



# City of Westland

36300 Warren Rd.  
[www.cityofwestland.com](http://www.cityofwestland.com)

Phone (734) 713-3888

## CITY OF WESTLAND

### APPLICATION FOR MARIJUANA BUSINESS LICENSE

#### INSTRUCTIONS

- i. Applicants may respond to questions on the Application by reference to an attachment, provided that the attachment is accompanied by a concise explanation of how the attachment is responsive to the question.

For example, Question 4-2 of the Application requires that an Applicant provide proof of prequalification. Such proof should be attached and tabbed as **Attachment 4-2**. Applicants must follow this format for all Application questions to which an attachment may apply.

- ii. All Applications must be accompanied by a \$5,000 application fee per License requested.
- iii. Each Applicant may file only one Application per Business Location.
- iv. Each Business Location may only be occupied by one Applicant.
- v. All applications and documents shall be provided in a .PDF format, if provided electronically.
- vi. All applications and documents to be delivered to the City Clerk by either:
  1. email at [clerk@cityofwestland.com](mailto:clerk@cityofwestland.com).
  2. postal mail or delivery service, attention City Clerk at the Westland City Hall location.
  3. dropped off at Westland City Hall Clerk's Office during business hours.
- vii. Applicants should refer to the Westland Uniform Marijuana Business Ordinance, Sections 27-1 through 27-34 of the Westland City Code, as well as the City of Westland Marijuana Business Application Consideration Policy for further instructions to completing this Application.

**PART I**  
**APPLICANT INFORMATION**

1-1. Applicant's Legal Name: \_\_\_\_\_

1-2. Type of Applicant:

- Individual
- Corporation
- Partnership
- Limited Liability Company
- Other: \_\_\_\_\_

1-3. Address of Corporate Headquarters: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1-4. Business Location\*:

- Address(es): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Tax Parcel ID(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Approval of an application is contingent on, among other things, all tax parcels being combined into one parcel, which shall be the identified Business Location. An Applicant may only apply for one Business Location per application.

**PART II**  
**LICENSES REQUESTED**

2-1. Please check any license type for which you are applying:

**Medical Use:**

Grower Class

A

B

C

Processor

Secure Transporter

Safety Compliance

Provisioning Center

**Adult Use:**

Grower Class

A

B

C

Processor

Secure Transporter

Safety Compliance

Retailer

Microbusiness

2-2. Will you operate a Collocated Business at the Business Location?  Yes  No

2-3. Are you seeking to stack Class C grow Licenses?  Yes  No

If so, how many stacked Licenses are you requesting:

Medical: \_\_\_\_\_

Adult-Use: \_\_\_\_\_

2-4. Are you seeking an Excess Marijuana Grower License?  Yes  No

If so, do you have at least 5 Stacked Class C Adult-Use Licenses?  Yes  No

Do you have at least 2 Class C Medical Marijuana Facilities Licenses?  Yes  No

2-5. Will you operate Medical Marijuana Facility Licenses at the Same Location with separate suites, partitions, or addresses at the Business Location?  Yes  No

2-6. Will you operate Adult-Use Marijuana Establishment Licenses at the Same Location with separate suites, partitions, or addresses at the Business Location?  Yes  No

2-7. Will you operate Equivalent Licenses at the Business Location?  Yes  No

**PART III**  
**CONTACT INFORMATION**

3-1. Authorized Representative

The Applicant must consent for the City to deal with an Authorized Representative during the application and selection process.

Name: \_\_\_\_\_

Electronic Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

3-2. Does the Applicant consent to electronic communication between the City and the Authorized Representative?  Yes  No

- If yes, notice is deemed effective when it is received in an electronic mailbox, notwithstanding that the message was sent to a spam or similar folder.
- If no, mailed notice is deemed effective on the date it is postmarked.

3-3. Emergency Contact

Name: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Nighttime phone: \_\_\_\_\_

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

## PART IV

### PRE-REVIEW CRITERIA

4-1. Have you been prequalified, as defined by Section 27-9 of the Westland Uniform Marijuana Business Ordinance, by the Marijuana Regulatory Agency?  Yes  No

4-2. Attach proof of prequalification or an existing state marijuana business license, as **Attachment 4-2**.

4-3. Are you applying for a License to operate a marijuana microbusiness or an adult-use class A grower?  
 Yes  No

If so, are you a resident of the State of Michigan, as required by MCL 333.27959?  Yes  No

4-4. Are you applying for a License to operate an adult-use marijuana retailer, marijuana processor, class B marijuana grower, class C marijuana grower, or marijuana secure transporter?  Yes  No

If so, do you, or does a Related Entity, have an existing State medical marijuana facility license as required by MCL 333.27959?  Yes  No

#### 4-5. Resolution/Sworn Statement

Attach a resolution, if a business entity, or a sworn statement, if an individual, attesting to all of the following:

Under penalty of perjury, the information contained in this application is true to the best of Applicant's information, knowledge, and belief.

The Authorized Representative has the actual authority to sign on Applicant's behalf.

Applicant and its Authorized Representative have read, understood, had the opportunity to consult with legal counsel regarding, and agree to be bound by: the Westland Uniform Marijuana Business Ordinance, this application form and its conditions and accompanying instructions, the Westland selection policy, and any terms or conditions placed on a License by the City of Westland.

4-6. Attach proof that you will be legally able to use the Business Location as a Marijuana Business. This may consist of a deed, purchase agreement, land contract, or lease agreement that allows the property to be used as a Marijuana Business.

## **PART V**

### **BUSINESS ORGANIZATION**

- 5-1. Attach certified copies of your organizing documents, for example: articles of incorporation or articles of organization.
- 5-2. Attach certified copies of any bylaws, operating agreements, partnership agreements, shareholder agreements, and any other similar corporate documents.
- 5-3. Attach a list of all owners, shareholders, officers, directors, members, partners, managers, and any other key individuals or employees, whether directly compensated or not. For each, include his or her full legal name, date of birth, home address, direct telephone number, electronic mailing address, and driver's license number or state identification number if applicable.

## **PART VI**

### **STATE APPLICATION DOCUMENTS**

- 6-1. Attach a copy of any State of Michigan application that relates to this Application. Include applications and all attachments thereto for both medical marijuana facilities and adult-use marijuana establishments.

## **PART VII**

### **SCORING RUBRIC EXHIBITS**

- 7-1. Attach a score sheet. Each category for which the applicant is seeking points must be supported with documentation and a concise explanation of how the document meets the criteria. Relevant documentation should be tabbed so that it can be readily located by the Selection Committee.

The Scoring Rubric contains the following sections:

7-1. Business Plan and Qualifications
7-2. Financial Investment
7-3. Community Benefit and Investment
7-4. Safety and Security

Documentation pertinent to each section should be tabbed accordingly as Attachment 7-1, Attachment 7-2, etc.

**PART VIII**  
**TERMS AND CONDITIONS**

The Applicant and Authorized Representative agree to the following on behalf of themselves and their owners, operators, directors, officers, agents, shareholders, investors, heirs, assigns, estates, successors, parents, subsidiaries, and any other holder of any interest whatsoever (collectively, the “Applicant”):

A. Definitions. As used in Part VIII, the following terms have the following meanings:

*Claim*, means any cause of action or potential cause of action that arises out of the operation of or in any way relates to one or more state or local licenses for medical marijuana facilities or adult-use marijuana establishments within the City of Westland, including, causes of action or potential causes of action relating to the City of Westland’s application, licensing, inspection, enforcement, renewal, amendment, suspension, or revocation process. This definition includes, but is not limited to, lawsuits arising under statutory, constitutional, contractual, and/or equitable law.

*City*, includes the City of Westland and its representatives, agents, employees, appointed and elected officials, department heads, insurers, contractors, and all boards, commissions, committees, and the members thereof.

B. All of the following apply to all Claims against the City:

(i) Applicant waives its right to a trial of any kind, in both federal and state court, including the right to participate in any class action litigation.

(ii) Applicant consents to individual arbitration of all Claims against the City. Under no circumstances will class action or joint action of any kind be permitted.

(iii) Arbitration will be in accordance with the then-current rules of JAMS or AAA, or as otherwise agreed to by the parties in writing. An award by the Arbitrator may be entered as a judgment by any court having jurisdiction. Arbitration shall take place in Westland, Michigan and shall be governed by the laws of the State of Michigan, notwithstanding any conflict of law provisions.

(iv) Claims against the City must be brought within six months from the date that a final decision is issued by the City, or such claim will be waived and permanently barred.

(v) If the City prevails on any Claim, the Arbitrator shall award the City its costs and attorney fees for the Claim or Claims.

C. If issued a License, Applicant consents to a reassessment of the taxable value of the proposed Business Location and waives any right to a property tax appeal.

D. The provisions of Part VIII are Severable. If any court of competent jurisdiction finds any provision hereof to be unenforceable, then the remainder of these provisions shall remain in full force as if the unenforceable provision were never included.

E. Applicant understands and agrees that a License or conditional License, if issued, will not be renewed if the Applicant owes any amount towards any outstanding tax bill, water bill, or any special assessment; if the applicant has any outstanding zoning, building, or ordinance violations; or if the Applicant is suing or has sued the City of Westland in any court or arbitration proceeding or is filing or has filed a petition with the Michigan Tax Tribunal.

F. Applicant has reviewed the Westland Uniform Marijuana Business Ordinance, the Westland Marijuana Business Application Consideration Policy, and this Application, all in their entirety, and has had the opportunity to consult with legal counsel. By submitting this Application, Applicant agrees that the Application Consideration Policy is a competitive process and Applicant waives any right to challenge the City's selection process or selection criteria.

G. The issuance of a License or conditional License will be contingent on the Applicant agreeing to any other conditions imposed by the City on the Applicant.

**Under penalty of perjury, I attest, to the best of my information, knowledge, and belief, that I have read and understood the foregoing, and that I am duly authorized to sign this application and bind the Applicant to its terms.**

\_\_\_\_\_  
[Date]

\_\_\_\_\_  
By: \_\_\_\_\_  
Its: \_\_\_\_\_