



## Recreational Marihuana License Renewal Application

Provisional

Full

Village License # \_\_\_\_\_ Expiration: \_\_\_\_\_

*Note: Application for renewal must be made at least ninety (90) days prior to the expiration of an existing license.*

### For Applicant that is an Entity:

Business Name: \_\_\_\_\_

Assumed Name(s): \_\_\_\_\_

Registered Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Website: \_\_\_\_\_

E-mail: \_\_\_\_\_ EIN #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### List any changes made to Stakeholders of the above-named Applicant since last approval date:

\_\_\_\_\_  
\_\_\_\_\_

### For Applicants that are individuals:

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*A separate application and fees must be submitted for each establishment type and for each location.*

Retailer     Processor     Secure Transporter     Safety Compliance     Microbusiness

Grower (Any Class)

**Business Establishment Location:**

Property Address: \_\_\_\_\_

Parcel Tax ID No.: \_\_\_\_\_

Has a Certificate of Occupancy been obtained?  Yes  No      Date: \_\_\_\_\_

In the past 12 months have there been any material violations by the license holder of the provisions of the Village Code?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you obtained or maintained a license from the State pursuant to MRTMA?  Yes  No

License # \_\_\_\_\_ Expiration: \_\_\_\_\_

The undersigned agrees to the terms and conditions as the original Recreational Marihuana License Application and the conditions set forth in Chapter 113 of the Village of Pinckney Village Code.

STATE OF \_\_\_\_\_

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COUNTY OF \_\_\_\_\_

I, the undersigned, swear under oath that, I have the authority to sign this Application on behalf of myself or the above-named entity. I have read all the above answers and reviewed the supporting documentation, and such are true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTARY PUBLIC**

On the \_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ and

made oath that s/he has read the foregoing and that the same is true of his/her own knowledge, except as to the matters which are therein stated to be upon his/her information and belief, and as to those matters, s/he believes them to be true.

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Expires: \_\_\_\_\_