



Village of Muir

VILLAGE CLERK'S OFFICE
122 W SUPERIOR ST.
P.O. BOX 205
MUIR, MICHIGAN 48860
PHONE: 989-855-2144
clerk@villageofmuirmi.gov
Website: villageofmuirmi.gov

For Internal Use Only

VILLAGE OF MUIR COMMERCIAL MARIHUANA ESTABLISHMENT APPLICATION

ANNUAL AUTHORIZATION APPLICATION FEE: \$5,000 per authorization type (Non-refundable)

Application Process

- Review Village of Muir, Ordinance No. 59, Village of Muir Commercial Marihuana Establishment Ordinance.
- Fully complete and sign this application. (Only applications completed on this form will be accepted).
- Applicant must submit the following:
 - Copies of all documents included in the *Entity/Individual Prequalification Application Packet provided to LARA* (Licensing and Regulatory Affairs).
 - Copies of applications to the state.
 - A business plan.
 - Proof of property ownership or conditional lease agreement.
 - Proof to the Clerk that the applicant has applied for pre-qualification for a state operating license or has submitted full application for such license.
 - Non-refundable Application Fee of \$5,000.
- Once the Clerk receives a complete application including the initial annual fee, the application shall be time and date stamped.
- Completed applications shall be considered for authorization in consecutive time and date stamped order. Once the limit on the number of authorizations is reached, then any additional complete applications shall be held in consecutive time and date stamped order for future authorization.
- Copies of all documents included in *The Entity/Individual Prequalification Application Packet* provided to LARA (Licensing and Regulatory Affairs).
- An authorized applicant shall receive full authorization from the Village of Muir to operate the Commercial Marihuana Establishment facility within the Village of Muir upon the applicant providing to the Clerk proof that the applicant has received a state operating license for the Commercial Marihuana Establishment facility in the Village of Muir and the applicant has met all the other requirements of this ordinance for operation.

*** This Institution is an Equal Opportunity Provider***

Type of Authorization	Type of Application
<input type="checkbox"/> Grower	<input type="checkbox"/> New Application
<input type="checkbox"/> Micro Business	<input type="checkbox"/> Renewal Application
<input type="checkbox"/> Marihuana Retailer	<input type="checkbox"/> License Modification

Applicant Information	
Applicant Name:	Date of Birth
Business Name:	Tax ID#
Phone Number:	Email:
Secondary Phone:	
Physical Address:	
Mailing Address:	

Entity Information	
Applicant Name:	
Business Name:	Tax ID#
Phone Number:	Email:
Secondary Phone:	
Physical Address:	
Mailing Address:	

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Proposed facility information (The facility shall only be operated as long as it remains in compliance with all Village of Muir Ordinances and Regulations.)
Name of Proposed Facility:
Address of Proposed Facility:
<input type="checkbox"/> Owned <input type="checkbox"/> Leased
Property Owner Name:
Property Owner Address:
Property Owner Phone:
Parcel Number:
If Leased, Owners Email:
Has your application previously been denied by a municipality? If yes, where?
Have you ever been convicted of a Felony:
Hours of Operation:
Is there an alarm system in place?:
If yes, name of Alarm Company:

Proof of Ownership: Attach document
Written consent of Leasing: Attach document

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Additional Contacts and Stakeholders (List all officers, directors, general partners, managing members, stockholders, partners and members) Attach additional stakeholders	
Name:	Address:
Email:	Phone:
Title:	Date of Birth:
Name:	Address:
Email:	Phone:
Title:	Date of Birth:
Name:	Address:
Email:	Phone:
Title:	Date of Birth:
Name:	Address:
Email:	Phone:
Title:	Date of Birth:
Name:	Address:
Email:	Phone:
Title:	Date of Birth:

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Oath of Application

I hereby certify this application and any attachments are true, correct and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Michigan Regulation and Taxation of Marihuana Act, Initiated Law 1 of 2018, as may be amended and the rules promulgated thereunder and the Village of Muir Ordinances. I further certify that I have read and understand the Village of Muir Ordinance No. 59, Commercial Marihuana Establishment Ordinance.

Applicant Signature

Date

Applicant Printed Name

Date

Application processing time is dependent on review and fee processing and could take up to twenty (20) business days.

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For Village Clerk Use Only (Conditional Authorization Status) Please check and initial each requirement met by the applicant.	
<input type="checkbox"/> Conditional Approval _____	
<input type="checkbox"/> Denied _____	
<input type="checkbox"/> \$5,000 Non-Refundable fee received _____	
Clerk/Designee Signature: _____	Date: _____
Notes:	
For Village Clerk Use Only (Full Authorization Status) Please check and initial each requirement met by the applicant.	
Application materials received:	
<input type="checkbox"/> Copies of state applications with proof of state receipt _____	
<input type="checkbox"/> Business Plan _____	
<input type="checkbox"/> Copies of all documents included in <i>The Entity/Individual Prequalification Application Packet provided to LARA(Licensing and Regulatory Affairs.)</i> _____	
<input type="checkbox"/> Full Authorization _____	
<input type="checkbox"/> Denied _____	
<input type="checkbox"/> Cancelled _____	
<input type="checkbox"/> Extension _____	
Clerk/Designee Signature: _____	Date: _____
Notes:	

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