VILLAGE OF EDWARDSBURG

26296 Main Street
PO Box 596
Edwardsburg, Michigan 49112
269-663-8484

APPLICATION FOR A VILLAGE OF EDWARDSBURG MARIJUANA OPERATING LICENSE

The Village of Edwardsburg 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.

Annual fees to apply shall be paid to the Village Clerk and made payable to the Village of Edwardsburg:

- **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.**

Person Completing Application

Applicant Full name:	Date of Birth:
Co-Applicant Name:	Date of Birth:
Business Name:	Telephone / fax:
Business Address:	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.

Proposed Location Information

Address:	Tax ID Number:
Current Owner(s)*:	Total Acreage:

*If the Applicant is not the current owner of the property, attach a copy of the lease or purchase agreement.
*If the Applicant is the current owner of the property, attach a copy of the deed.

Will the facility be in an existing structure?

Will a new structure be built instead of or in addition to an existing structure?*

Expected square footage of the facility:

Anticipated number of jobs to be created:

Total amount of anticipated investment:

*Attach a copy of the proposed site plan for the facility. Please indicate if you are not in possession of a professional site plan.

Operator Information

If different from Applicant Information, list the individual(s) responsible for daily operations.

Operator Name*:	Date of Birth
Address:	Phone:

*Attach a copy of a state or federally issued photo identification for each operator
*Attach a list of all other operators if more than one (1).

Licensing Information

Is the Applicant Prequalified by the State of Michigan? *If yes, please attach documentation	0 Yes No 0
If no, has the Applicant applied for prequalification from the State of Michigan?	0 Yes No 0
Does the Applicant hold another recreational marihuana license in Michigan or any other State?	0 Yes 0 No
*If yes, please state which type of license and where located.	
Has the Applicant and/or Operator or any Owner listed above been denied an application for any type of recreational marihuana facility in any other jurisdiction?	0 Yes 0 No
*If yes, state when, where and for what reason:	
Has the Applicant and/or Operator or any Owner listed above had a recreational marihuana facility license of any kind suspended or revoked in any other jurisdiction:	0 Yes 0 No
*If yes, state when, where and for what reason:	
Has the Applicant or Operator ever been convicted of a felony or controlled substance violation(s) in a federal, state, or other court?	0 Yes 0 No
*If yes, state when, where and for what reason:	
Has the Applicant or Operator ever been charged with a municipal ordinance violation in the Village of Edwardsburg or elsewhere?	0 Yes 0 No
*If yes, state when, where and for what reason:	

*If necessary, please attach additional pages.

*Please attach a proposed business plan/ description including plans for training and education of the employees, plans for community outreach and education and if you have any charitable plans or strategies that may benefit the residents of the Village of Edwardsburg.

_____ _____

Applicant Signature Date

_____ _____

Co-Applicant Signature Date

*If other than a sole proprietorship, please attach Articles of Incorporation and a list of the names, addresses and birth dates for all owners.

*Attach a copy of a state or federally issued photo identification.