

# Municipal Marihuana License Renewal Application

**Type of License(s):** Please note that if you are applying for multiple license renewals 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 primary contact.

| Name of Applicant:   |
|--|
| Name of Business:  |
| Telephone:   |
| Email Address:   |
| Business Address:  |
| <b>Renewal Compliance Questions:</b> Please fill out the following completely.                             |
| Have you ever received a citation for non-compliance of a local or state rule, regulation or law regarding |
| your municipal marihuana license? Yes 🗌 No 🗌 If yes, please explain:                                       |
|  |
|  |



| 2. Has your municipal marihuana li | icense ever been | suspended or revoked? |
|------------------------------------|------------------|-----------------------|
|------------------------------------|------------------|-----------------------|

| Yes | No  |       | es, please | evolain  |
|-----|-----|-------|------------|----------|
| res | INO | II ye | es, piease | explain. |

3. Is your municipal marihuana license currently in good standing?

| Yes |  | No |  | If no, | please | explain: |
|-----|--|----|--|--------|--------|----------|
|-----|--|----|--|--------|--------|----------|

4. Has your State (MRA) license ever been suspended or revoked?

| Yes | No |  | If yes, | please | explain |
|-----|----|--|---------|--------|---------|
|-----|----|--|---------|--------|---------|

5. Is your State (MRA) license currently in good standing?

| Yes |  | No |  | lf no, | please | explair | 1: |
|-----|--|----|--|--------|--------|---------|----|
|-----|--|----|--|--------|--------|---------|----|

6. Have there been any changes to the ownership, DBA, contact information, signage, or any other information requested during the original application? Yes No

If you answered Yes to question 6, please fill out pages 3-17 to reflect those changes. Failure to submit any changes or updates to your business could result in the revocation of your Municipal Marihuana License. If you answered No to question 6, there is no need to submit pages 3-17. Please proceed with your renewal application on page 18.



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



# Text and Graphical Material

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

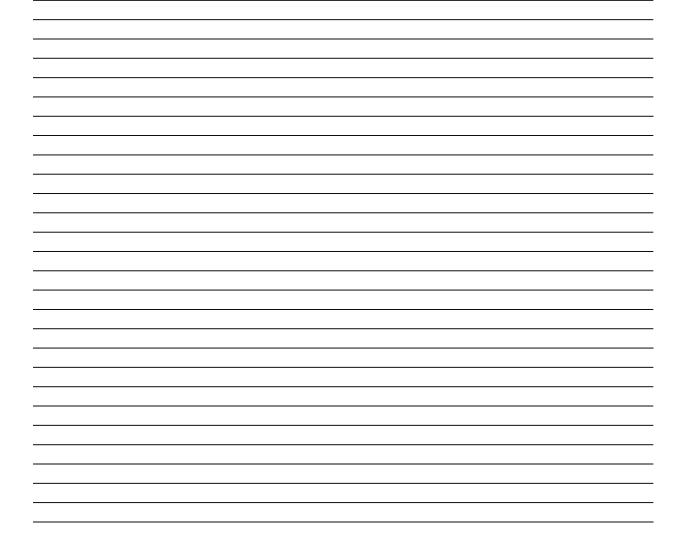
Proposed Graphics on the Exterior of the building:



#### **Business Plan**

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:

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| Estimated number of employees: E   | stimated average wages:                              |
|--|--|
| Type of Jobs:  |  |
| Planned tangible capital investment in the Village, i<br>explanation of the economic benefits to the Village<br>award of such multiple licenses, with supporting fac | and job creation, if any, to be achieved through the |
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Municipal Marihuana License Renewal Application



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

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Please explain your surveillance/security plan: \_\_\_\_\_\_



Please explain any marketing plans that you have: \_\_\_\_\_

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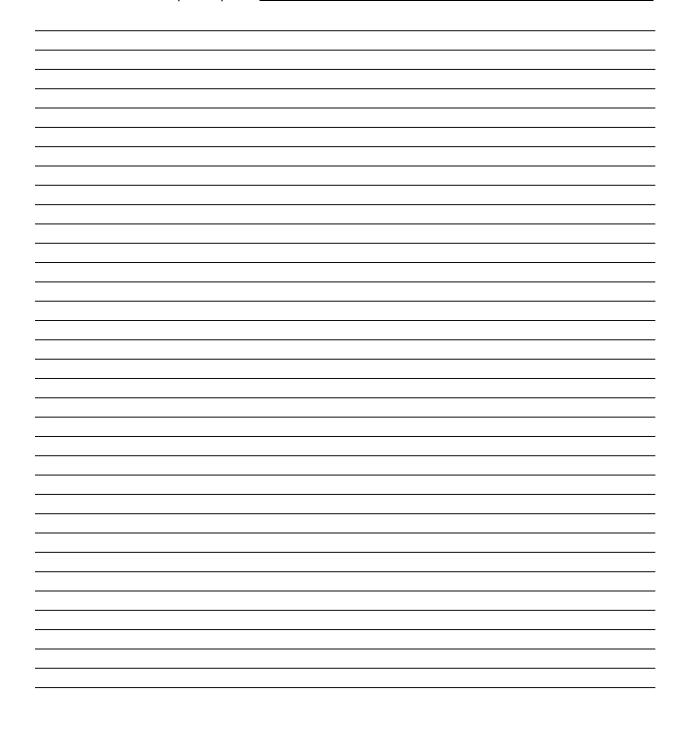


Please explain your ventilation system and plan to prevent odor, noxious fumes, and gases from leaving the building and causing a nuisance for adjacent properties: \_\_\_\_\_

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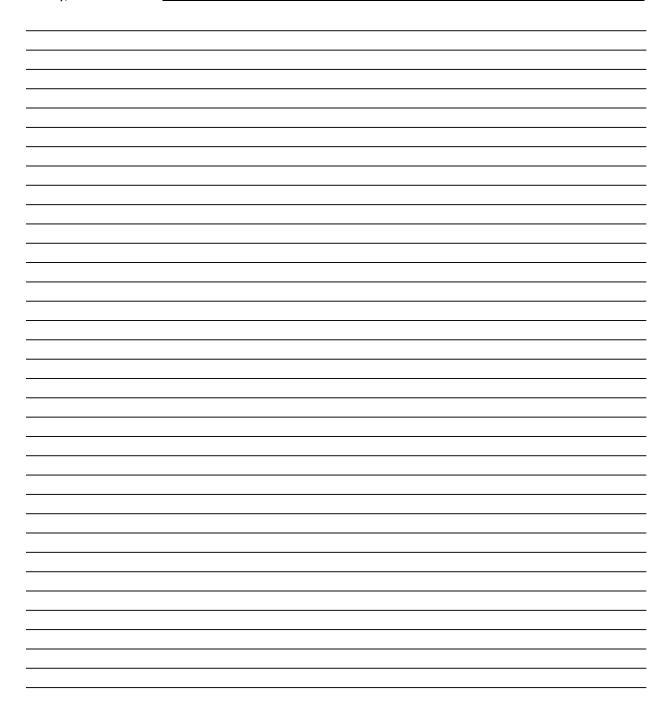


Please explain your facility sanitation plan to protect against any marihuana being ingested by any person or animal, indicating how the waste will be stored and disposed of, and how any marihuana will be rendered unusable upon disposal:





For provisioning, retail, and microbusiness applicants: Please describe the type of service and product that will be offered, operating hours, and the overall theme and atmosphere of the proposed facility/establishment: \_\_\_\_\_\_





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

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## 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

Renewal Application Number:

Date to be considered by Council: \_\_\_\_\_

| Date: | Submitted Renewal Application                  |
|-------|--|
| Date: | Payment of Non-Refundable Annual Fee (\$5,000) |
| Date: | Review by Village Manager                      |
| Date: | Review by Local Licensing Authority            |
| Date: | Local Licensing Authority Approval             |
| Date: | Local Licensing Authority Denial               |

Municipal Marihuana License Renewal is approved for a period of one year from approval date,

subject to the following conditions: \_\_\_\_\_

| Signature of Village Manager: | Date: |
|-------------------------------|-------|
|                               |       |