



CHARTER TOWNSHIP OF WATERFORD
CLERK'S OFFICE

5200 Civic Center Dr. • Waterford, MI 48329
Phone 248-674-6266 • Fax 248-674-5455
Web Page www.waterfordmi.gov

**REQUEST FOR APPROVAL OF TRANSFER OR CHANGE IN OWNERSHIP OF A
WATERFORD TOWNSHIP LICENSED MARIHUANA
FACILITY/ESTABLISHMENT**

Instructions

This Application is for use to request approval of transfer of licenses or changes in ownership pursuant to Section 10-307 in the MMFL Ordinance and Section 10-326 in the Adult Use Establishment Ordinance. An electronic version of this application and required documents in a media form acceptable to the Township Clerk's Office must be filed with the Clerk with a \$2,500.00 application fee for changes to medical and adult use licenses.

CLERK'S USE ONLY

Date Received: _____

Date Non-Refundable Application Fee(s) of \$ _____ paid: _____
(\$2,500 for each License applied for)

Time Received: _____

Applicant Information

NAMED APPLICANT (exact legal name of entity/person to hold license)		ADDRESS	
CITY		STATE	ZIP
EMAIL ADDRESS		PHONE	
NAMED APPLICANT'S CONTACT PERSON		ADDRESS	
CITY		STATE	ZIP
EMAIL ADDRESS		PHONE	
ASSUMED NAME(S), IF ANY, OF NAMED APPLICANT			

- (1) List of Applicants at time of submission of medical marihuana application and percentages of ownership. List of Applicants at time of submission of adult use application, if different.
- (2) List of current owners and percentages of ownership. Attach documents supporting the changes.
- (3) Attach a copy of approval from CRA of changes to ownership interest. Include the full letter of approval from CRA to indicate the change was approved by the CRA.
- (4) For the Named Applicant/Licensee, all the following, **if the information has changed** since what was previously provided to Waterford Township:
 - 4.1 Documentation of when, where, and for what purposes the entity was formed and the articles of incorporation, bylaws, and any agreements under which the entity was formed and operates, if this has changed since what was previously provided to the Township.
 - 4.2 Documentation of good standing and authority to do business in Michigan.
 - 4.3 All assumed or other names under which the Named Applicant does business.
- (5) For the Named Applicant/Licensee and each of the Applicants, where the information is **new or has changed** since previously provided to the Township:
 - 5.1 Name, position with, and interest held in Named Applicant, and residence addresses, property owned, and businesses operated in the Township for the last 10 years, including tax parcel identification numbers for all properties.
 - 5.2 The following **new** information and criminal records: the full names, addresses, telephone numbers, dates of birth, copies of motor vehicle operator's licenses, and types of legal interest in the regulated business of all persons holding more than 10% in the marihuana business and the following for each Applicant/Licensee
 - (i) For an individual or sole proprietorship: the proprietor and the proprietor's spouse.
 - (ii) For a partnership and limited liability partnership: all partners and their spouses. For a limited partnership and limited liability partnership: all general and limited partners, not including a limited partner holding a direct or indirect ownership interest of 10% or less and who does not exercise control over or participate in the management of the partnership, and their spouses. For a limited liability company, all members and managers, not including a member holding a direct or indirect ownership interest of 10% or less and who does not exercise control over or participate in the management of the company and their spouses.

- (iii) For a privately held corporation: all corporate officers or persons with equivalent titles and their spouses, all directors and their spouses, and all stockholders, not including those holding a direct or indirect ownership interest of 10% or less, and their spouses.
 - (iii) For a publicly held corporation: all corporate officers or persons with equivalent titles and their spouses, all directors and their spouses, and all stockholders, not including those holding a direct or indirect ownership interest of 10% or less, and their spouses.
 - (iv) For a multilevel ownership enterprise: any entity or person that receives or has the right to receive more than 10% of the gross or net profit from the enterprise during any full or partial calendar or fiscal year.
 - (v) For a nonprofit corporation: all individuals and entities with membership or shareholder rights in accordance with the articles of incorporation or the bylaws, and the spouses of the individuals.
- 5.3 Types, locations, and histories of past and current businesses conducted, including compliance with and violations of ordinances, codes and other laws.
- 5.4 Types, locations, and histories of other medical or adult use marihuana licensed or permitted businesses in Michigan and other states, including compliance with and violations of licenses and permits.
- 5.6 Types and histories of prior and current permits, licenses, franchises, contracts, or other approvals from state or local governments.
- 5.7 Prior dealings and contracts with the Township.
- 5.8. Presence in, proximity to, and economic, community, or other ties to the Township through offices, facilities, property ownership, Township residents employed, civic, community and charitable groups or causes supported, or otherwise.
- 5.9 References
- 5.10 Prior bankruptcies and details.
- 5.11 Prior civil litigation and details.
- 5.12 Prior unfair labor practice complaints and details.
- 5.13 Outstanding tax obligations in any jurisdiction.
- 5.14 Unpaid obligations for employee withholdings including income taxes, social security, Medicare and unemployment.

- (6) If Named Applicant/Licensee does not own property, written consent or approval of Application by owners of a property to new ownership, if applicable. Indicate if any change to consent by owners of a property.
- (7) Provide updated insurance certificate if insurance has changed due to ownership changes.
- (8) Provide an explanation of any other changes in information from the applications on file with the Township for medical marihuana/adult use licenses that have not previously been updated with the Township.
- (9) A full change in ownership requires an updated Business Registration. If all the company owners are changing, please confirm that you have submitted an updated Planning Division Application Form for Business Registration to the Planning Division. The form is available at: <https://www.waterfordmi.gov/DocumentCenter/View/1022/Application-Business-RegistrationPDF?bidId=>

AGREEMENT, ACKNOWLEDGEMENT, VERIFICATION, AND CERTIFICATION

By signing this Application, the signatory for the Named Applicant represents that he or she is authorized to do so by, for, and on behalf of the Named Applicant, who hereby verifies that all property taxes and assessments for the facility location are current and not delinquent and no code or ordinance violations for the facility/establishment, and acknowledges that if this certification is false, that this Application will be denied and the Application Fee(s) shall be forfeited to the Township. Applicant understands that the Township reserves the right to decline any transfer of a license which occurs within the first year of its original issuance.

NAMED APPLICANT:

 Named Applicant Signature Date: _____

 Printed Name Title

The Application was acknowledged before me under oath by _____, the authorized _____, of the Named Applicant, on the _____ day of _____, 20____.

 Notary Public
 _____ County, Michigan
 Acting in _____ County, Michigan
 My Commission Expires: _____

OWNER OF FACILITY LOCATION:

 Owner of Facility Signature Date: _____

 Printed Name Title