



1622 N M-88
PO Box 368
Central Lake, MI 49622
231.544.6486

***Village of Central Lake Application
for Adult Use Marijuana 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 Central Lake Marijuana Establishments Ordinance

For any supplemental sheets attached to this application, please number them sequentially, beginning with "Attachment A"

- _____ New
- _____ Renewal (*Must be submitted 30-90 days before expiration of existing license*)
- _____ Amendment
- _____ Transfer of Fully Licensed Existing Establishment

CONTACT INFORMATION:

(First, Middle, Last Name of Contact for this Application) (Title)

(Email address) (Phone)

(Mailing Address) (City) (State/Zip)

Description of individual's role in this application:

TYPE OF PERMIT REQUESTED:
Check only one.

Retailer

LICENSE OWNER:

(License Owner)

(Federal Tax Identification Number)

(Physical Address)

(City)

(State/Zip)

(Phone)

(Fax)

(Email)

Self – Individual Owner

Corporation*

LLC*

Partnership*

*For any other than “Self,” attach a separate sheet listing all information for directors, officers, members, partners and individuals, including a copy of State or Federal ID.

FACILITY/PROPERTY LOCATION:

(Business Name)

(Email)

(Physical Address)

(City)

(State/Zip)

(Phone)

(Fax)

What interest does the applicant have in this facility? ___ Ownership ___ Lease Arrangement

FACILITY/PROPERTY OWNER, if different than license owner:

(Name)

(Email)

(Mailing Address)

(City)

(State/Zip)

(Phone)

(Fax)

FACILITY OR BUSINESS MANAGER:

(Name) _____ (Email) _____

(Mailing Address) _____ (City) _____ (State/Zip) _____

(Phone) _____ (Fax) _____

Are there other facility or business managers? Yes No

If Yes, how many? _____

Attach a separate sheet listing contact information for all other facility or business managers.

EACH PERSON NAMED ON THE APPLICATION, INCLUDING ANY APPLICANT AS DEFINED BY THE VILLAGE OF CENTRAL LAKE MARIHUANA ESTABLISHMENTS ORDINANCE, MUST FILL OUT THE FOLLOWING QUESTIONS. PLEASE DUPLICATE THIS SECTION AS NEEDED. (PAGES 3-8)

(Name) _____ (Social Security #) _____ (Email) _____

(Mailing Address) _____ (City) _____ (State/Zip) _____

(Phone) _____ (Fax) _____

Please list all residential addresses over the past three years (indicate timeframe you resided at each address).

Have you submitted an application for a similar license to the Village of Central Lake? Yes No

Do you owe the village funds for delinquent taxes or utility bills? Yes No

Description of individual's role in this application:

Have you been convicted of, pled guilty or nolo contendere to, or forfeited bail concerning, any offense that would disqualify it from being licensed by the State of Michigan for the activity for which the permit is requested within the past ten years? Yes No

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 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, 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 application for a permit or approved permit under the village's ordinances? **Yes** **No**

If yes, please provide relevant information here:

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 5 years including and immediately preceding this application: (attach additional pages if necessary)

(First, Middle, and Last Name or Company Name)

(Email address)

(Phone)

(Federal Tax ID Number if any)

(Mailing Address)

(City)

(State/Zip)

OATH OF APPLICATION

Under oath, I swear or affirm, that the information provided in this application is true and correct. I agree to not violate any laws of the State of Michigan or ordinances of the Village of Central Lake in conducting the business in which the permit will be used; and I understand that a violation may be cause for nonrenewal 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 Central Lake 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 applicable 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 Central Lake's ordinances. I agree that acceptance of a permit from the Village of Central Lake constitutes consent by the permittee, owners, managers and employees to permit the Zoning Administrator or designee to conduct inspections of the facility to ensure compliance with the Village's Ordinance and other relevant laws. Finally, I understand and agree and consent to criminal history investigations performed by the Village of Central Lake Police Department or other law enforcement agencies.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

To be completed by a notary:

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.

Signature of Notary Public

My Commission Expires

Name of Notary Public

County

Transfers may ONLY occur of an existing, fully licensed premises.

LICENSE TRANSFEROR: CORPORATION, INDIVIDUAL OR PARTNERSHIP NAME: _____

(First, Middle, Last Name of Officers and/or Directors) (DOB) (Phone)

(Address) (Email)

(First, Middle, Last Name of Officers and/or Directors) (DOB) (Phone)

(Address) (Email)

(First, Middle, Last Name of Officers and/or Directors) (DOB) (Phone)

(Address) (Email)

(Current address of licensed premises being transferred – Registration will be mailed to this location if not changing)

I hereby certify and swear that I am not currently delinquent in the payment of any taxes, fees or other charges owed to or collected by the Village. I further understand that in the event that I am delinquent in the payment of any taxes, fees or other charges owed to or collected by the Village, such delinquency shall be grounds for denial.

Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

To be completed by a notary:

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.

Signature of Notary Public

My Commission Expires

Name of Notary Public

County

Chemical Survey

Information: This survey is requested to determine the quantity of specific chemical groups used, produced or stored in your facility. Fire Chiefs are required to collect chemical data under the Michigan Occupational Safety and Health Act (MIOSHA), PA 154 of 1974, as amended, and the Fire Prevention Code, PA 207 of 1941, as amended.

Instructions: Indicate below whether your site uses or produces any of the chemical types listed. Check all the categories that apply when a chemical has more than one characteristic, (example: both a Class 3 flammable and a Class 6 poison), see definitions. Each chemical group listed in this survey includes a specified quantity. Indicate the quantity category for each chemical group on your site. To complete this survey, you may need to reference Material Safety Data Sheets and SARA Title III reporting forms, along with the attached definitions.

(Note: You *must* complete each line. Do not leave any blanks. If you do not use a chemical group listed, mark the "DO NOT HAVE" box.)

When substantial changes occur in the quantity or type of chemical use, manufacture or related storage, a revised survey must be submitted to the Fire Chief. In addition, a revised survey will be requested periodically as the Fire Chief determines necessary, but a least once every five years.

This survey may be followed-up with a request for more detailed information. This may include a request for Material Safety Data Sheets, chemical lists maintained under the Employee Right to Know provisions of MIOSHA and other information.

Please return this questionnaire as indicated in the attached cover letter.

This site is: (please circle one)

Chemical User - (Chemicals used in activities on site)

Chemical Producer - (Chemicals manufactured at this site, includes packaging)

Other - Circle this if chemicals are used for incidental purposes only. (Examples: toilet cleaner, glass cleaner, etc.) Please specify type of business (Example: retail store)

Emergency Contacts: (Include Private Alarm/Security Companies)		
Name/Title	Business Telephone	Home Number

Respond based on the maximum quantity you would have on-site, including storage, at any one time during the year.

Check 1 Box for Each Category				
Chemical type	Specified quantity	Have at or Above Specified Quantity	Have but Below Specified Quantity	Do Not Have
Class 1				
Explosives & Blasting Agents (Not including Class C Explosives)	Any Quantity			
Class 2				
Poison Gas	Any Quantity			
Flammable Gas	100 gal. water capacity			
Non-Flammable Gas	100 gal. water capacity			
Class 3				
Flammable Liquid	1,000 gallons			
Combustible Liquid	10,000 gallons			
Class 4				
Flammable Solid (Dangerous when wet)	100 lbs.			
Flammable Solid	500 lbs.			
Spontaneously Combustible Material	100 lbs.			
Class 5				
Oxidizer	500 lbs.			
Organic Peroxide	250 lbs.			
Class 6				
Poison	500 lbs.			
Irritating Material: Liquid	1,000 gal.			
Irritating Material: Solid	500 lbs.			
Class 7				
Radioactive Material (Yellow III Label)	Any Quantity			
Class 8				
Corrosives: Liquid	1,000 gal.			
Corrosives: Solid	500 lbs.			
No DOT Category				
Known Human Carcinogen	Any Category			

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 Central Lake 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 as part of the permit application within ten (10) days of any such change occurring. I acknowledge that the Village of Central Lake may be required from time to time to release records in its possession. The applicant hereby gives permission to the Village of Central Lake to release any records or materials received by the Village from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Business: _____

To be completed by a notary:

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.

Signature of Notary Public

My Commission Expires

Name of Notary Public

County

AUTHORIZATION OF CRIMINAL BACKGROUND CHECK

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

Applicant's Printed Full Legal Name: _____

Alias's or Maiden Names: _____

Applicant's DOB: ____/____/____ **Applicant's Social Security Number:** ____ - ____ - ____

Current Address: _____ **Mailing Address:** _____

Past Address's: _____
(Last 5 Years) _____

Signature: _____ **Date:** _____

To be completed by a notary:

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Signature of Notary Public

My Commission Expires

Name of Notary Public

County

RELEASE OF LIABILITY, INDEMNIFICATION & 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 Central Lake 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 Village 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 Central Lake 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 Central Lake, the Central Lake Township Fire Department, and/or Law Enforcement Officials and their Agents for compliance with all applicable laws and rules. The applicant agrees to any inspections by the Village of Central Lake or the Village of Central Lake's 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.

Signature: _____

Date: _____

To be completed by a notary:

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.

Signature of Notary Public

My Commission Expires

Name of Notary Public

County

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 Central Lake, 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 Central Lake.

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

Signature: _____

Date: _____

To be completed by a notary:

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.

Signature of Notary Public

My Commission Expires

Name of Notary Public

County

ATTACHMENTS NEEDED & CHECKLIST:

For Retail Establishments:

Please attach the following – and clearly label each required attachment so it is easily identified.

- Application fee.
 - \$2,500 for all new and renewal applications.
 - Amendments to applications will be charged for the Village’s costs associated with review as determined by the Village Clerk, not-to-exceed \$5,000.
 - Please make check payable to: “Village of Central Lake”
 - Application fees remitted to the Village of Central Lake are non-refundable. In order for the Village of Central Lake to accept this application, all fees must be paid at the time the application is presented to the Village of Central Lake.

 - Application Fully Completed

 - Proof of prequalification by the State of Michigan for a marihuana facility state license. (Attachment A)

 - Proof of lawful possession of the premises (such as a lease, deed, purchase agreement) (Attachment B)

 - A comprehensive operating plan as outlined in the village’s ordinance, which includes the following elements:
 - Type of marihuana facility for which you are applying;
 - Description of products and services to be provided (Attachment C)
 - Security Plan that is consistent with the requirements of the State of Michigan; (Attachment D)
 - Staffing Plan (Attachment E) including:
 - Employee Salary and Benefits offered
 - Building Layout emphasizing Employee break and restrooms
 - Employment of non shareholders
 - Marketing and Outreach Plan (Attachment F) including:
 - Evidence of Outreach in the vicinity of the proposed location
 - Evidence of utilization of locally-sourced services
 - Description of Drug and Alcohol Public outreach programs
 - A building plan indicating the layout and size of the building, detailing public, private and secured areas, and occupancy of the building per Michigan Building Code, path and location of egress, occupant loads, fire protection system control areas/rooms, areas with non-passive security systems. Plan shall indicate fire-resistance-rated construction. (Attachment G)
 - A declaration of any other past or present businesses or investments with the Village (Attachment H)
 - A Comprehensive list of chemicals used on site (Page 9 and 10 of Application)
 - Plant Waste Disposal (Attachment I)
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- Signed and Notarized "Oath of Application" (Page 7 of Application)
- Sheet listing all information for directors, officers, members, partners and individuals, including a copy of State or Federal ID. (Attachment J)
- A depiction of any proposed text or graphic materials to be shown on the exterior of the proposed marijuana establishment. (Attachment K)
- Signed and Notarized "AGREEMENT TO PROVIDE INFORMATION AND AUTHORIZATION OF RELEASE OF INFORMATION" (Page 11 of Application)
- Signed and Notarized "AUTHORIZATION OF CRIMINAL BACKGROUND CHECK" (Page 12 of Application)
- Signed and Notarized "RELEASE OF LIABILITY, INDEMNIFICATION & WAIVER" (Page 13 of Application)
- Signed and Notarized "AT RISK NOTICE" (Page 14 of Application)