



Egelston Township Clerk Medical Marihuana Secure Transporter Application

ANNUAL LICENSE APPLICATION FEE: \$5000.00

One Year License Term

Establishment Information

| | | | |
|-----------------------|------|----------------------------|-----|
| Name of Establishment | | Establishment Phone Number | |
| Establishment Address | City | State | Zip |

Applicant Type

- Individual
 Corporation
 LLC
 LLP
 Other _____
- I have been a continuous resident of Michigan for two (2) years. MCL 333.27402(2)(g)

Applicant Information

| | | | |
|--------------------------------------|------|------------------------|-----|
| Applicant Name | | Date of Birth | |
| Phone Number | | Secondary Phone Number | |
| Applicant Address | City | State | Zip |
| Applicant Email Address | | | |
| Emergency Contact Information | | | |
| Name: | | | |
| Address: | | | |
| Phone: | | Email: | |

Egelston Township Clerk's Office
 5428 E. Apple Avenue
 Muskegon, Michigan 49442
 (231) 788-2308

Stakeholder Information — Corporations, LLCs, LLPs or Other non-individual entities must complete this sheet for every additional Applicant or Stakeholder. You must designate one Stakeholder as Emergency Contact. Make additional copies as needed.

| | | | |
|---|------|------------------------|-----|
| Name | | Date of Birth | |
| Phone Number | | Secondary Phone Number | |
| Address | City | State | Zip |
| Email Address | | | |
| Designated Emergency Contact for Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name | | Date of Birth | |
| Phone Number | | Secondary Phone Number | |
| Address | City | State | Zip |
| Email Address | | | |
| Designated Emergency Contact for Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Name | | Date of Birth | |
| Phone Number | | Secondary Phone Number | |
| Address | City | State | Zip |
| Email Address | | | |
| Designated Emergency Contact for Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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Operator and employee information — must be completed for every operator and employee. You must also submit a copy of photo identification for each. Make additional copies as needed.

| | | | |
|--------------|------|---------------|-----|
| Name | | Date of Birth | |
| Phone Number | | Email Address | |
| Address | City | State | Zip |
| Name | | Date of Birth | |
| Phone Number | | Email Address | |
| Address | City | State | Zip |
| Name | | Date of Birth | |
| Phone Number | | Email Address | |
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Applicant Secure Transporter Facility Checklist

Numbers indicate citation in Medical Marijuana Ordinance. Clearly mark each section.

| | | | |
|--|---|---|---|
| Completed Application with each item clearly identified | 0 | \$5000 Application Fee | 0 |
| If applicant is an Individual: Copy of applicant's government issued photo ID | 0 | Floor Plan | 0 |
| If applicant is Corporation, LLC, LLP or Other: Organizational documentation | 0 | Proposed text and graphic materials For Exterior of building | 0 |
| Criminal History Authorization Forms for all Stakeholders & Employees | 0 | Location Area Map | 0 |
| Copy of photo identification for all Operators & Employees | 0 | Facility Sanitation Plan | 0 |
| Resumes for Applicant/ Each Stakeholder | 0 | Inventory Plan | 0 |
| Patient Education Plan | 0 | Procedures for testing contaminants | 0 |
| Employee Training & Education Plan | 0 | | 0 |
| Proposed Business Plan | 0 | Net Worth & Bank Statements | 0 |
| Proof of Ownership Premises OR Written Property Owner Consent & Copy of Lease | 0 | Estimates of Jobs, Compensation, Annual Budget & Revenue | 0 |
| Security Plan | 0 | Proof of Surety Bond OR Escrow Account | 0 |
| Cultivation Plan indicating all cultivation is performed in a building, Production Testing Plan, and Chemical and Pesticide Storage Plan | 0 | Proof of Insurance Policy | 0 |

I affirm that I, the applicant, and each stakeholder and employee is at least 18 years of age and has not been convicted of or pled guilty or no contest to a disqualifying felony.

- I affirm that I, the applicant or operator:
- have not had a business license revoked or suspended.

or

have had a business license revoked or suspended, explained below:

I acknowledge that I, the applicant, am aware that all matters related to marihuana, growing, cultivation, possession, dispensing, testing, safety compliance, transporting, distribution, and use are currently subject to State and Federal Laws, Rules, and Regulations and that the approval or granting of a license hereunder does not exonerate or exculpate myself, the applicant, from abiding by the provisions and requirements and penalties associated with those laws, rules, and regulations or exposure to any penalties associated therewith; and further myself, the applicant, waives and forever releases any claim, demand, action, legal redress, or recourse against the Township of Egelston, its elected and appointed Officials and its Employees and Agents for any claims, damages, liabilities, causes a result of the violation by myself, the applicant, its Officials, members, partners, shareholders, employees and agent of those laws, rules, and regulations and hereby waives, and assumes the risk of any such claims and damages, and lack of recourse against the Township of Egelston, its elected and appointed Officials, employees, attorneys, and agents.

All drivers in the application have a State of Michigan Chauffer’s License. MCL 333.27503(4)(a)

I swear that neither I, the applicant, nor any stakeholder is in default to the Township of Egelston for failure to pay any property taxes, special assessments, fines, fees or other financial obligation to the Township.

I agree to report any changes to the information required to the Township Clerk within ten (10) business days.

I understand that a grant of a conditional license by the Township of Egelston is contingent upon the grant of a license by the State of Michigan.

I swear that the statements made in this application, including all attachments thereto, are true.

Name _____ Signature _____

Address _____ Date _____

Subscribed & sworn to before me this _____ day of _____ 20 ____

Notary signature _____

Printed Name _____ My Commission Expires _____

Notary Public, _____ Muskegon County, Mi. Acting in the County of _____

Egelston Township Clerk
5428 E. Apple Avenue
Muskegon, Michigan 49442



Egelston Township Clerk

Criminal History Record Check Authorization

As part of the Licensing process, we need you to complete the background and criminal history record check authorization below. This information must be returned with your application to the Egelston Township Clerk's Office, 5428 E. Apple Avenue, Muskegon, Michigan 49442. Please call (231) 788-2308 if you have any questions.

Complete a separate form for each individual subject to background check. Applicant, stakeholder(s), and all employees must fill out this form.

Date: _____

I _____ authorize the release of any and all information from any appropriate agency regarding my criminal conviction history to the Egelston Township Clerk's Office. I understand that my ethnicity, date of birth, sex and my age will not be made a part of my Application and that none of these four (4) items will be considered in the review of my License.

I acknowledge that a complete full background investigation, including, but not, limited to a State Police Criminal Conviction Record Check will be done.

I further understand that the Egelston Township Clerk's Office has the right to deny my License based upon the results of this investigation.

(Please Print Clearly)

Full Name: _____
First Middle Last Maiden/Other

Date of Birth: _____ Sex: _____ Race _____

Social Security No: _____ Driver's License # _____

List all names ever used: _____

Signature

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