

Village Use Only
Date Received: _____
Time Received: _____
Received By: _____
Fee Paid: _____
Application No. _____

VILLAGE OF SARANAC

APPLICATION TO OPERATE MEDICAL MARIHUANA FACILITY

Information for Applicants

A separate application is required for each license request.

- I. Fees. The following fees must be included with this application:
- Non-refundable application fee: \$500
 - Advance payment of annual administrative fee: \$5,000
- II. Attachments. You must attach all of the documents identified in Section 6.
- III. **If you fail to timely provide any additional information or documents that the Village requests, then your application will be considered abandoned.**

1. FACILITY INFORMATION

Name of proposed facility: _____

Please select the type of licensed facility that you are applying to operate:

- | | |
|--|---|
| <input type="checkbox"/> Grower – Class A (up to 500 marihuana plants) | <input type="checkbox"/> Processor |
| <input type="checkbox"/> Grower – Class B (up to 1,000 marihuana plants) | <input type="checkbox"/> Safety Compliance Facility |
| <input type="checkbox"/> Grower – Class C (up to 1,500 marihuana plants) | <input type="checkbox"/> Secure Transporter |
| | <input type="checkbox"/> Provisioning Center |

2. APPLICANT INFORMATION – INDIVIDUAL APPLICANT(S)

Attach additional sheets if needed.

Name: _____

Date of Birth: _____

Social Security Number: _____

Residential Address (no P.O. Box): _____

Business Address: _____

E-mail Address: _____

Telephone number: _____

Alternative telephone number: _____

3. APPLICANT INFORMATION – NON-INDIVIDUAL APPLICANT

a. Provide the following for each stakeholder of the applicant. Attach additional sheets if needed.

Stakeholder #1 (select highest ranking representative, who will serve as contact person):

Name: _____

Date of Birth: _____

Social Security Number: _____

Residential Address (no P.O. Box): _____

Business Address: _____

E-mail Address: _____

Telephone number: _____

Alternative telephone number: _____

Stakeholder #2

Name: _____

Date of Birth: _____

Social Security Number: _____

Residential Address (no P.O. Box): _____

Business Address: _____

E-mail Address: _____

Telephone number: _____

Alternative telephone number: _____

Stakeholder #3

Name: _____

Date of Birth: _____

Social Security Number: _____

Residential Address (no P.O. Box): _____

Business Address: _____

E-mail Address: _____

Telephone number: _____

Alternative telephone number: _____

b. Provide the following information for the entity:

Entity type: Corporation Limited Liability Company Partnership Other: _____

Date of incorporation/organization with State of Michigan: _____

Resident agent name and address: _____

4. LICENSE INFORMATION

a. What is the status of the applicant's state operating license for this facility?

The applicant has obtained a state operating license for this facility:

License/record number: _____ Expiration date: _____

The applicant has completed the prequalification phase of the state's licensing process.

- The applicant has not yet applied for a state operating license.
- Other (explain): _____

b. Identify all marihuana permits and licenses held by the applicant, including the issuing state, the license/record number, and the expiration date.

5. PROPERTY INFORMATION

Please provide the following information for the real property where the proposed facility will be located.

Street address of property: _____

Parcel ID No. _____

Current use of property: _____

Zoning designation of property: _____

Name and address of property owner, if different from applicant (note: property owner must sign this application): _____

6. CO-LOCATION & EQUIVALENT LICENSE INFORMATION

Will the proposed facility be co-located on the same property as another marihuana facility or establishment?

- Yes
- No

If yes, please identify the owner of or applicant for the co-located facility or establishment and its street address, including suite number:

Will the applicant be operating equivalent licenses at the same location within the Village?

- Yes No

7. ATTACHMENTS

Please attach all of the following to this application:

- A photocopy of a valid, unexpired driver's license or state issued identification card for all owners, directors, and officers of the proposed facility, including all individuals signing this application.
- A location area map of the proposed marihuana facility and surrounding area that identifies the relative locations and the distances (closest property line to the subject marihuana facility's building) to the closest real property comprising a public or private elementary, vocational, or secondary school;
- A copy of all documents submitted by the applicant to the Department of Licensing and Regulatory Affairs ("LARA") in connection with the application for a state operating license under the Michigan Medical Marihuana Facilities Licensing Act, including documents submitted for prequalification;
- A copy of all documents submitted by the applicant to LARA in connection with the application for a state operating license under the Michigan Regulation and Taxation of Marihuana Act (adult-use/recreational marihuana), if applicable;
- A copy of all documents issued by LARA indicating that the applicant has been prequalified for a state operating license under the MMFLA;
- For facilities proposing co-location with another facility/establishment:* A copy of a diagram, floorplan, or other illustration identifying the locations of the facility's distinct and identifiable area on the property, its entrance(s) and exit(s), its inventory, its record keeping, and its point of sale operations (if applicable).

For non-individual applicants:

- Articles of incorporation or organization;
- 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;
- Copy of the bylaws or shareholder agreement, if a corporation.

APPLICANT ACKNOWLEDGMENT & CERTIFICATION

- I understand that no person may operate an medical marihuana facility in the Village without an authorization issued by the Village pursuant to the provisions of the Village Code of Ordinances; a special use permit pursuant to the Village Code of Ordinances and the Village Zoning Ordinance; and an operating license from the State of Michigan.
- I agree that if authorization is granted, the Village of Saranac may inspect the facility at any time during normal business hours to ensure compliance with applicable laws and regulations.
- I understand that the Village may request additional information concerning this application. If I fail to timely provide all requested information, then the Village may discard this application and give it no further consideration.
- I certify that if the proposed facility is authorized, the facility will be operated in accordance with state law and all Village ordinances, rules, and regulations.
- I understand that marihuana growing, cultivation, possession, testing, safety compliance, distribution, and use are subject to state and federal laws, rules, and regulations, and that receiving authorization of the Village does not relieve me from complying with those laws, rules, and regulations. I waive and forever release any claim or demand against the Village and its officials, employees, and agents for any damages, liabilities, or attorney fees that I may incur based on my operation of a facility in the Village.

SIGNED:

Applicant:

Real Property Owner:

Signature

Signature

Type or print name

Type or print name