



Medical Marihuana Grow Operation License Application (RENEWAL)

INSTRUCTIONS FOR RENEWAL

(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

If the following documents *have not* changed, you do not need to submit:

- 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



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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 Marihuana 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



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How many patients will be served? _____

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

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____



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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