

NOTE: IF APPLICANT IS AN EXISTING ARLINGTON TOWNSHIP MARIHUANA FACILITY OR ESTABLISHMENT LICENSE HOLDER AND THERE HAS BEEN NO CHANGE IN THE APPLICANT'S ENTITY'S STRUCTURE OR OWNERSHIP, PARTNERS, STAKEHOLDERS OR MEMBERS. THEN APPLICANT MAY GO TO SECTION VI.

IV. TYPE OF ENTITY OF APPLICANT (check one):

- Individual/ Sole Proprietor DBA _____
- Partnership
- LLC
- Corporation Type? _____
- Other/Specify: _____

V. IF A CORPORATION OR LLC:

1. State Where Entity Formed: _____

Attach copies of the following as filed with the State of Michigan Department of Licensing and Regulatory Affairs:

- ARTICLES OF INCORPORATION or ARTICLES OF ORGANZATION;
- APPLICATION FOR CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN MICHIGAN (if formed in another state)
- CERTIFICATE OF CHANGE OF REGISTERED OFFICE AND/OR RESIDENT AGENT (if any); and,
- MOST RECENT ANNUAL REPORT

2. List all Owners, Partners or Corporate Officers (Stakeholders) or Members (attach additional pages if necessary):

Name: _____

Title: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Title: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Title: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Title: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Title: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Title: _____

Address: _____

Phone: _____ Email: _____

Have any of the Owners, Partners or Corporate Officers (Stakeholders) or Members identified in response to the previous section been indicted for, charged with, arrested for, or convicted of, pled guilty or nolo contendere to, forfeited bail concerning any criminal offense under the laws of any jurisdiction, either felony or controlled substance related misdemeanor, not including traffic violations, regardless of whether the offense has been reversed on appeal or otherwise. YES NO

If YES, identify the individual(s): _____

_____.

IF YES, this application will be deemed INCOMPLETE until such time as further inquiry is made by the Township, including receipt of any additional information and/or documentation requested by the Township.

VI. OATH OF APPLICATION

By signing below, Applicant(s) represent(s) that:

1. Neither the Applicant nor any stakeholder of the Applicant is in default to the Township; 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 Township.
2. If Applicant's application to the State of Michigan for a state operating license is denied, that the Township will cancel any conditional authorization and Applicant will forfeit all application fees.
3. Applicant understands that Applicant will be required to submit a separate zoning application, together with a zoning application fee, to be utilized by the Township in processing Applicant's my zoning application which is separate from the application fee paid to the Township as part of this application.

I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of applicable local, state and federal laws and regulations which govern my Permit.

Dated: _____

Applicant Signature
Title: _____

NOTICE TO APPLICANT

Upon receipt of this application and the requisite fee as set by resolution of the Township, you will be contacted by Township officials as to the next steps in the application process. This will include requests for additional information and authorizations for required background checks.

<u>For Township Use Only</u>		
Date Received: _____	By Whom: _____	How Received: _____
Amount Received: _____	Form of Payment: _____	
Copies (emailed, mailed or hand delivered) to:		
<input type="checkbox"/>	Clerk Date: _____	How delivered? _____
<input type="checkbox"/>	Planning Commission Chair Date: _____	How delivered? _____
<input type="checkbox"/>	Township Attorney Date: _____	How delivered? _____