

**CITY OF GAYLORD
APPLICATION FOR MARIHUANA ESTABLISHMENT LICENSE**

Applicant Information

Name: _____ D/B/A: _____

Individual Partnership Corporation LLC Trust

FEIN/SSN: _____ D.O.B.: _____

Physical Location: _____

Mailing Address: _____

Contact Person: _____ Contact Cell: _____

Contact Email: _____

Proposed Location Information

Address of Proposed Location: _____

Zoning Classification: _____ Sq Ft. of Building: _____

Total Sq. Ft. to be used for Marihuana Establishment: _____

Applicant is proposing to: Use/Renovate Existing Building New Construction
 Renew an Existing License

Proposed Use Information

Type of Marihuana Establishment (*choose only one*):

Retail Microbusiness Grower Processor Transporter Safety Compliance

You must include with this application ALL of the following:

- Non-Refundable Application Fee:** \$5,000.00
Check should be made payable to *the City of Gaylord*.
- State Pre-qualification for Establishment of Type Proposed (New Application Only)**
Include all SoM submissions including waste, air quality, safety, and security plans.
- Proof of Location Ownership or Written Consent of Owner (New Application Only)**
- Supplemental Officer Disclosure Form (if applicant is an entity).**
- Release Supplement**
- Covenant Not to Sue Supplement**
- Authorization for Release of Information**

Attestation

I attest that the information in this application, including all supplements, is true and accurate to the best of my knowledge information and belief, and swear to the following:

- I have authority to execute this application on behalf of the applicant.
- I understand a failure to provide complete and accurate information, and to promptly supplement and information that becomes inaccurate during the application process, will result in the denial of the application without refund of any sums paid to the City of Gaylord.

Applicant Signature

Date

Applicant Printed Name

Title

State of _____ §

§

County of _____ §

Subscribed and sworn to by _____ before me on _____.

Notary Public Signature

Notary Public Printed Name

Acting in the County of _____

Commission Expires: _____

DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY

REVIEW:	Approved/Denied:	Date:	Comments:
City Chief of Police:	_____	_____	_____
City Zoning Admin:	_____	_____	_____
City Attorney:	_____	_____	_____
City Manager Report to Council on:	_____	_____	_____

A marihuana establishment license consistent with this application, including all the attached supplements, was issued to this applicant under the City of Gaylord Marihuana Ordinance at a regular meeting of the Gaylord City Council on _____.

This license will expire on: _____.

_____, City Clerk

Dated: _____

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OFFICER DISCLOSURE SUPPLEMENT
(attach additional sheets as required)

Complete Name of Entity: _____ **State of Incorporation:** _____

Contact Person

Legal Name: _____ **Cell:** _____

Email: _____ **Office:** _____

Mailing Address: _____

Officers

Legal Name: _____ **Title:** _____

Email: _____ **Phone:** _____

Mailing Address: _____

Legal Name: _____ **Title:** _____

Email: _____ **Phone:** _____

Mailing Address: _____

Legal Name: _____ **Title:** _____

Email: _____ **Phone:** _____

Mailing Address: _____

Legal Name: _____ **Title:** _____

Email: _____ **Phone:** _____

Mailing Address: _____

Owners/Stakeholders

Legal Name: _____ **Percentage Ownership:** _____

Email: _____ **Phone:** _____

Mailing Address: _____

Legal Name: _____ **Percentage Ownership:** _____

Email: _____ **Phone:** _____

Mailing Address: _____

Legal Name: _____ **Percentage Ownership:** _____

Email: _____ **Phone:** _____

Mailing Address: _____

Legal Name: _____ **Percentage Ownership:** _____

Email: _____ **Phone:** _____

Mailing Address: _____

CITY OF GAYLORD
APPLICATION FOR MARIHUANA ESTABLISHMENT LICENSE

RELEASE SUPPLEMENT

I, _____, on behalf of _____,
authorized individual *name of entity*

("Applicant") being duly sworn, acknowledge and agree that:

The Federal Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 USC § 801 *et seq.* regulates marihuana as a Schedule I controlled substance for which there is "no currently accepted medical use in treatment in the United States." 21 USC § 812(b)(1)(B). Although the State of Michigan has recognized and authorized the licensing of marihuana establishments and use of marihuana for certain persons under the Michigan Regulation and Taxation of Marihuana Act, MCL 333.27951 *et seq.*, and provided a statewide monitoring system under the Marihuana Tracking Act, MCL 333.27901 *et seq.*, these state authorized activities remain prohibited by federal law.

I understand that a Michigan or city operating license does NOT insulate, shield, or otherwise protect me or my business from federal seizure, forfeiture, or prosecution as allowed under federal law, and does not protect me from federal criminal arrest and prosecution.

I understand that choosing to file an application for a marihuana city operating license and, if issue, choosing to establish and operate a marihuana establishment under that license, is done so AT MY OWN RISK.

I completely release and forever discharge the City of Gaylord, and its employees, agents, officers, attorneys, insurers, indemnnors, successors, and assigns from all past, present, or future claims, demands, causes of action, damages, injuries, costs, losses and other claims of any nature, whether based on tort, contract, or other theory of recovery, which I may now have, or which may accrue in the future, in anyway arising out of my application for a marihuana establishment license and, if issued a city marihuana establishment license, my operation of a marihuana establishment.

I agree that I have read this document, and that I have had an opportunity to have it reviewed by my own legal counsel. I am not relying on the statement of any City of Gaylord representative in signing this document.

WARNING! READ BEFORE SIGNING.

Applicant Signature

Date

Applicant Printed Name

Title

State of _____ §
County of _____ §

Subscribed and sworn to by _____ before me on _____.

Notary Public Signature
Acting in the County of _____

Notary Public Printed Name
Commission Expires: _____

CITY OF GAYLORD
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COVENANT NOT TO SUE

I, _____, on behalf of _____,
authorized individual *name of entity*

I understand that the City of Gaylord granting a marihuana establishment license is a privilege and not a right and does not confer upon the applicant any business expectation or any other possible cause of action if I am denied a city operating license by the City of Gaylord.

I understand and agree that the City of Gaylord will be reviewing and granting a city operating license to applicants and I understand and agree that by choosing to submit an application to the City of Gaylord for a license to operate a marihuana establishment that I do so at my own risk, cost, and peril and that the City of Gaylord will have no liability whatsoever if I am not granted a city operating license for any reason.

I understand that there may be a limited number of city operating licenses available and the number of applicants to the City is unknown. I also acknowledge and agree that the City will review whether I meet the requirements of the ordinance and that the selection process for a license is in the sole discretion of the City regardless of an application meeting all of the requirements of the ordinance and application. I therefore acknowledge and agree that there is a probability of being denied a license by the City.

I, on behalf of myself, the applicant, and its subsidiaries, affiliates, officers, directors, shareholders, managers, members, successors, and assigns forever covenant and agree not to sue or bring any action in law or equity, including, but not limited to, an action in any court, forum, tribunal or arbitration proceeding, whether by original action or counterclaim, cross-claim, third-party process, impleader, indemnify, subrogation or contribution, or otherwise, against the CITY OF GAYLORD, its respective employees, agents, attorneys, officers, facilities, insurers, indemnnors, successors, heirs and/or assigns, arising from, relating to, or in any way connected with this application or those provisions of the City of Gaylord Municipal Code related to marihuana establishments.

WARNING! READ BEFORE SIGNING.

Applicant Signature

Date

Applicant Printed Name

Title

State of _____ §

County of _____ §

Subscribed and sworn to by _____ before me on _____.

Notary Public Signature
Acting in the County of _____

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Commission Expires: _____

CITY OF GAYLORD
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AUTHORIZATION FOR RELEASE OF INFORMATION

TO: All courts, probation departments, selective service boards, employers, educational institutions, banks, financial institutions, federal state and local governmental agencies, foreign and domestic:

On behalf of _____
(Entity Name) (Name & Title of Person Authorized)

I authorize the City of Gaylord (City) and its agents to conduct a full investigation into the background and activities of the applicant for purposes of determining the applicant's eligibility for a City marihuana establishment license.

I understand that by signing this authorization a financial record check may be performed. I authorize any financial institution to surrender to the City of Gaylord a complete and accurate record of such transactions that may have occurred with that institution including, but not limited to, internal banking memoranda, past and present loan applications, financial statements, and other documents relating to my personal or entity financial records in whatever form and wherever located. I authorize my employers to release any employment information required to validate my financial history. I understand that the financial record check will include a credit history examination and that my credit report, credit history, and credit capacity information will be obtained.

I understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize my representative state taxing agency to surrender to the City of Gaylord a complete and accurate record of any and all tax information or records relating to me for the purposes of this application. I authorize the City of Gaylord to obtain, receive, review, copy, and discuss, and use any such tax information or documents relating to me.

I understand that by signing this authorization, a criminal history check may be performed. I authorize the City of Gaylord to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located for purposes of completing this application. I understand that criminal history record files may contain records of arrests which may have resulted in a disposition other than finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listing of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of a sentence and the sentence was discharged by law.

I authorize the release of all the above information, even though such information may be designated as exempt from disclosure and/or confidential under federal, state or local law.

YOU ARE AUTHORIZED to release any and all information pertaining to this applicant, documentary or otherwise, as requested any agent of the CITY OF GAYLORD, provided that agent certifies to you that an application is pending before the City for a license, or the applicant is licensed in the City, under the Michigan Regulation and Taxation of Marihuana Act, MCL 333.27951 *et seq.*

This authorization shall supersede and revoke any prior authorization to the contrary. A photocopy or facsimile of this authorization shall be considered as effective and valid as the original.

Applicant Signature

Date

Applicant Printed Name

Title

State of _____ §

County of _____ §

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