



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
<input type="checkbox"/> Grower Class A	<input type="checkbox"/> Grower Class A
<input type="checkbox"/> Grower Class B	<input type="checkbox"/> Grower Class B
<input type="checkbox"/> Grower Class C	<input type="checkbox"/> Grower Class C
<input type="checkbox"/> Processor	<input type="checkbox"/> Marihuana Microbusiness
<input type="checkbox"/> Provisioning Center	<input type="checkbox"/> Marihuana Processor
<input type="checkbox"/> Safety Compliance Facility	<input type="checkbox"/> Marihuana Retailer
<input type="checkbox"/> Secure Transporter	<input type="checkbox"/> Marihuana Safety Compliance Establishment
	<input type="checkbox"/> Marihuana Secure Transporter

Applicant Information: This person will be the primary contact.

Name of Applicant: _____

Name of Business: _____

Date of Birth: _____ Social Security Number: _____

Residential Address: _____

Position: _____ Percent Ownership: _____

Telephone: _____

Email Address: _____



Additional Applicant Information: 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: _____

Email Address: _____

Name of Applicant: _____

Date of Birth: _____ Social Security Number: _____

Residential Address: _____

Position: _____ Percent Ownership: _____

Telephone: _____

Email Address: _____

Name of Applicant: _____

Date of Birth: _____ Social Security Number: _____

Residential Address: _____

Position: _____ Percent Ownership: _____

Telephone: _____

Email Address: _____



Name of Applicant: _____

Date of Birth: _____ Social Security Number: _____

Residential Address: _____

Position: _____ Percent Ownership: _____

Telephone: _____

Email Address: _____

Name of Applicant: _____

Date of Birth: _____ Social Security Number: _____

Residential Address: _____

Position: _____ Percent Ownership: _____

Telephone: _____

Email Address: _____

Name of Applicant: _____

Date of Birth: _____ Social Security Number: _____

Residential Address: _____

Position: _____ Percent Ownership: _____

Telephone: _____

Email Address: _____

Please attach additional sheets if needed.



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: _____

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



209 S. Sheldon St.
Edmore, Mi 48829

Text and Graphical Material

Proposed text to be shown on the exterior of the building: _____

Proposed Graphics on the Exterior of the building:



Estimated number of employees: _____ Estimated average wages: _____

Type of Jobs: _____

Planned tangible capital investment in the Village, including if multiple licenses are proposed, an explanation of the economic benefits to the Village and job creation, if any, to be achieved through the award of such multiple licenses, with supporting factual data: _____



Please explain your surveillance/security plan: _____

A series of horizontal lines provided for writing the surveillance/security plan.

Village Manager
(989) 427-5641
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209 S. Sheldon St.
Edmore, Mi 48829

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: _____



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 marijuana 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 marijuana establishment and surrounding area that identifies the relative locations and the distances (door-to-door to the subject marijuana 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 Filings
- 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 by Council: _____

Date:	Submitted Application
Date:	Payment of Non-Refundable Application Fee (\$1,500)
Date:	Review by Village Manager
Date:	Review by Local Licensing Authority
Date:	Local Licensing Authority Approval
Date:	Local Licensing Authority Denial

Municipal Marihuana License is approved subject to the following conditions: _____

Signature of Village President:	Date:
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AFFIDAVIT REGARDING BANKRUPTCY FILINGS

STATE OF MICHIGAN)
)
COUNTY OF MONTCALM)

The undersigned, _____, being duly sworn, hereby deposes and says:

- 1. _____ (*named applicant*) has never filed for bankruptcy, or been involuntarily forced into bankruptcy, within the last seven (7) years.

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this ____ day of _____, 201__.

On behalf of: _____

By: _____

Its: _____

.....
NOTARY ACKNOWLEDGEMENT

STATE OF _____)
) ss:
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ____ day of _____, 20__, by _____. Said _____ is personally known to me or has produced _____ as identification.

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, _____, being duly sworn, hereby deposes and says:

- 1. _____ has never had a commercial license or certificate issued by a licensing authority in Michigan or any other jurisdiction that has been denied, restricted, suspended, revoked, or not renewed.

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this ____ day of _____, 20__.

On behalf of: _____

By: _____

Its: _____

.....

NOTARY ACKNOWLEDGEMENT

STATE OF _____)
) ss:
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ____ day of _____, 20__, by _____. Said _____ is personally known to me or has produced _____ as identification.

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 OF MICHIGAN)
)
COUNTY OF MONTCALM)

The undersigned, _____, being duly sworn, hereby deposes and says:

1. I am not currently, nor I have ever, been in default to the Village of Edmore; and
2. At no time have I failed to pay any property taxes, special assessments, fines, fee or other financial obligations to the Village.

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this ____ day of _____, 20__.

Signature

Printed Name

.....

NOTARY ACKNOWLEDGEMENT

STATE OF _____)
) ss:
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20__, by _____. Said _____ is personally known to me or has produced _____ as identification.

Signature of Notary Public

Printed Name of Notary Public
State of Michigan
Commission Number: _____
My Commission Expires: _____

AFFIRMATION OF AGE AND RECORD

STATE OF MICHIGAN)
)
COUNTY OF MONTCALM)

The undersigned, _____, being duly sworn, hereby deposes and says:

1. I am an applicant and/or a stakeholder of the applicant for a Municipal 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.

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this ____ day of _____, 20__.

Signature

Printed Name

.....

NOTARY ACKNOWLEDGEMENT

STATE OF _____)
) ss:
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,
by _____. Said _____ is personally known to me or has
produced _____ as identification.

Signature of Notary Public

Printed Name of Notary Public
State of Michigan
Commission Number: _____
My Commission Expires: _____

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

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. .

Full Legal Name:

First	Middle	Last
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Other names I have used in past seven years: _____

Current Address: _____

Previous Address (most recent): _____

Addresses in the 7 years prior to completing this authorization: _____

Phone Number: _____ Alternate Phone Number: _____

Date of Birth: _____ Gender: Female _____ Male _____

Month/Day/Year

Social Security Number: _____

Driver's License # _____ State of Driver's License _____

I understand that any falsification or omission of information may disqualify me from consideration for this application. By signing below I hereby provide my authorization to the Village of Edmore to conduct a criminal background check.

Signature

Date