



Renewal

## **MARIHUANA CITY OPERATING LICENSE**

### **INSTRUCTIONS**

#### **RENEWAL APPLICATION**

- This entity/individual (“entity”) received conditional or full approval for medical and/or recreational marihuana city operating license(s) (“license”) in White Cloud. Per White Cloud Code of Ordinance Chapter 115.07, item 8 and Chapter 116.07, item 8, an entity that receives a license is good for 365 days.
- The entity must fill out a renewal application for each facility with a license. The renewal application shall be submitted to the White Cloud City Clerk and all fees paid to the City annually.
- Any incomplete or inaccurate information may result in a renewal being delayed or denied.
- It is the responsibility of the licensed facility to provide any updated and/or changed information since the filing of the initial application for the entity in any renewal applications.

#### **RENEWAL FEES**

- All fees shall be made payable to the City of White Cloud.
- There is a non-refundable annual fee of \$5,000.00 per license for each renewal application.

#### **ENTITY/INDIVIDUAL RENEWAL DOCUMENTS**

- Copy of Government Issued ID of all owners
- Organizational Structure and Revisions to Ownership Interests
- Certificate of Assumed Name/DBA
- Copies of State of Michigan license(s) held at the location approved by the City of White Cloud
- Current Photographs of Facility
- Current Contact Information Sheet
- Application and all fees



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**ENTITY DEMOGRAPHIC INFORMATION**

Entity  
Name/DBA: \_\_\_\_\_

Entity Name to appear on Business  
License: \_\_\_\_\_

Type of  
License: \_\_\_\_\_

Entity  
Location/Address: \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_

Owner/Applicant  
Name(s): \_\_\_\_\_

FEIN  
#: \_\_\_\_\_

Entity  
Phone: \_\_\_\_\_

Entity  
Email: \_\_\_\_\_

State License (s) held and License Number(s) (attach copies): \_\_\_\_\_

Website: \_\_\_\_\_

Responsible Party for municipal  
notices: \_\_\_\_\_



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**PERSON COMPLETING RENEWAL APPLICATION**

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

Affiliation with Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**LICENSE TYPE**

Indicate the license type(s) for which the entity will be renewed. All Fees are non-refundable.

- Medical Class A Grower license for 500 marihuana plants
- Recreational/Adult-Use Class A Grower license for up to 100 marihuana plants
  
- Medical Class B Grower license for 1,000 marihuana plants
- Recreational/Adult-Use Class B Grower license for up to 500 plants
  
- Medical Class C Grower license for up to 1,500 marihuana plants
- Recreational/Adult-Use Class C Grower for up to 2,000 marihuana plants
  
- Medical Processor
- Recreational/Adult-Use Processor
  
- Medical Provisioning Center
- Recreational/Adult-Use Retail Center
  
- Medical Safety Compliance (Testing Lab)
- Recreational/Adult-Use Safety Compliance (Testing Lab)
  
- Medical Secured Transporter
- Recreational/Adult-Use Secured Transporter
  
- Microbusiness



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**FINANCIAL, CRIMINAL, AND LITIGATION UPDATE**

- Check if the entity/individual with ownership interest was arrested, charged, indicted and/or convicted of a felony or misdemeanor since the previous application. Provide information regarding the above, adding pages if necessary.
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- Check if the entity/individual with ownership interest cited for any building and code violations and/or other regulatory violations since the previous application. Please provide the information regarding the above and explanation and status, adding pages if necessary.
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- Check if the entity/individual with ownership interest was cited for any violations of the Cannabis Regulatory Agency (CRA) and/or any other regulatory violations since the previous application. Please provide the information regarding the above and explanation and status, adding pages if necessary.
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- Check if in the last year, an ultimate decision has been issued adverse to the applicant or any of its officers, executives, or managers that could reasonably be expected to reflect upon the current or future financial responsibility or ability of the entity or the character, reputation, or integrity of the entity or any of its officers, executives, or managers and/or if in the last year any of the above have filed for bankruptcy? Please provide the information regarding the above and explanation and status, adding pages if necessary.
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If you answered YES to any of the above questions, you are required to provide an explanation, include court location, charge(s), arrest date/conviction date, disposition, and status of case.



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**RENEWAL APPLICATION QUESTIONS: (Attach additional sheets as needed)**

1. Has the City of White Cloud, State of Michigan, CRA, or any other applicable agency taken any administrative action or municipal action against the entity/individual since the entity's last application/renewal? If yes, please explain and provide documentation.

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2. Is the business currently operational and open? If the business is not operational and open, please explain why and when the anticipated opening date will be.

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3. How many full-time employees are at the entity? What are the positions and wages?

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4. Are benefits offered to employees?

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5. How many part time employees are at the entity? What are the positions and wages?

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6. Please provide a summary update since the last application/renewal application discussing the entity's community involvement, building/property improvements and any future plans including the entity and any non-marihuana businesses and properties.

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### **CHANGES IN OWNERSHIP INTERESTS**

Any new person/individual/entity with an ownership interest in the business with a city operating marihuana license must undergo and authorize a criminal background check in furtherance of the MMFLA and MRTMA, applicable State statues/regulations.

Part 1 – List all *new* persons/entities who have any direct or indirect ownership interest in the facility. If the person disclosed is an entity, disclose as follows (Include name, address, phone number, email, percentage of interest, Federal Employer Identification Number):

1. For a trust – any new beneficiaries
2. For a partnership and limited liability partnership – Any new partners
3. For a limited partnership and limited liability limited partnership, Any new general and limited partners
4. For a limited liability company (LLC) – All new members, and managers
5. For a corporation – All new corporate officers and directors and all stockholders

Part 2 – Marihuana Business Ownership Interests (include name, address, phone number, email, percentage of interest, Federal Employer Identification Number):

1. If the applicant is an individual – Disclose any equity interest of the individual, the individual’s spouse, parent, or child in any other business that is directly or indirectly involved in the growing, processing, testing, transporting, or sale of marihuana.
2. If the applicant is a corporation, partnership, or other business entity – Disclose any equity interest that the entity has in any other corporation, partnership or other business entity that is directly or indirectly involved in the growing, processing, testing, transporting, or sale of marihuana.

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Marihuana Business Entity Name/State, Address, FEIN

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Individual’s Name, Relationship to applicant, Percentage of Entity, Interest, FEIN

Part 3 – Removed from Ownership Interests

1. Please indicate any individual(s) or entities whose direct or indirect ownership interest was removed from any previous application.



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### **ACKNOWLEDGEMENTS AND ATTESTATIONS**

All applicants identified and disclosed within this application for a city operating license and/or for a renewal application are required to initial and/or sign all acknowledgment and attestations as provided by the City of White Cloud, unaltered.

I, the Applicant, \_\_\_\_\_, declare that this renewal application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge familiarity with the City of White Cloud's Municipal Ordinances and hereby represent that I have knowledge of the contents in relation to the conduct of said business. Further, I acknowledge and agree to the following:

- Renewal submitted with altered acknowledgments and or attestations shall not be reviewed. Should any applicant refuse to sign or initial the documents(s) as provided by the City of White Cloud, it will result in a denial for renewal of a city operating license.

**Initial:** \_\_\_\_\_

- I make no reliance on anything stated by City of White Cloud employees regarding the completeness of this renewal application or any other communications not provided in writing.

**Initial:** \_\_\_\_\_

- Amendments or supplementary information shall not be accepted after the applicant has submitted their renewal application for a city operating license unless requested or approved by the City of White Cloud Cannabis Coordinator/Clerk.

**Initial:** \_\_\_\_\_

- Failure to provide a complete renewal application including its attachments, attestations, signatures, initials and or the required fees may result in a denial of the renewal application.

**Initial:** \_\_\_\_\_

- No refund of any sum of money paid to the City of White Cloud as a result of this renewal application will be refunded to the applicant. Any disputes regarding fees are waived at time of payment.

**Initial:** \_\_\_\_\_

- Applicant acknowledges and understands that they will be held to the property maintenance standards and requirements contained within the City of White Cloud Municipal and Zoning Codes.

**Initial:** \_\_\_\_\_

- Applicant acknowledges that the failure to provide the information and documentation required by this renewal application may result in the denial of this application.

**Initial:** \_\_\_\_\_



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**ATTESTATION A**

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION  
(To be completed and signed by entity/individual seeking licensure)

Applicant Legal Name: \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_

Applicant Driver License/State ID Number: \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the City of White Cloud to obtain information regarding myself.

I, the undersigned, authorize this information to be obtained in connection with my application. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the City of White Cloud with my consent for a background check as well as any subsequent background checks deemed necessary throughout the length of my license with the City of White Cloud.

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