



Marihuana Business Permit Application Instructions

Please refer to Chapter 18, Article IV of the Village Code for the complete ordinance.

To be considered for a Village of Middleville Marihuana Business Permit, please complete the following steps:

1. Complete and submit a Site Plan Review Application with the required fee;
2. Complete and submit a Special Land Use Permit Application with the required fee;
3. Complete and submit a wastewater discharge permit application with the required fee (growers and processors only)
4. Obtain Special Land Use Approval from the Village Planning Commission;
5. Complete and submit one hard copy and one digital copy of a Marihuana Business Permit Application on the approved Village form (including all required attachments) with the required fee;
6. Provide the Village Clerk with a copy of the Pre-qualification Letter of Determination from LARA.

Village of Middleville

Marihuana Business Permit Application

Type of Application:

Date: _____

New

Renewal

Requested Marihuana Business Permit Type:

Medical Marihuana Facilities:

Marihuana Provisioning Center

Adult-Use Recreational Marihuana Establishments

Marihuana Grower (Class A/B/C)

Marihuana Processor

Marihuana Retailer

Marihuana Safety Compliance Facility

Marihuana Secure Transporter

Marihuana Microbusiness

Check here for co-located permits. How many Permits? _____

APPLICANT INFORMATION IF AN INDIVIDUAL	
Name:	
Date of Birth:	Social Security #
Physical Address Residence:	
Physical Address Business(s):	
Telephone:	Cell:
Email:	
<input type="checkbox"/>	Attach a copy of government-issued photo identification

APPLICANT INFORMATION IF NOT AN INDIVIDUAL

Check Type of Ownership and provide attachments as follows

- Corporation Articles of incorporation or organization, copy of the bylaws or shareholder agreement, assumed name registration, and Internal Revenue Service EIN confirmation letter(s)
- Limited Liability Corporation Copy of the operating agreement of the applicant, assumed name registration, and Internal Revenue Service EIN confirmation letter(s)
- Limited Partnership Copy of the partnership agreement, names and addresses of the beneficiaries, assumed name registration, and Internal Revenue Service EIN confirmation letter(s)
- Partnership Copy of the partnership agreement, names and addresses of the beneficiaries, assumed name registration, and Internal Revenue Service EIN confirmation letter(s)
- Sole Proprietorship Assumed name registration and Internal Revenue Service EIN confirmation letter(s)
- Trust Copy of Trust, assumed name registration, and Internal Revenue Service EIN confirmation letter(s)

Complete the following for each stakeholder in your organization

Name:	Position in Organization:
Date of Birth:	% Ownership:
Physical Address Residence:	
Physical Address Business(s):	
Telephone:	Cell:
Email:	

Attach a copy of government-issued photo identification

Name:	Position in Organization:
Date of Birth:	% Ownership:
Physical Address Residence:	
Physical Address Business(s):	
Telephone:	Cell:
Email:	

Attach a copy of government-issued photo identification

Name:	Position in Organization:
Date of Birth:	% Ownership:
Physical Address Residence:	
Physical Address Business(s):	
Telephone:	Cell:
Email:	

Attach a copy of government-issued photo identification

Name:	Position in Organization:
Date of Birth:	% Ownership:
Physical Address Residence:	
Physical Address Business(s):	
Telephone:	Cell:
Email:	

Attach a copy of government-issued photo identification

PROPERTY/BUSINESS INFORMATION	
Property Address:	
Zoning District:	
Tax Parcel ID:	
Proposed Business Name:	

EMERGENCY CONTACT INFORMATION	
Name:	
Physical Address Residence:	
Physical Address Business(s):	
Telephone:	Cell:
Email:	

MANAGERIAL EMPLOYEE INFORMATION (if other than the applicant or Stakeholder of applicant)	
Name:	
Date of Birth:	
Physical Address Residence:	
Physical Address Business(s):	
Telephone:	Cell:
Email:	
<input type="checkbox"/> Attach a copy of government-issued photo identification	
Name:	
Date of Birth:	
Physical Address Residence:	
Physical Address Business(s):	
Telephone:	Cell:
Email:	
<input type="checkbox"/> Attach a copy of government-issued photo identification	
Name:	
Date of Birth:	
Physical Address Residence:	
Physical Address Business(s):	
Telephone:	
Email:	
<input type="checkbox"/> Attach a copy of government-issued photo identification	

JOB CREATION Estimate		
Number of Jobs	Type of Job	Compensation for such job

GOOD NEIGHBOR PLAN	
Please Detail your Good Neighbor Plan including community outreach/education plans and strategies:	

ATTACHMENT CHECKLIST	
<i>All of the following items must be attached to the application</i>	
<input type="checkbox"/>	A photocopy of the applicant's valid and current operating license issued by the state of Michigan.
<input type="checkbox"/>	A copy of the Special Use Permit issued by the Village Planning Commission. <i>If you have not obtained a Special Use Permit for a Marihuana Business your application cannot be accepted.</i>

<input type="checkbox"/>	A Copy of the floor plan of the marihuana business, as well as a scale diagram illustrating the property upon which the marihuana business is to be operated.
<input type="checkbox"/>	Proof of ownership of the entire premises wherein the marihuana business is to be operated OR written consent from the property owner for use of the premises as outlined in the application along with a copy of the lease for the premises.
<input type="checkbox"/>	Photo ID – Applicant(s) and Managerial Employees
<input type="checkbox"/>	Proof of Insurance. A Permittee shall at all times maintain full force and effect for duration of the Permit, worker's compensation insurance as required by state law, and general liability insurance with minimum limits of \$1,000,000 per occurrence and a \$2,000,000 aggregate limit issued from a company licensed to do business in Michigan. A licensee shall provide evidence to the Village Clerk of the ability to obtain a certificate of insurance for a valid and effective policy which discloses the limits of each policy, the name of the proposed insurer, the effective date and expiration date of each policy, the policy number, and the names of the additional insureds.
<input type="checkbox"/>	A business plan which contains at a minimum: <ul style="list-style-type: none"> • The applicant's experience in operating other similarly permitted or licensed businesses and the applicant's general business management experience; • The proposed ownership structure of the establishment, including percentage ownership of each person or entity; • A current organizational chart that includes position descriptions and the names of each person holding each position; • Planned tangible capital investment in the Village, including if multiple permits 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 permits, with supporting factual data; • Expected job creation from the proposed Marihuana Business(s); • Financial structure and financing of the proposed Marihuana Business(s); and • If a Recreational Grower Establishment is proposed, the number of plants anticipated.
<input type="checkbox"/>	A description of the security plan for the marihuana business, including, but not limited to, any lighting, alarms, barriers, recording/monitoring devices, and/or security guard arrangements proposed for the facility and premises. The security plan must contain the specification and details of each piece of security equipment. Each marihuana business must have a security guard present during business hours or alternative security procedures shall be proposed in the business plan.
<input type="checkbox"/>	A crisis response plan.
<input type="checkbox"/>	A list of any chemicals that are or will be stored on the premises.
<input type="checkbox"/>	A written description of the training and education that the Applicant will provide to all employees, including planned continuing education for existing employees. Further, a written description of the method(s) for record retention of all training provided to existing and former employees.
<input type="checkbox"/>	A location area map of the marihuana business and surrounding area that identifies the relative locations and the distances (closest property line to the subject marihuana business's building) to the closest real property comprising a public or private elementary, vocational or secondary school; and church or religious institution, if recognized as a tax-exempt entity by the Village Assessor's Office.
<input type="checkbox"/>	A 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. Disposal by on-site burning or introduction into the sewerage system is prohibited.
<input type="checkbox"/>	A description of procedures for testing of contaminants, including mold and pesticides.

AFFIRMATIONS AND ACKNOWLEDGEMENTS CHECKLIST <i>All of the following items must be attached to the application (See Sample Documents)</i>	
<input type="checkbox"/>	A signed release authorizing the Village Manager or his/her designee to perform a criminal background check to ascertain whether the applicant, each Stakeholder of the applicant, and each employee of the applicant meet the criteria set forth in this chapter, the cost of which will be charged to the applicant. Alternatively, the applicant may satisfy this requirement by providing to the Village a criminal background check conducted by the Michigan State Police or other law enforcement agency.
<input type="checkbox"/>	A signed acknowledgment that the applicant is aware and understands that all matters related to marihuana growing, cultivation, possession, testing, safety compliance and transporting, are currently subject to state and federal laws, rules and regulations, and that the approval or granting of a permit hereunder does not exonerate or exculpate the applicant from abiding by the provisions and requirements and penalties associated with those laws, rules, and regulations, or exposure to any penalties associated therewith; and further, the applicant waives and forever releases any claim, demand, action, legal redress, or recourse against the Village, its elected and appointed officials, and its employees and agents for any claims, damages, liabilities, causes of action, damages, or attorney fees that the applicant may incur as a result of the violation by the applicant, its Stakeholders and agents of those laws, rules, and regulations. Affidavit A
<input type="checkbox"/>	Affirmation that each and every person is at least 18 years of age and has not been convicted of or pled guilty or no contest to a felony or controlled-substance-related misdemeanor for each Stakeholder and employee of the applicant. <i>Before hiring a prospective agent or employee of the applicant, the holder of a license to operate shall conduct a background check of the prospective employee or agent. If the background check indicates a pending charge or conviction within the past ten (10) years for a controlled substance-related felony, the applicant shall not hire the prospective employee or agent without written permission from the Village Manager.</i> Affidavit B
<input type="checkbox"/>	An affirmation under oath as to whether the applicant or Stakeholder of applicant has ever applied for or been granted 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, and a statement describing the facts and circumstances concerning the application, denial, restriction, suspension, revocation, or nonrenewal, including the licensing authority, the date each action was taken, and the reason for each action. Affidavit C
<input type="checkbox"/>	An affidavit that neither the applicant nor any Stakeholder of the applicant is in default to the Village. Specifically, that neither the applicant nor Stakeholder of the applicant has failed to pay any property taxes, special assessments, fines, fee, or other financial obligations to the Village. Affidavit D
<input type="checkbox"/>	An affidavit that the transfer of marihuana to and from the Marihuana Business shall be in compliance with the MMA, the MMFLA, the MRTMA, the LARA Rules and all other applicable Michigan law. Affidavit E
<input type="checkbox"/>	An acknowledgment that all cultivation must be performed within an enclosed, locked facility and there shall be no illumination from the operation outside of the facility. Affidavit F
<input type="checkbox"/>	An affidavit that all operations will be conducted in conformance with the MMMA, the MMFLA, MTA, the MRTMA, the LARA Rules and/or other applicable Michigan laws and regulations; Affidavit G

The applicant is responsible for providing written notification to the Village of any change in the information contained in this application or its attachments as soon as the applicant becomes aware of the change.

The Village reserves the right to request additional information and/or supporting documentation related to this application. The undersigned hereby attest that to the best of his or her knowledge the information presented

herein, including the attachments is true and correct.

By signing the application the applicant states that they are aware and understand that all matters related to marihuana growing, cultivation, possession, testing, safety compliance and transporting, are currently subject to state and federal laws, rules and regulations, and that the approval or granting of a permit hereunder does not exonerate or exculpate the applicant from abiding by the provisions and requirements and penalties associated with those laws, rules, and regulations, or exposure to any penalties associated therewith; and further, the applicant waives and forever releases any claim, demand, action, legal redress, or recourse against the Village, its elected and appointed officials, and its employees and agents for any claims, damages, liabilities, causes of action, damages, or attorney fees that the applicant may incur as a result of the violation by the applicant, its Stakeholders and agents of those laws, rules, and regulations.

Date

Signature of Authorized Representative
Name/Title:

FOR STAFF USE ONLY

Date Received by Clerk _____

Total Payment of all Licenses \$ _____

Receipt #: _____

Routing:

Manager _____

**Marihuana Business Permit
Criminal Background Check
Signed Release**

I, _____ hereby authorize the Village of Middleville to perform a criminal background check to ascertain whether the applicant, each Stakeholder of the applicant, and each employee of the applicant meet the criteria set forth in Chapter 18, Article IV of the Village Code of Ordinances and assume responsibility for the cost of the criminal background check.

Alternatively, I may satisfy this requirement by providing to the Village a criminal background check conducted by the Michigan State Police or other law enforcement agency.

I acknowledge this release is firm and final and I sign this document to signify my agreement.

Name (Print): _____

Signature: _____

Date: _____

Affidavit A

Marihuana Business Permit is subject to State and Federal Laws

I, _____ do acknowledge that I am aware and understand that all matters related to marihuana growing, cultivation, possession, testing, safety compliance and transporting, are currently subject to state and federal laws, rules and regulations, and that the approval or granting of a permit hereunder does not exonerate or exculpate the applicant from abiding by the provisions and requirements and penalties associated with those laws, rules, and regulations, or exposure to any penalties associated therewith; and further, the applicant waives and forever releases any claim, demand, action, legal redress, or recourse against the Village its elected and appointed officials, and its employees and agents for any claims, damages, liabilities, causes of action, damages, or attorney fees that the applicant may incur as a result of the violation by the applicant, its Stakeholders and agents of those laws, rules, and regulations.

Witness my hand under the penalties of perjury _____, 20__.

Signature: _____

Name (Print): _____

STATE OF MICHIGAN)
) SS.
COUNTY OF BARRY)

On _____, 20__, before me, a Notary Public in and for said County, personally appeared _____, to me known to be the same person described in and who executed the within instrument, who acknowledged the same to be his free act and deed.

Notary's
Stamp _____
(Notary's name, county, acting in County,
and Date Commission expires)

Notary's Signature

Affidavit B

Marihuana Business Employee Status

I, _____ do hereby affirm that each and every person is at least 18 years of age and has not been convicted of or pled guilty or no contest to a felony or controlled-substance-related misdemeanor for each Stakeholder and employee of the applicant. And before hiring a prospective agent or employee that we shall conduct a background check of the prospective employee or agent. If the background check indicates a pending charge or conviction within the past ten (10) years for a controlled substance-related felony, I shall not hire the prospective employee or agent without written permission from the Village Manager;

Witness my hand under the penalties of perjury _____, 20__.

Signature: _____

Name (Print): _____

STATE OF MICHIGAN)
) SS.
COUNTY OF BARRY)

On _____, 20__, before me, a Notary Public in and for said County, personally appeared _____, to me known to be the same person described in and who executed the within instrument, who acknowledged the same to be his free act and deed.

Notary's
Stamp _____
(Notary's name, county, acting in County,
and Date Commission expires)

Notary's Signature

Affidavit C

Marihuana Business Other Licensing

I, _____ do hereby depose and say under oath that as the applicant or Stakeholder to the Village of Middleville for a Marihuana Business Permit, I (have / have not) applied for or been granted any 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.

If I answered in the affirmative, I will provide a statement describing the facts and circumstances concerning the application, denial, restriction, suspension, revocation, or nonrenewal, including the licensing authority, the date each action was taken, and the reason for each action.

Witness my hand under the penalties of perjury _____, 20__.

Signature: _____

Name (Print): _____

STATE OF MICHIGAN)
) SS.
COUNTY OF BARRY)

On _____, 20__, before me, a Notary Public in and for said County, personally appeared _____, to me known to be the same person described in and who executed the within instrument, who acknowledged the same to be his free act and deed.

Notary's
Stamp _____
(Notary's name, county, acting in County,
and Date Commission expires)

Notary's Signature

Affidavit D

Marihuana Businesses Financial Obligations to the Village of Middleville

I, _____ do hereby depose and say under oath that neither the applicant nor any Stakeholder of the applicant is in default to the Village of Middleville. Specifically, that the applicant or Stakeholder of the applicant has not failed to pay any property taxes, special assessments, fines, fee, or other financial obligations to the Village.

Witness my hand under the penalties of perjury _____, 20__.

Signature: _____

Name (Print): _____

STATE OF MICHIGAN)
) SS.
COUNTY OF BARRY)

On _____, 20__, before me, a Notary Public in and for said County, personally appeared _____, to me known to be the same person described in and who executed the within instrument, who acknowledged the same to be his free act and deed.

Notary's
Stamp _____
(Notary's name, county, acting in County,
and Date Commission expires)

Notary's Signature

Affidavit E

Transportation of Marihuana

I, _____ do hereby depose and say under oath that the transfer of marihuana to and from my Marihuana Business shall be in compliance with the MMA, MMFLA, MRTMA and all other applicable Michigan laws and LARA Rules.

Witness my hand under the penalties of perjury _____, 20__.

Signature: _____

Name (Print): _____

STATE OF MICHIGAN)
) SS.
COUNTY OF BARRY)

On _____, 20__, before me, a Notary Public in and for said County, personally appeared _____, to me known to be the same person described in and who executed the within instrument, who acknowledged the same to be his free act and deed.

Notary's
Stamp _____
(Notary's name, county, acting in County,
and Date Commission expires)

Notary's Signature

Affidavit F

Marihuana Businesses Cultivation will be performed within an Enclosed, locked facility

I, _____ do hereby depose and say under oath that all cultivation in connection with my Marihuana Business will be performed within an enclosed, locked facility and there shall be no illumination from the operation outside of the facility

Witness my hand under the penalties of perjury _____, 20__.

Signature: _____

Name (Print): _____

STATE OF MICHIGAN)
) SS.
COUNTY OF BARRY)

On _____, 20__, before me, a Notary Public in and for said County, personally appeared _____, to me known to be the same person described in and who executed the within instrument, who acknowledged the same to be his free act and deed.

Notary's
Stamp _____
(Notary's name, county, acting in County,
and Date Commission expires)

Notary's Signature

Affidavit G

Marihuana Business Conformance

I, _____ do hereby depose and say under oath that that all operations at my Marihuana Business will be conducted in conformance with the MMMA, the MMFLA, MTA, the MRTMA and/or other applicable Michigan laws and LARA Rules;

Witness my hand under the penalties of perjury _____, 20__.

Signature: _____

Name (Print): _____

STATE OF MICHIGAN)
) SS.
COUNTY OF BARRY)

On _____, 20__, before me, a Notary Public in and for said County, personally appeared _____, to me known to be the same person described in and who executed the within instrument, who acknowledged the same to be his free act and deed.

Notary's
Stamp _____
(Notary's name, county, acting in County,
and Date Commission expires)

Notary's Signature