



**City of Burton**  
Department of Public Works  
4093 Manor Drive, Burton, MI 48519  
(810) 742-9230

DATE FILED: \_\_\_\_\_

FEE: \$4,000.00

## Medical Marijuana Facility License Renewal Application

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

Parcel ID#: \_\_\_\_\_

Zoning of the Property: \_\_\_\_\_

Business Owner: \*Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

\*Name must be the same as listed on the State of Michigan approval

**Type of facility: Only circle one**, if permitted for co-location each facility will require a separate license.  
Co-location is not permitted for safety compliance or secure transporter facilities.

**Provisioning Center**

**Growing Facility**

**Processing Facility**

**Safety Compliance Facility**

**Secure Transporter Facility**

### Initial for items that apply to your facility

I have received my State of Michigan Operating License and have attached it for your records. \_\_\_\_\_

I have not received my State of Michigan Operating License, but I have applied to the State. \_\_\_\_\_

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There have been no changes from the original application. \_\_\_\_\_

Please find attached the changes to the facility. \_\_\_\_\_

**If no changes since original application, you may skip to the end and verify with signature. If there is a change of ownership, you must submit a new application.**

# Operation information, if changes

## Hours of operation:

Mon: \_\_\_ a.m. to \_\_\_ p.m. Tues: \_\_\_ a.m. to \_\_\_ p.m. Wed: \_\_\_ a.m. to \_\_\_ p.m.

Thur: \_\_\_ a.m. to \_\_\_ p.m. Fri: \_\_\_ a.m. to \_\_\_ p.m. Sat: \_\_\_ a.m. to \_\_\_ p.m. Sun: \_\_\_ a.m. to \_\_\_ p.m.

## Checklist, initial to verify acceptance of the following:

\_\_\_\_\_ Shall comply at all times with each and every provision of the State of Michigan Medical Marijuana Act of 2008 (MCL 333.26421, et seq.) and House Bill 4209, 4210 and 4827

\_\_\_\_\_ Any permitted activities conducted will be done inside a fully enclosed structure or building that is kept secured with locks to prevent unintended or uninvited access

\_\_\_\_\_ Persons under the age of eighteen (18) years of age will not be permitted to be on the property unless they possess a valid Medical Marijuana Registry Card issued by the State of Michigan or other state.

\_\_\_\_\_ Advertising and/or marketing for a commercial medical marijuana transaction facility, viewed from the exterior, shall not appeal to or have the effect of appealing to minors, this shall include but is not limited to signage, flyers, banners, etc. as permitted in Chapter 153.10 of the City Code of Ordinances

\_\_\_\_\_ Any owners and/or operators of any commercial medical marijuana transaction facility who violates any ordinance within the City of Burton pertaining to medical marijuana shall be liable for all costs associated with the investigation, prosecution and enforcement of that violation.

**Are hazardous materials stored on site?    Yes            No**

If yes,

Type of materials

Exact location where materials are stored

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## **BUSINESS EMERGENCY CONTACT INFORMATION: (IF CHANGES)**

Name \_\_\_\_\_

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

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

I have **attached** the following information as required: (initial or reply N/A for items that do not apply to your use)

1. Security system details which shall include, at the minimum, audible and silent alarms and video surveillance cameras. \_\_\_\_\_
2. Details regarding the building electrical system, power demands of specialized lighting and other necessary equipment, and method proposed to prevent excessive heat build-up and risk of fire within the building. \_\_\_\_ Or \_\_\_\_\_
3. Ventilation equipment details, including fresh air intake and filtration of exhaust air to prevent offensive odors from leaving the site. \_\_\_\_\_ Or \_\_\_\_\_
4. Proposed methods for controlling insects within the building and preventing insects from becoming a nuisance or health hazard, off the site. \_\_\_\_\_ Or \_\_\_\_\_
5. A description of the operation in sufficient detail that would be lawful and fully compliant with applicable sections of the City of Burton Zoning Ordinance, the State of Michigan Building Code, International Fire Codes (IFC) National Fire protection agency (NSPA), City of Burton fire prevention ordinance, and the State of Michigan Medical Marijuana Act of 2008 (MCL333.26421, et. Seq) and House Bill 4209, 4210 and 4827. \_\_\_\_\_

I hereby certify that the proposed use is authorized by the owner of record and that I have been authorized by the owner to make this application. I agree the statements made on the attached application are true, and if found not to be true, any license that may be issued may be void. Further, I agree to comply with the conditions and regulations provided with any license that may be issued. Further, I agree to give permission to officials of the City of Burton to enter the property subject to this license for the purposes of inspections.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by City of Burton Official

\_\_\_\_\_  
Date