

CITY OF DETROIT DEPARTMENT OF APPEALS & HEARINGS	CLAIM OF APPEAL Detroit Legacy Status Certification for Marijuana	CRIO APPLICATION NO.: APPLICANT NAME:
---------------------------------------------------------------------------	----------------------------------------------------------------------------------------	------------------------------------------------------------

Address: 2 Woodward Avenue, 1004 CAYMC, Detroit, Michigan 48226

Telephone No. 313-224-0098

Claimant Name, address and telephone no.
Attorney, bar no., address, and telephone no.

V

City of Detroit Department, address and telephone no. Civil Rights, Inclusion, and Opportunity Department (CRIO) Coleman A. Young Municipal Center 2 Woodward Avenue– Suite 1240 Detroit, Michigan 48226 313-224-4950
Attorney, bar no., address, and telephone no. City of Detroit Law Department Coleman A. Young Municipal Center 2 Woodward Avenue – Suite 500 Detroit, MI 48226 313-224-4550

1. Applicant/Claimant _____ claims an appeal from the administrative decision of the Department of Civil Rights, Inclusion, and Opportunity (CRIO) to deny the Claimant’s Detroit Legacy Status Certification for Marijuana License.
2. The date of CRIO’s administrative decision is: _____.
3. A copy of CRIO’s administrative decision is attached.
4. The **Right to Appeal Certificate** is attached.
5. Payment of the \$25 Administrative Appeal filing fee.

Date

Claimant/Attorney Signature

Address

City, State Zip & Telephone Number