



## City of Ann Arbor

PLANNING & DEVELOPMENT SERVICES — PLANNING DIVISION

301 East Huron Street | P.O. Box 8647 | Ann Arbor, Michigan 48107-8647  
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July 1, 2011

Dear Medical Marijuana Dispensary Operator,

On June 20, 2011, the Ann Arbor City Council passed two ordinances pertaining to dispensing and cultivating marijuana for medical use, both of which will become effective on August 22, 2011. One is a licensing ordinance applicable to dispensaries only and the other is a zoning ordinance applicable to both dispensaries and cultivation facilities.

The licensing ordinance provides that, among other things, for the first 60 days after it becomes effective, applications will be accepted only from dispensaries that were using their property to dispense marijuana before August 5, 2010. On that date, the Ann Arbor City Council passed a moratorium "prohibiting the initiation or expansion of the use of any property in the City as a facility for dispensing marijuana for medical and any other purpose and for cultivating marijuana plants."

Your business has been identified as a medical marijuana dispensary to which the licensing requirements apply. If you wish to continue your medical marijuana dispensary use and your business was operating before August 5, 2010, please deliver the attached affidavit and paper copies of the required proof to the City Clerk (301 E. Huron, 2<sup>nd</sup> floor) by 4 pm on July 15, 2011. Also include a contact person's full name, mailing address, phone number, and email address. Proof may consist of, but is not limited to, transactional documents, affidavits of a property owner who does not participate in operating the business, or any other documentation you wish to provide. A copy of a lease may be among other documents you submit, but a lease, by itself, will not be considered sufficient proof. *No other materials relating to medical marijuana dispensaries or cultivation facilities are being requested, or will be accepted, at this time.*

After July 15, 2011, should your proof of being in operation before August 5, 2010 be adequate and acceptable to the City, City staff will contact you about addressing other prerequisites to submitting a complete dispensary license application, such as matters concerning zoning districts and proximity to schools.

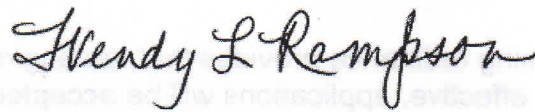
If we have not physically received the requested proof on or before July 15, 2011, or if the City determines the proof is not adequate and acceptable, City staff will presume that you were not operating before passage of the moratorium and, therefore, are not

eligible to submit a license application until the 75<sup>th</sup> day after the licensing ordinance goes into effect. You will be contacted by a City staff member to inform you that your proof was inadequate, and about procedures for requesting a license.

Please note that medical marijuana dispensaries or cultivation facilities found not to comply with the new zoning requirements or any other City ordinance will be subject to enforcement, including, but not limited to, ticketing and fines or other legal action.

Copies of the City's zoning and medical marijuana license ordinances are enclosed. These documents and more information may be found at [www.a2gov.org/planning](http://www.a2gov.org/planning). A copy of this letter will be sent to the property owner, if different from the business. If you have questions, or believe you have received this letter in error, contact Jill Thacher, City Planner, at 734-794-6265 x42608 or [jthacher@a2gov.org](mailto:jthacher@a2gov.org).

Sincerely,



Wendy Rampson  
Planning Manager

Enclosures: Affidavit  
Chapter 55 Zoning Amendments  
Chapter 92 Medical Marijuana Licenses

c: Property Owner

**AFFIDAVIT OF MEDICAL MARIJUANA DISPENSARY OWNER**

STATE OF MICHIGAN        )  
  :SS.  
COUNTY OF WASHTENAW)

\_\_\_\_\_, being first duly sworn, states as follows:

1. I have personal knowledge of the facts stated in this affidavit.
2. I operate a business known as \_\_\_\_\_ located at \_\_\_\_\_ in the City of Ann Arbor. This business began operation on \_\_\_\_\_, 20\_\_.

3. I have attached the following documents to this affidavit which verify that this business was in actual operation before August 5, 2010:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. This completes my affidavit.
- DATED this \_\_\_ day of July, 2011.

\_\_\_\_\_  
\_\_\_\_\_  
Dispensary Owner

Subscribed and sworn to before me in Washtenaw County, Michigan, this \_\_\_ day of July, 2011.

\_\_\_\_\_  
\_\_\_\_\_, Notary Public  
Washtenaw County Michigan  
My commission expires \_\_\_\_\_