



VILLAGE OF
PINCKNEY

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Pinckney, Michigan 48169
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www.villageofpinckney.org

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.

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

STATE OF _____

-ss-

COUNTY OF _____

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: _____

Commission Expires: _____