

Village of Wolverine

**ADULT USE
MARIHUANA
FACILITY PERMIT
APPLICATION**

2-20-2023

APPLICATION INSTRUCTION PAGE

PLEASE PROVIDE THE FOLLOWING ITEMS AT THE TIME OF SUBMISSION OF YOUR APPLICATION:

- ✓ A completed Village of Wolverine Adult Use Marijuana Facility Permit Application
- ✓ A Five thousand dollar (\$5,000) non-refundable application fee; checks should be made payable to *the Village of Wolverine* (New Applicant or Renewal)
- ✓ Proof of prequalification by the State of Michigan for marijuana facility state license
- ✓ A comprehensive operating plan as outlined in the Villages ordinance, which includes the following elements:
 - ✓ Description of products and services to be provided
 - ✓ Depiction of any proposed text or graphic materials to be shown on the exterior of the proposed Marijuana establishment plus signage at the road.
 - ✓ Security Plan that is consistent with the requirements of the State of Michigan
 - ✓ A site plan that includes parking, lighting, and building layout
 - ✓ Approval of a Special Land Use permit from the planning commission and Village Council
- ✓ Signed and notarized agreement to provide information and authorization of release of information
- ✓ Signed and notarized authorization of criminal background check
- ✓ Signed and notarized release of liability, indemnification, and waiver
- ✓ Signed and notarized at risk notice
- ✓ Signed and notarized oath of application
- ✓ Failure to provide all relevant information to process your application could cause unforeseen delays that the village cannot be held responsible for

Village of Wolverine

5714 W Main Street
P.O. Box 247
Wolverine, MI 49799
(231) 525-6656

APPLICATION FOR ADULT USE MARIHUANA FACILITY PERMIT

Note: In addition to what is specified below, information requested in this application shall be provided for each applicant as defined by the Village of Wolverine Marihuana Facilities Ordinance.

New Renewal* Amendment
**Renewal applications must be submitted 30-90 days before expiration of existing license.*

CONTACT INFORMATION

First, Middle, Last Name	Title
--------------------------	-------

Mailing Address	City	State/Zip	Email
-----------------	------	-----------	-------

Address	Phone Number
---------	--------------

Description of individual's role in this application:

TYPE OF PERMIT REQUESTED Marihuana Retailer

LICENSE OWNER

<input type="checkbox"/> Self <input type="checkbox"/> Corporation* <input type="checkbox"/> LLC* <input type="checkbox"/> Partnership*	Federal EIN #
---	---------------

Physical Address	City	State/Zip	Email
------------------	------	-----------	-------

Address	Phone Number
---------	--------------

* Attach a list of all information for directors, officers, members, partners, or individuals, including a copy of State or Federal ID authorization.

FACILITY/PROPERTY LOCATION

Business Name

Physical Address

City

State/Zip

Email Address

Phone Number

FACILITY/PROPERTY *OWNER*, if different than LICENSE OWNER

Self Corporation* LLC* Partnership* Federal EIN# _____

Physical Address

City

State/Zip

Email Address

Phone Number

FACILITY OR BUSINESS MANAGER

First, Middle, Last Name

Title

Mailing Address

City

State/Zip

Email Address

Phone Number

Are there additional facility or business managers? Yes No
If yes, please attach contact information for all other managers.

Each person named on the application must fill out the following questions. Please duplicate this section as needed.

First, Middle, Last Name

Social Security Number

Mailing Address

City

State/Zip

Email Address

Phone Number

Description of individual's role in this application:

Please list all residential addresses over the past three (3) years (indicate time frame resided at each address).

Have you applied for a similar license to the Village of Wolverine? Yes No

Do you owe the Village of Wolverine any funds for delinquent tax or utility bills? Yes No

Have you been convicted of, pled guilty or nolo contendere to, or forfeited bail concerning any offense that would disqualify you from being licensed by the State of Michigan for the activity for which the permit is requested within the past ten (10) years?

If yes, provide detailed information here, including charges, dates, location, your plea, and the disposition of the matter:

Have you ever been convicted of, pled guilty or nolo contendere to, or forfeited bail concerning, a misdemeanor involving a controlled substance, theft, dishonesty, or fraud in any state or been found responsible for violating a local ordinance in any state involving a controlled substance, dishonesty, theft, or fraud that substantially corresponds to a misdemeanor in that state within the past five (5) years? Yes No

If yes, what is the date of the conviction(s) and law(s) under which you were convicted?

Please describe the offense of which you were convicted:

Have you ever violated, been accused by a municipality of violating, or been convicted of violating an ordinance similar to the village's ordinances regulating adult-use marihuana facilities? Yes No

If yes, please provide detailed information here:

Have you ever applied for or been granted any commercial license or certificate issued by any governmental agency concerning adult-use marihuana or marihuana that has been denied, restricted, suspended, revoked, or not renewed? Yes *No*

If yes, please attach a statement describing the facts and circumstances describing the application, denial, restriction, revocation, or nonrenewal, including the licensing authority, the date each action was taken and the reason for each action.

Have you ever held an elective office of a governmental unit of this or any state in the United States of America, or are you employed by a regulatory body of a governmental unit in this state, another state, or the federal government? Yes No

If yes, please provide relevant information, including the name of the agency, the office/ position held, and dates held.

Do you have any interest in any other marihuana facility in Michigan? Yes No

If yes, please indicate the type of facility, name, and location here.

Have you ever filed or been served with a complaint or other notice by any public body regarding the delinquency in the payment of or dispute over the filings concerning the payment of any tax required under federal, state, or local law? Yes No

If yes, please indicate the amount of any tax, the name of the taxing agency and the time periods involved.

Indicate any businesses you have owned, your occupation and employer for the five years including and immediately preceding this application: (attach additional pages if necessary)

First, Middle, Last Name or Company Name

Mailing Address

City

State/Zip

Email Address

Phone Number

OATH OF APPLICATION

Under oath, I swear or affirm that the information provided in this application is true and correct.

I agree not to violate any laws of the State of Michigan or ordinances of the Village of Wolverine in conducting the business in which the permit will be used; and I understand that a violation may be cause for non-renewal of the permit applied for or for suspension or revocation of the permit.

Further, I understand that the issuance of a permit by the Village of Wolverine 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 any law of the State of Michigan, other application rules promulgated by the State of Michigan, or from criminal prosecution or the seizure of property by federal authorities under Federal Law.

Further, I understand and agree to be bound by the indemnification provision of the Village of Wolverine legal ordinances.

I agree that acceptance of a permit from the Village of Wolverine constitutes consent by the permittee, owners, managers, and employees to permit the Village of Wolverine or designee to conduct inspections of the facility to ensure compliance with the *Village of Wolverine Marihuana Facilities Ordinance* and other relevant laws.

Date: _____ Signature _____

Printed Name and Title

Subscribed and sworn to be a Notary Public on this ____ day of _____ 20 ____,
by the above named _____, who has appeared before me and
presented photo identification and sworn that they have the foregoing and says it is true to
the best of his/her knowledge.

_____, Notary Public

_____ County, _____

Acting in _____ County, _____

My Commission Expires: _____

**AGREEMENT TO PROVIDE INFORMATION AND AUTHORIZATION OF
RELEASE OF INFORMATION**

I, the undersigned, have the authority to sign this application on behalf of _____ ("the Facility or Company"). I have read all of the above answers, including all sheets and information provided in connection with this application and they are true and correct. The Facility agrees to comply with all terms and conditions of a permit as it may be issued. Finally, I understand that the Facility has a continuing duty to provide the Village of Wolverine with current information and will notify the Village Clerk in writing of any changes to the Facility's mailing address, phone numbers, electronic mail address or other contact information as well as changes to any other information the applicant has provided to the Village of Wolverine as part of the permit application within ten (10) days of any such change occurring. I acknowledge that the Village of Wolverine may be required from time to time to release records in its possession. The applicant hereby gives permission to the Village of Wolverine to release any records or materials received by the Village of Wolverine from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.

Date

Signature

Printed Name and Title

Subscribed and sworn to be a Notary Public on this _____ day of _____ 20 ____, by the above named _____, who has appeared before me and presented photo identification and sworn that they have the foregoing and says it is true to the best of his/her knowledge.

_____, Notary Public

County, _____
Acting in _____ County, _____
My Commission Expires: _____

AUTHORIZATION OF CRIMINAL BACKGROUND CHECK

I, the undersigned, hereby allow the Village of Wolverine to perform a Criminal Background Check based **on** information gathered from this application **form**.

Applicant's First, Middle, Last Name **D/O/B** Social Security#

Mailing Address City State/Zip

Email Address · Phone Number

Past addresses for the past five (5) years:

Date: _____

Signature

Printed Name and Title

Subscribed and sworn to be a Notary Public on this ____ day of _____ 20 ____,
by the above named _____, who has appeared before me and
presented photo identification and sworn that they have the foregoing and says it is true to
the best of his/her knowledge.

_____, Notary Public
____ County, _____
Acting in _____ County, _____
My Commission Expires: _____

RELEASE OF LIABILITY, INDEIMIFICATION & WAIVER

This application or the granting of a license hereunder is not intended *to* grant, nor shall it be construed as granting, immunity from criminal prosecution for growing, sale, consumption, use, distribution, or possession of marijuana not in strict compliance with State or Federal Law.

Also, since Federal Law is not affected by the State Act, nothing in *this* license application, the granting of *this* license hereunder, or any Village of Wolverine Ordinance, policy, or rule, is intended *to* grant, nor shall they be construed as granting, immunity from criminal prosecution under Federal Law. The State Act, this license application or the issuance of a license does not protect user's, caregivers or the owners of properties on which the Recreational and/or medical use of marijuana is occurring from Federal Prosecution or from having their property seized by Federal Authorities under the Federal Controlled Substance Act.

Additionally, the applicant hereby agrees not to violate any laws of the State of Michigan or the Ordinances of the Village of Wolverine while conducting the business in which the license will be used and that a violation on the premises may be cause for objection to renewal of the license, or for requesting revocation of the license. The applicant agrees to make the premises open to inspection upon the request by the Village of Wolverine, the Wolverine Fire Board, and/or Cheboygan County Law Enforcement Officials and their Agents for compliance with all applicable laws and rules. The applicant agrees to any inspections by the Village of Wolverine or the Villages' designee to confirm that the retail shop is operating in accordance with applicable laws, including, but not limited to, Federal, State, and Municipal laws and ordinances.

Date: _____

Signature

Printed Name and Title

Subscribed and sworn to be a Notary Public on this _____ day of _____ 20 ____,
by the above named _____, who has appeared before me and
presented photo identification and sworn that they have the foregoing and says it is true to
the best of his/her knowledge.

_____, Notary Public

County, _____
Acting in _____ County, _____
My Commission Expires: _____

AT RISK NOTICE

This application is based on the unknown future actions of the State of Michigan or the Federal Government of the United States of America. All funds associated with this application are non-refundable and will not be returned if the application is not approved by the Village of Wolverine, the State of Michigan, or if a license is not subsequently renewed. Furthermore, you acknowledge all actions taken by you and/or your agents are fully at-risk and no guarantee whatsoever, of any kind, is made or implied by the Village of Wolverine.

Further, you and/or your agents agree to indemnify and hold harmless the Village of Wolverine, the Wolverine Fire Board, and/or the Cheboygan County Sheriff's Department, and their directors, officials, volunteers and employees, from any and all damages and claims that may arise as a result of this application.

Date: _____

Signature

Printed Name and Title

Subscribed and sworn to be a Notary Public on this _____ day of _____ 20 ____, by the above named _____, who has appeared before me and presented photo identification and sworn that they have the foregoing and says it is true to the best of his/her knowledge.

_____, Notary Public

_____ County, _____

Acting in _____ County, _____

My Commission Expires: _____

Signature Requirement

I have read and understand all requirements that are associated with this application.

Please Print

Signature

Witness

THIS
PAGE
LEFT
BLANK
INTENTIONALLY
BACK
COVER