

Municipal Marihuana License Application

Type of License(s): Please note that if you are applying for multiple licenses that they will be considered individually and require separate application fees.

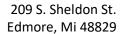
Medical Facility	Recreational Establishment
☐ Grower Class A	☐ Grower Class A
☐ Grower Class B	☐ Grower Class B
☐ Grower Class C	☐ Grower Class C
Processor	Marihuana Microbusiness
Provisioning Center	Marihuana Processor
Safety Compliance Facility	Marihuana Retailer
Secure Transporter	Marihuana Safety Compliance
	Establishment
	Marihuana Secure Transporter
Applicant Information: This person will be the prima Name of Applicant: Name of Business:	·
Date of Birth: Social So	ecurity Number:
Residential Address:	
Position:	Percent Ownership:
Telephone:	
Email Address:	



<u>Additional Applicant Information:</u> If you are **not** applying as an individual, please add information for each stakeholder of your entity.

Name of Applicant:	
Date of Birth:	Social Security Number:
Residential Address:	
Position:	Percent Ownership:
Telephone:	
Name of Applicant:	
Date of Birth:	Social Security Number:
Residential Address:	
	Percent Ownership:
Telephone:	
Name of Applicant:	
	Social Security Number:
Residential Address:	
Position:	Percent Ownership:
Telephone:	
Email Address:	

Village Manager (989) 427-5641 Villagemanager@edmore.com

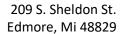




Name of Applicant:		
	Social Security Number:	
Residential Address:		
Position:	Percent Ownership:	
Telephone:		
Name of Applicant:		
Date of Birth:	Social Security Number:	
Residential Address:		
Position:	Percent Ownership:	
Telephone:		
Name of Applicant:		
	Social Security Number:	
Residential Address:		
Position:	Percent Ownership:	
Telephone:		

Please attach additional sheets if needed.

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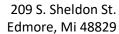




Proposed Location

Name of proposed facility/establishment:	
Address of proposed facility/establishment:	
Zoning District:	
Will the facility be in an existing structure? Yes: _	No:
Will a new structure or addition be built? Yes:	No:
Owned: Leased:	
If leased, please include the following:	
Property Owner Name:	
Property Owner Phone:	Owner Email:
Lease Start Date:	Lease End Date:

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Text and Graphical Material	
Proposed text to be shown on the exterior of the building:	

Proposed Graphics on the Exterior of the building:



Business Plan

Are you licensed to operate a marihuana facility/establishment in another municipality?
Have you ever had a previously issued marihuana facility/establishment license revoked?
Please list all of the state licenses for which you are prequalified:
Please explain your experience in operating other similar businesses and your general business management experience:



Please explain the financial structure, financing, and ability to maintain liability and casualty insurance:



Estimated number of employees:	Estimated average wages:
Type of Jobs:	
Planned tangible capital investment in the Village explanation of the economic benefits to the Village award of such multiple licenses, with supporting f	e and job creation, if any, to be achieved through the



Edmore's business owners regularly play active roles in community events and groups. Please explain	
your community outreach/education plans and strategy:	



Please explain your surveillance/security plan:



Please explain any marketing plans that you have:



Please explain your ventilation system and plan to prevent odor, noxious fumes, and gases from leaving the building and causing a nuisance for adjacent properties:	



Please explain your facility sanitation plan to protect against any marihuana being ingested by any person or animal, indicating how the waste will be stored and disposed of, and how any marihuana will be rendered unusable upon disposal:



For provisioning, reta that will be offered, c facility/establishmen	operating hours, an	d the overall the		
,,				

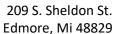


Please use this space to include any additional information that you wish to add that might not have been covered by the questions above:



Please provide the following on separate pages

If not applying as an individual: articles of incorporation or organization; assumed name
registration; Internal Revenue Service EIN confirmation letter; copy of the operating agreement
of the applicant, if a limited liability company; copy of the partnership agreement, if a
partnership; names and addresses of the beneficiaries, if a trust, or a copy of the bylaws or
shareholder agreement, if a corporation;
One of the following: (a) proof of ownership of the entire premises wherein the marihuana
facility/establishment is to be operated; or (b) written consent from the property owner for use
of the premises with a copy of the lease for the premises.
A copy of the Special Use Permit issued by the Village of Edmore Planning Commission including
the submitted Site Plan.
Proof of a State issued Certificate of Prequalification Status.
A location area map of the marihuana establishment and surrounding area that identifies the
relative locations and the distances (door-to-door to the subject marihuana establishment's
building) to the closest real property comprising a public or private elementary, vocational or
secondary school. (Currently there are no schools in Edmore)
Organizational Chart that includes position and descriptions.
Affidavit of Bankruptcy Fillings
Affidavit of Age and Record
Affidavit of Stakeholder Municipal Good Standing
Affidavit of Entity Licensing Good Standing
Authorization for Criminal Background Check for each stakeholder
Any other paperwork/presentation/diagrams that you wish to be considered as a part of your
application.





Please Note: The applicant, or a designated representative must be present at all scheduled meetings. Failure to provide true and accurate information on this application shall provide sufficient grounds to deny approval or revoke any subsequently granted license.

Applicant's Endorsement: All information contained herein is true and accurate to the best of my knowledge. I acknowledge that my application will not be reviewed unless all required information for this application has been submitted. I further acknowledge that the Village of Edmore and its employees shall not be held liable for any claims that may arise as a result of acceptance, processing, or approval of this application.

Applicant Signature:	Date:
Applicant Name (print):	
Applicant Signature:	Date:
Applicant Name (print):	



Office Use Only			
Application Number:			
Date to be considered b	oy Council:		
Date:	Submitted	l Application	
Date:	Payment o	of Non-Refundable Application	n Fee (\$1,500)
Date:	Review by	Village Manager	
Date:	Review by	Local Licensing Authority	
Date:	Local Licen	nsing Authority Approval	
Date:	Local Licen	nsing Authority Denial	
Municipal Marihuana L	icense is approved subje	ect to the following condition	s:
Signature of Village Pr	resident:		Date:

AFFIDAVIT REGARDING BANKRUPTCY FILINGS

STATE OF MICHIGAN)	
COUNTY OF MONTCALM)	
The undersigned,says:	, being duly sworn, hereby deposes and
1 (no or been involuntarily forced into bankrup	<i>amed applicant</i>) has never filed for bankruptcy, tcy, within the last seven (7) years.
I declare that, to the best of my knowled correct, and complete.	edge and belief, the information herein is true,
Executed this day of, 20	1
On behalf of:	
By:	
Its:	
NOTARY ACKNO	
STATE OF)) ss: COUNTY OF)	
COUNTY OF)	
The foregoing instrument was acknowled by Said as identific	
	Signature of Notary Public
	Printed Name of Notary Public State of Michigan Commission Number: My Commission Expires:

AFFIDAVIT OF LICENSING GOOD STANDING

STATE OF MICHIGAN)	
COUNTY OF MONTCALM)	
The undersigned,says:	, being duly sworn, hereby deposes and
1 ha issued by a licensing authority in Michi restricted, suspended, revoked, or not re	as never had a commercial license or certificate gan or any other jurisdiction that has been denied, enewed.
I declare that, to the best of my know correct, and complete.	ledge and belief, the information herein is true,
Executed this day of, 2	0
On behalf of:	
By:	
Its:	
NOTARY ACKN	NOWLEDGEMENT
STATE OF)	
COUNTY OF) ss:	
	edged before me this day of, 20, is personally known to me or has fication.
	Signature of Notary Public
	Printed Name of Notary Public State of Michigan Commission Number:
	My Commission Expires:

AFFIDAVIT OF MUNICIPAL GOOD STANDING STAKEHOLDER/INDIVIDUAL

STATE O	E OF MICHIGAN)	
COUNTY	TY OF MONTCALM)	
Th says:	The undersigned,, being duly swo	rn, hereby deposes and
1. I a	I am not currently, nor I have ever, been in default to the Village	of Edmore; and
	At no time have I failed to pay any property taxes, special assess financial obligations to the Village.	ments, fines, fee or other
Ιo	I declare that, to the best of my knowledge and belief, the in and complete.	formation herein is true
Executed	ed this, 20	
Signature	re	
Printed N	Name	
	NOTARY ACKNOWLEDGEMENT	
STATE O	Ε OF)) ss: ΓΥ OF)	
Th	The foregoing instrument was acknowledged before me this is personalled as identification.	day of, 20, y known to me or has
produced	Signature of Notary	
	Printed Name of No State of Michigan Commission Numb My Commission Ex	er:

AFFIRMATION OF AGE AND RECORD

STAT	E OF MICHIGAN)
COUN	TTY OF MONTCALM)
says:	The undersigned,, being duly sworn, hereby deposes and
1.	I am an applicant and/or a stakeholder of the applicant for a Municpal Marihuana license in the Village of Edmore, Michigan.
2.	I am at least eighteen (21) years of age as of the date of the Application;
3.	I have never been indicted for, charged with, arrested for, or convicted of, pled guilty or nolo contendere to, forfeited bail concerning, or had expunged any criminal offense under the laws of any jurisdiction, either felony or controlled substance related misdemeanor not including traffic violations, regardless of whether the offense has been expunged, pardoned, reversed on appeal or otherwise.
4.	Below or attached to this affidavit, is a list of any arrests, charges, indictments, convictions, guilty or nolo contendere ("no contest") pleas, bail forfeiture of revocation, or expungement/order setting aside conviction(s). I will provide with the application, the date(s), name(s) and location(s) of the court, arresting agency, prosecuting agency case caption, docket or case number, the specific offense, disposition, and the length and location of any incarceration. If "None", so indicate below.
correct	I declare that, to the best of my knowledge and belief, the information herein is true, and complete.
Execu	ted this day of, 20
Signat	ure
Printed	l Name

NOTARY ACKNOWLEDGEMENT

STATE OF)	
COUNTY OF) ss:	
The foregoing instrument was	s acknowledged before me this day of, 20
	is personally known to me or has
produced	_ as identification.
	Signature of Notary Public
	Printed Name of Notary Public
	State of Michigan
	State of Michigan Commission Number:

AUTHORIZATION TO RELEASE CRIMINAL INFORMATION FOR APPLICATION AND LICENSING PURPOSES

Notification

The Village of Edmore Municipal Marihuana License Application requires applicants to consent to a criminal background check as a condition of application. This check is to ascertain whether the applicant, and each Stakeholder of the applicant meet the criteria set forth in the enabling ordinance.

Authorization

Full Legal Name:

I hereby authorize the Village of Edmore to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist in collecting this information.

-		
First	Middle	Last
Other names I have used in past seven year	rs:	
Current Address:		
Previous Address (most recent):		
Addresses in the 7 years prior to completing	ng this authorization:	
Phone Number:	Alternate Phone Numb	<u>-</u>
Date of Birth: Month/Day/Year Social Security Number:		e Male
Driver's License #		Driver's License
I understand that any falsification or consideration for this application. By sig Village of Edmore to conduct a criminal b	ning below I hereby pro-	
Signature	Date	