



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
<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: _____

Telephone: _____

Email Address: _____

Renewal Compliance Questions: 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 license ever been suspended or revoked?

Yes No If yes, please 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 If no, please explain:

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.



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: _____

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Date of Birth: _____ Social Security Number: _____

Residential Address: _____

Position: _____ Percent Ownership: _____

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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:



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 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):	

