Adult-Use Marihuana Establishment License Renewal Application

130 N. Nottawa Street
Sturgis, MI 49091

Date Received: Time:	Date Fees Paid:_____ Collected By: _____ ☐ Cash ☐ Check # _____
City License #	**Type of License**
State License #	

Applicant Information (Manager or Owner of Establishment)

Applicant Name	Applicant Email		
Company Name	Applicant Phone Number		
Address	City	State	Zip Code

Application Contact

Please provide a contact person who is authorized to discuss and answer questions regarding this application. You must include their contact information. This is the email and mailing address we will use for correspondence regarding your application including, but not limited to, confirmation of this application, requests for further information, missing information, denials and approvals.

Authorized Application Representative	Representative Phone Number	Representative Email Address
Physical Address (Street No. and Name)		
City	State	Zip Code
Mailing Address (Street No. and Name or P.O. Box)		
City	State	Zip Code

Affidavit. Pursuant to City Code of Ordinance Section 38.93 (e) (4) (ii) 2) , the License Holder may submit an Affidavit of No Changes in place of the information when submitting this application. If any of the items requested in the Application process has changed, such items must be submitted with this application. You can find detailed information on the "Application for New Adult-Use Marihuana Establishment License." If changes have not been made, the affidavit can be found on the last page of this application (Page 3).

***Important. It is the License Holders responsibility to provide any changes to application documents within 10 days of when the change occurs.**

Insurance. Provide proof of insurance in the form of a certificate of insurance evidencing the existence of a valid and effective policy and names the City of Sturgis and its officials and employees as additional insureds.

State License. Provide copy of current state license for establishment.

Existing Licenses

If you are currently licensed by any governmental agency to engage in any business, list each such License held, the city in which it is held and expiration date thereof. Attach additional sheets as necessary.

License held	City license held in	Expiration Date
License held	City license held in	Expiration Date
License held	City license held in	Expiration Date
License held	City license held in	Expiration Date
License held	City license held in	Expiration Date

☐ Yes ☐ No Have you previously operated in the City of Sturgis or any other County, City, or State under a Adult-Use Marijuana/Medical Marihuana license?

☐ Yes ☐ No Have any of the previously issued licenses or permits mentioned above been revoked or suspended?

If YES, provide an explanation for revocation/suspension.

_____

_____

_____

Affidavit of No Change/Changes

For any information required as part of the application process that has not changed, the permit holder may submit an affidavit of no changes in place of the information when submitting a renewal application. If any of the items requested in the application process has changed, such items must be submitted as part of this form.

_____ dba _____
(Name of LLC. or Inc.) (Business Name)

I, _____, affirm the following regarding the _____
(Applicant Name) (Date of Application)

_____ application for _____,
(Type of Application) (Name of Business)

_____, Sturgis, MI 49091.
(Business Address)

There have been no changes from the original application submittals, except the following items which have either expired or need updated from the original application submittals (driver's license, certificate or good standing, insurance certificate, state license(s), sales tax license, lists of licensed facilities, or other documents):

- _____
- _____
- _____
- _____

This affidavit is being provided pursuant to the City of Sturgis Medical Marihuana Ordinance section 38.92 (e) (4) (ii) (2) and/or the City of Sturgis Adult-Use Marihuana Ordinance section 38.93 (e) (5) (ii) (2).

_____ _____
(Signature of Applicant) (Title)

_____ _____
(Printed Name of Applicant) (Date Signed)

Subscribed and sworn by _____ before me on _____ day of _____.
(Date) (Month/Year)

_____ _____
NOTARY PUBLIC (County Name) (State) (Commission Expiration Date)

1. Renewal Application must be submitted prior to the expiration of the Annual Permit:
   - Not less than ninety (90) days, if maintaining the Permitted Premises.
   - Not less than one hundred twenty (120) days, if requesting a change of location of the Permitted Premises.
2. Renewal Application Information:
   - If information has not changed, an Affidavit of No Changes may be submitted in place of the information.
   - If any of the items has changed, such items must be submitted as required.
2. A Permit Holder must provide proof of having submitted a License renewal application no later than thirty (30) days after expiration of their State License. Once a renewed State License has been granted, a copy must be provided.
3. A renewal Permit takes effect on the date of expiration of the original Permit issued and the Permit Holder has one year from that date until renewal is again required.
4. The Permit Slot will be issued to the next Application in line if:
   - A Permit Holder whose Permit expires and for which a complete Renewal Application has not been received by the expiration date.
   - A Permit Holder issued a renewal Permit by the City is either denied a renewal license by the State or that does not meet all the stipulations within six (6) months of the renewal permit being issued.

NOTE: By submitting an application you:
1. Agree as a condition of being issued a medical marihuana facilities permit to not violate any of the laws of the State of Michigan or the ordinances of the City of Sturgis in conducting the business in which the permit will be used, and acknowledge that a violation of state law or local ordinance on the premises may be cause for objecting to renewal of the permit, or for requesting revocation of the permit.
2. Acknowledge that you understand that the issuance of a medical marihuana permit by the City of Sturgis is not intended to grant, nor shall be construed as granting immunity from criminal prosecution for growing, sale, consumption, use, distribution, or possession of marihuana in any form or manner that is not in compliance with the Michigan Medical Marihuana Act, MCL 333.26421 et seq., the Medical Marihuana Facilities Licensing Act, MCL 333.27101 et seq., the Marihuana Tracking Act, MCL 333.27901 et seq., Michigan Regulation and Taxation of Marihuana Act, MCL 333.27951 et seq. (MRTMA) and all other applicable rules promulgated by the State of Michigan, or from criminal prosecution or the seizure of property by federal authorities under the Federal Control Substances Act.
3. Acknowledge that you are aware and understand that no marihuana facilities permit may be transferred, sold, or purchased without making application to and obtaining approval of the City of Sturgis.
4. Acknowledge that you understand that you have a continuing duty to provide the City of Sturgis at all times during the application period and during its operation to immediately provide the City with all material changes in any information submitted on an application and any other changes that may materially affect any State license or its City permit.
5. Agree to completely release and forever discharge the City of Sturgis and its respective employees, agents, facilities, insurers, indemnors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of actions, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether bases on a tort, contract or other theory of recovery, which you may now have, or which may hereafter accrue or otherwise by acquired, on account of, or may in any way arise out of your application for a marihuana facility permit and, if issued a permit, your operation of a marihuana facility.
6. Acknowledge that you understand that the City of Sturgis, its agents, officers and employees cannot provide any legal advice to you regarding your application or interpretation of any City ordinance. Further, the City of Sturgis, its officers, agents and employees are under no obligation to provide information to you with regard to other potential or pending applications and can provide no assurance or guarantee that any particular property within the City will comply with any particular zoning or other ordinance requirements in advance of reviewing all applications.

I have read, understand, acknowledge and agree to the preceding statements: □ YES □ NO

Oath of Applicant

I declare under penalty of perjury, as set forth in MCL 750.423, that this application and all attachments are true, correct and complete to the best of my knowledge. I acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Michigan Marihuana Facilities Licensing Act, Public Act 281 of 2016 and the City of Sturgis Ordinances which govern my license.

Signature	Date
Printed Name	Title