CITY OF GREENVILLE

MARIHUANA BUSINESS LICENSE RENEWAL APPLICATION

Pursuant to Article V of Chapter 10 of the Greenville City Code

BUSINESS INFORMATION [For the entity that is licensed by the state and holds a City permit]

Official Business Name: _____

Full Business Address: _____

Business Phone _____

Business E-mail: _____

Business Website: _____

TYPE OF PERMIT BEING RENEWED

MEDICAL:

- ☐ Grower Class A (500 plants)
- ☐ Grower Class B (1,000 plants)
- ☐ Grower Class C (1,500 plants) No. of Class C Permits:___
- ☐ Processor
- ☐ Safety Compliance
- ☐ Provisioning Center
- ☐ Secure Transporter

ADULT USE:

- ☐ Grower Class A (100 plants)
- ☐ Grower Class B (500 plants)
- ☐ Grower Class C (2,000 plants) No. of Class C Permits: ___
- ☐ Processor
- ☐ Safety Compliance
- ☐ Secure Transporter
- ☐ Retailer

FACILITY INFORMATION

Property Address: _____

Real Property Parcel Number: _____

Advertised Facility Name: _____

Manager - Full Name: _____

CONTACT INFORMATION [For the primary point(s) of contact for this application]

Contact #1	**Contact #2**
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Email: _____	Email: _____

AFFIDAVIT

- ☐ I hereby confirm that there have been no changes to the information contained in the existing municipal license as it pertains to the facility, site plan, and condition of approval. To the best of my knowledge, all information contained in the existing municipal license is currently true and accurate.
- ☐ The permitted facility is not in default to the City for any property tax, special assessment, utility charges, fines, fees or other financial obligation owed to the City.
- ☐ I consent to an inspection of the permitted premises as required by ordinance to ensure the premises and its systems are in compliance with the requirements of Article V of Chapter 10 of the Greenville City Code.
- ☐ I understand that renewal of a City Operating Permit is contingent on the renewal of the State Operating License for this facility.

I hereby certify under the penalty of perjury that the statements made in this application, including all attachments thereto, are true. I further certify that I am an officer, director, or managerial employee of the applicant or a person who holds a direct or indirect ownership interest in the applicant.

Applicant Signature:_____ Date: _____

Printed Name:_____ Position: _____

Please submit the completed form and required Municipal License Renewal Fee to:

Greenville City Clerk
411 South Lafayette Street
Greenville, Michigan 48838

Fee Paid ($5000, Required for complete application) ☐ **Paid on** _____

DATE/TIME STAMP RECEIVED HERE

Public Safety Inspection ☐ **Approved** ☐ **Disapproved**

Notes: _____

_____

_____

_____

Report Number: _____

_____ _____

Public Safety Director or designee **Date**

City Manager (upon completion of other requirements) ☐ **Approved** ☐ **Disapproved**

Notes: _____

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_____ _____

City Manager or designee **Date**