/Zip

Name and address of any other business owned, operated or managed by Applicant, including Medical Marijuana Grow Operations (attach separate page if needed):  
\_\_\_\_\_  
\_\_\_\_\_

Has Applicant ever had a business license revoked, suspended or denied? Yes  No

Reason(s) for the suspension, revocation or denial \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any felony or drug related misdemeanor convictions or pending criminal cases? Yes  No



## **Medical Marihuana Grow Operation License Application**

---

How many patients will be served? \_\_\_\_\_

Patients' Names: (include caregiver, if also a patient)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_



## Medical Marihuana Grow Operation License Application

I, \_\_\_\_\_, do hereby acknowledge and subscribe to the foregoing instrument and declare all statements to be true. I authorize the City, its agents and employees, to seek information and conduct an investigation to verify the veracity of the information provided, including LEIN records checks of all individuals listed on this application.

\_\_\_\_\_  
Caregiver's Signature

For more information, please view the City of Troy Code of Ordinances:

- [Chapter 104, Medical Marihuana Grow Operation License](#)

Approval of this application is determined by the following departments:

Building, Fire, Planning, Police, Treasurer