177 E. Main Street
PO Box 429
Marcellus, Michigan
49067

APPLICATION FOR A VILLAGE OF MARCELLUS MARIHUANA OPERATING LICENSE
(Use BLUE ink ONLY)

The Village of Marcellus will not provide substantive advice, legal or otherwise, on any of its ordinances or items required for this application or any other application requested therein. Refer to Ordinance No. 241 and Ordinance No. 251 for regulations and required application materials.

- **Annual fees to apply shall be paid to the Village Treasurer and made payable to the Village of Marcellus:**
- **Non-refundable application fee of $5,000.00 per license, and annually for each renewal application.**
- **Attach copies of all documents submitted to LARA for application and prequalification documents.**
- **Application materials are required to be submitted to the Village Clerk within 60 days of remitting the non-refundable fee per license, or the request for further information. Incomplete and untimely applications shall be denied. (The Clerk may extend the 60-day requirement, with good cause.)** *Initial:* _____

Proposed Entity Information

☐ Individual ☐ Partnership ☐ Corporation
☐ Limited Liability Company ☐ Trust ☐ Sole proprietorship

Entity Name (as it appears on official entity documents):	D/B/A (as used in conducting business of the entity):
Entity physical location:	FEIN/SSN: D.O.B. (individuals only)
Entity mailing address:	Entity telephone:

Contact Person for application (print): _____
Cell phone number: _____ Email: _____
List of ALL marihuana licenses held (in all jurisdictions) and all other license applications submitted (in all other jurisdictions). Use separate sheet, if necessary.

_____
_____

Proposed Location Information

Address of proposed location: _____
Location map (can be Google maps printout and attached to application that includes distance measurement showing sufficient buffer from schools.
Tax ID for proposed property for facility establishment: _____
Zoning Classification:_____Total square footage of building: _____
Current owner if not owned by Applicant: _____
(a) If not owned, then copy of lease/land contract
(b) Signed consent from property owner
Total square footage to be used for the marihuana operation(s): _____
The applicant is proposing to: Renovate a vacant building ☐Renovate an occupied building ☐New construction ☐Use as is

Person Completing Application

Full name:	Affiliation with applicant:
Mailing address:	Entity Name:
Attorney license number, if applicable:	Telephone / fax:
CPA license number, if applicable:	Email address:

What License Type is Applicant Applying for?

(M = Medical Marihuana Establishment / R = Recreational Marihuana Establishment)

# of M	# of R	License Type	Application Fee Per License	Annual Fee Per License	Description of License
		Grower, Class A	$5,000.00	$5,000.00	Grower license for 500 medical plants or 100 recreational plants.
		Grower, Class B	$5,000.00	$5,000.00	Grower license for 1,000 medical plants or 500 recreational plants.
		Grower, Class C	$5,000.00	$5,000.00	Grower license for 1,500 medical plants or 2,000 recreational plants.
		Processor	$5,000.00	$5,000.00	License to extract oils from the plant to transfer to a retail, grower or another processor.
		Provisioning Center/ Retail Establishment	$5,000.00	$5,000.00	License to sell marihuana to a qualified patient and/or a person 21 years of age or older.
		Safety Compliance Facility	$5,000.00	$5,000.00	Testing for purity and contaminants of marihuana from a grower, processor, or a registered caregiver.
		Secured Transporter	$5,000.00	$5,000.00	License to store and transport marihuana and associated money between establishments.
		Microbusiness	$5,000.00	$5,000.00	License to grow up to 150 plants, process, and retail marihuana to a qualified patient or a person of 21 years of age or older.

Owner(s)/Applicant(s) Information

All owner(s)/applicant(s) must provide a copy of the front and back of their state issued driver's license or state identification.

List all parties having ownership of the entity. Include any and all alias(es) used in the most recent five years. Provide complete information for each applicant/owner as requested below.

Owner #1	Full Legal Name: Alias:		Email:	
	Address:	Cellphone:	Title:	Percentage:
Owner #2	Full Legal Name: Alias:		Email:	
	Address:	Cellphone:	Title:	Percentage:
Owner #3	Full Legal Name: Alias:		Email:	
	Address:	Cellphone:	Title:	Percentage:
Owner #4	Full Legal Name: Alias:		Email:	
	Address:	Cellphone:	Title:	Percentage:
Owner #5	Full Legal Name: Alias:		Email:	
	Address:	Cellphone:	Title:	Percentage:

Previous Business Experience

The Village Council encourages all applicants to provide its/his/her business occupation or employment for the most recent three (3) years immediately preceding the date of this application.

Name:	Address:	
Position held:	To:	From:
Name:	Address:	
Position held:	To:	From:
Name:	Address:	
Position held:	To:	From:
Name:	Address:	
Position held:	To:	From:
Name:	Address:	
Position held:	To:	From:

_____ _____

Applicant Signature Date

_____

Applicant Printed Name

Subscribed and sworn to by_____before me on _____

(Applicant name) (date)

_____ _____

Notary Public Signature Notary Public Printed Name

State of_____, County of_____, Acting in the County of _____

My Commission Expires:_____

VILLAGE OF MARCELLUS

ATTACHMENT 1 – ATTESTATION A
VILLAGE OF MARCELLUS APPLICATION FOR A MARIHUANA OPERATING LICENSE

COVENANT NOT TO SUE
(Use BLUE ink ONLY)

I,_____, (applicant) being first duly sworn upon oath or affirmation and does hereby acknowledge and agree that:

I understand that granting of a Village of Marcellus operating license to operate a marihuana establishment is a privilege and not a right and does not confer upon the applicant any business expectation or any other possible cause of action if I am denied a Village operating license by the Village of Marcellus. I understand and agree that the Village of Marcellus will be reviewing and granting Village operating license(s) to applicant(s) based on a competitive process and I understand and agree that by choosing to submit an application to the Village of Marcellus for a Village operating license to operate a marihuana establishment that it is done so at my own cost, risk, and peril and that the Village of Marcellus shall have no liability whatsoever if I am not granted a Village operating license for any reason.

I understand that due to the limited number of permits available and that the overall number of the applications to be submitted to the Village of Marcellus is unknown, I_____, the applicant, do here by acknowledge and agree to the probability of being denied a permit by the Village of Marcellus. I, the applicant, also acknowledge and agree to the assumption that all applications received by the Village of Marcellus have met the requirements of the ordinance and application and that the selection process for a permit is at the sole discretion of the Village of Marcellus regardless of an application meeting all of the requirements of the ordinance and application.

The applicant, myself, and any subsidiaries, affiliates, officers, directors, shareholders, managers, members, successors, and assigns forever covenant and agree not to sue or bring any action in law, or in equity, including, but not limited to, an action in any court, forum, tribunal or arbitration proceeding whether by original process or demand, counterclaim, cross-claim, third-party process, impleader, claim for indemnity or contribution or otherwise against the Village of Marcellus, its respective employees, agents, attorneys, facilities, insurers, indemnitors, successors, heirs and/or assigns, arising from, referring to, relating to, or in connection with this application or the Village of Marcellus Municipal Code regarding marihuana facilities.

_____ _____
Applicant Signature Date

_____
Applicant Printed Name

Subscribed and sworn to by_____before me on _____
(Applicant name) (date)

_____ _____
Notary Public Signature Notary Public Printed Name

State of _____, County of _____, Acting in the County of _____

My Commission Expires:_____

VILLAGE OF MARCELLUS

ATTACHMENT 2 – ATTESTATION B

APPLICATION FOR A MARIHUANA OPERATING LICENSE
APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION
(Use BLUE ink ONLY)

To all courts, probation departments, selective service boards, employers, educational institutions, banks, financial, and other such institutions, governmental agencies federal, state, and local, without exception, both foreign and domestic:

On behalf of: _____ _____

(Name of Entity) (Name & Title of Person Authorized to Execute This Release)

I authorize the Village of Marcellus (Village) and its agents to conduct a full investigation into the background and activities of the applicant for purposes of determining the applicant's eligibility for a marihuana village operating license.

I understand that by signing this authorization a financial record check may be performed. I authorize any financial institution to surrender to the Village of Marcellus a complete and accurate record of such transactions that may have occurred with that institution including, but not limited to, internal banking memoranda, past and present loan applications, financial statements, and any other documents relating to my personal or entity financial records in whatever form and wherever located. I authorize my employers to release any employment information required to validate my financial history. I understand that the financial record check will include a credit history examination and that my credit report, credit history, and credit capacity information will be obtained.

I understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize my representative state taxing agency to surrender to the Village of Marcellus a complete and accurate record of any and all tax information or records relating to me for the purposes of this application. I authorize the Village of Marcellus to obtain, receive, review, copy, discuss, and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "exempt from disclosure under the freedom of information act ", "confidential", or "nonpublic" under the provisions of federal, state, or local laws.

I understand that by signing this authorization, a criminal history check may be performed. I authorize the Village of Marcellus to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located for purposes of completing this application. I understand that the criminal history record files may contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges thatresulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and the sentence was discharged pursuant to law. I authorize the release of this type of information even though this record may be designated as "exempt from disclosure under the freedom of information act ", "confidential", or "nonpublic" under the provisions of federal, state, or locallaws.

Therefore, you are hereby authorized to release any and all information pertaining to this applicant, documentary or otherwise, as requested by any employee or agent of the Village of Marcellus, provided that he or she certifies to you that said entity has an application pending before the Village of Marcellus or that said entity is a licensee or other person required to be qualified under the provisions of the Michigan Medical Marihuana Act, MCL 333.26421 et seq., the Michigan Marihuana Facilities Licensing Act, MCL 333.27401 et seq., the Michigan Regulation and Taxation of Marihuana Act, MCL 333.27951 et seq., and Village of Marcellus Ordinance.

This authorization shall supersede and revoke any prior request or authorization to the contrary and shall be in effect during thependency of this application. A photocopy of this authorization will be considered as effective and valid as the original. A facsimile copy shall be considered as effective and valid as the original.

_____ _____

Applicant Signature Date

_____

Applicant Printed Name

Subscribed and sworn to by_____ before me on _____

(applicant name) (date)

_____ _____

Notary Public Signature Notary Public Printed Name

State of_____, County of_____, Acting in the County of _____

My Commission Expires:_____

VILLAGE OF MARCELLUS
ATTACHMENT 3 – ATTESTATION C
APPLICATION FOR MARIHUANA OPERATING LICENSE

APPLICANT'S VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE
(Use BLUE ink ONLY)

1. I am the individual responsible for submitting this application and have full authority to execute this affidavit of full disclosure.

2. I authorize_____to be the contact person to the Village of Marcellus for the purposes of this licensure application.

3. I swear (or affirm) that the information contained in this application packet is true, complete, and accurate to the best of my knowledge and belief.

4. Except as reported in this application packet, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee, or otherwise any interest in this application.

5. Except as reported in this application packet, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as including, but without limitation, a finder's fee or commission to any person or entity related to the interest of this application.

6. Have you or your business been investigated or sanctioned by the MRA or the CRA? Yes____ No____

7. I understand that failure to provide true, complete, and accurate answers and information in this application packet will result in a denial of the application and no refunds of any sums paid to the Village of Marcellus as a result of this application packet will be refunded.

8. I understand that failure to fully complete the application packet, or if applicant makes any changes to the application packet documents, will result in a denial of the application and no refunds of any sums paid to the Village of Marcellus as a result of this application packet will be refunded.

_____ _____
Applicant Signature Date

_____
Applicant Printed Name

Subscribed and sworn to by _____ before me on _____
(applicant name) (date)

_____ _____
Notary Public Signature Notary Public Printed Name

State of_____, County of_____, Acting in the County of _____

My Commission Expires:_____

VILLAGE OF MARCELLUS

ATTACHMENT 4 – ATTESTATION D
APPLICATION FOR A VILLAGE OF MARCELLUS MARIHUANA OPERATING LICENSE

ACKNOWLEDGMENT OF FEDERAL LAW AND RELEASE OF LIABILITY
(Use BLUE ink ONLY)

I,_____, (applicant) being first duly sworn upon oath or affirmation and does hereby acknowledge and agree that:

The Federal Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. § 801 et seq. regulates marihuana as a Schedule I controlled substance for which there is "no currently accepted medical use in treatment in the United States." 21 U.S.C. § 812(b)(1)(B). Although the State of Michigan has recognized and authorized the licensing of marihuana establishments and use of marihuana for certain persons pursuant to the Michigan Medical Marihuana Facilities Licensing Act, MCL 333.26421 et seq., and the Michigan Regulation and Taxation of Marihuana Act, MCL 333.27951 et seq. Further, the state has provided for a statewide monitoring system pursuant to the Marihuana Tracking Act, MCL 333.27901 et seq., these state authorized activities remain prohibited by federal law.

I understand that a Michigan or Village of Marcellus operating license does not insulate or shield me or my business from federal seizure and/or forfeiture as allowed by federal law and does not insulate me from federal criminal arrest and/or prosecution.

I understand that choosing to file an application for a marihuana Village of Marcellus operating license and, if issued, choosing to establish and operate a marihuana establishment pursuant to that license, is done so at my own risk.

By my signature and attestation to this form, I hereby completely release and forever discharge the Village of Marcellus, and its respective employees, agents, attorneys, facilities, insurers, indemnitors, successors, heirs and/or assigns from any and all past, present, or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract, or other theory of recovery which I may now have, or which may hereafter accrue or otherwise be acquired, on account of or any way arise out of my application for a marihuana city operating license and, if issued, a Village of Marcellus operating license, my operation of a marihuana establishment.

_____ _____
Applicant Signature Date

_____
Applicant Printed Name

Subscribed and sworn to by_____ before me on _____
(applicant name) (date)

_____ _____
Notary Public Signature Notary Public Printed Name

State of_____, County of_____, Acting in the County of _____

My Commission Expires:_____