

Arlington Township
Application for Renewal of Marijuana Commercial Business License(s)
and Special Use Permit

Property Address: _____

Parcel ID Number: _____

Applicant: _____

(Name)

(Address)

(City, State, Zip Code)

(Contact Phone)

Contact Email: _____

Is the applicant the owner of the parcel? _____ Yes _____ No

If the applicant is not the owner of the proposed licensed premises, the owner must sign below authorizing the use of the property for a marijuana facility or establishment.

As owner of this property, I attest to the knowledge, understanding, and approval of a marijuana facility or establishment upon my property.

Dated: _____

Signature of Owner

Printed Name

Phone or Email

I. **Type of Application:**

- Medical Marijuana Facility – Renewal Application
 - Adult Use Marijuana Establishment – Renewal Application
 - Provisioning Center
- Existing License Numbers: _____
- _____

Desired modification (if any):

- Convert medical facility license to adult use establishment license
- Other Specify: _____

II. **Type of License Sought:**

- Grower Number of plants for this application _____
- Processor
- Provisioning Center

III. **Prequalification letter by the State of Michigan, if not previously provided.**

Note: If applicant is an existing Arlington Township Marijuana 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 Organization

____ Application for Certificate of Authority to Transact Business in Michigan (if formed in another state)

____ Certificate of change or Registered Office and/or Resident Agent (if any); and

____ Most Recent Annual Report

2. List of Owners, Partners or Corporation 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 or 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:

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 license and special use permit.

Dated: _____

Applicant Signature

Title: _____

For Township Use Only		
Date Received: _____	By Whom: _____	How Received: _____
Amount Received: _____	Form of Payment _____	