Village of Bellaire
202 N. Bridge St. P.O. Box 557
Bellaire, MI 49615
Phone: (231) 533-8213 www.bellairemichigan.com Fax: (231)533-4183

# ADULT USE MARIHUANA ESTABLISHMENT APPLICATION

Property Address: _____

Parcel ID#: _____ Zoning District: _____

Property Owner: _____

Phone:_____ Email: _____

Property Owner Address (If different): _____

Applicant (if different than owner): _____

Applicant Address (if different than owner): _____

Applicant Phone and Email (if different than owner: _____

**License Owner:** _____ ☐Self ☐Corporation ☐LLC ☐Partnership

Federal EIN #: _____

Physical Address: _____

Phone: _____ Email: _____

$5,000 Fee Paid: _____ Date Rec'd: _____ Rec'd by: _____

New ☐ Renewal ☐ Amendment ☐ Transfer of Existing Establishment ☐

**Renewal applications must be submitted prior to the expiration of existing license.*

**Approved/Denied** Case #: _____ Permit #: _____ Date issued: _____

Applicant experience in operating other licensed marihuana businesses in the State of Michigan.

_____

_____

Estimated number and type of jobs that the adult use marihuana establishment is expected to create, and the amount and type of compensation expected to be paid for such jobs.

_____

_____

Planned tangible capital investments in the Village, including if multiple licenses are proposed.

_____

_____

Explanation of anticipated economic benefits to the Village with supporting factual data.

_____

_____

Applicant's general business management experience.

_____

_____

Applicant's financial ability and/or means to operate or maintain an adult use marihuana establishment.

_____

_____

Has the applicant been delinquent in paying taxes to the Village of Bellaire, Antrim County and/or any other public entity in the past 10 years.

_____

_____

Does the applicant have a history of non-compliance with any regulatory requirements in the Village of Bellaire, Antrim County or elsewhere within the State of Michigan.

_____

_____

## Oath of Application

Under oath, I swear or affirm, that the information provided in this application is true and correct.

I agree to not violate any laws of the State of Michigan or ordinances of the Village of Bellaire in conducting the business in which the permit will be used; and I understand that a violation may be cause for non-renewal of the license applied for, or for suspension or revocation of the license.

Further, I understand that the issuance of a license by the Village of Bellaire is not intended to grant, nor shall be construed as granting, immunity from criminal prosecution for growing, sale, consumption, use, distribution or possession of marihuana in any form or manner that is not in compliance with any law of the State of Michigan, other application rules promulgated by the State of Michigan, or from criminal prosecution or the seizure of property by federal authorities under Federal Law.

Further, I understand and agree to be bound by the indemnification provision of the Village of Bellaire legal ordinances.

I agree that acceptance of a license from the Village of Bellaire constitutes consent by the permittee, owners, managers and employees to permit the Villages of Bellaire Police Department or designee to conduct inspections of the facility to ensure compliance with the *Village of Bellaire Adult Use Marihuana Establishment Ordinance* and other relevant laws.

Signed: _____ Date: _____

Printed Name and Title: _____

Subscribed and sworn to be a Notary Public on this ____ day of _____ 20____, and by the above named _____, who has appeared before me and presented photo identification and sworn that they have the foregoing and it is true to the best of his/her knowledge.

(Seal)

_____

_____, Notary Public

_____County, _____

Acting in _____ County, _____

My Commission Expires: _____