



**Village of Three Oaks Clerks Office**  
**21 North Elm Street, Three Oaks Michigan 49128**  
 e-mail: [clerk@threeoaksvillage.org](mailto:clerk@threeoaksvillage.org)  
 Tel: 269-756-9221  
 Fax: 269-756-3031

## RENEWAL OF MARIHUANA BUSINESS MUNICIPAL LICENSE APPLICATION

Pursuant to Village Ordinance #219 Section 8 License Renewal

### Annual License Application Fee: \$5,000 per License type (Non-Refundable)

Application must be submitted in person – MRA Qualification Required before Submission

Type of Facility (\$5,000.00 per license type) Non-Refundable. Check all that apply.

<input type="checkbox"/> Retailer	<input type="checkbox"/> Class A (1,000 Plants) Grower
<input type="checkbox"/> Processor	<input type="checkbox"/> Class B (1,500 Plants) Grower
<input type="checkbox"/> Microbusiness	<input type="checkbox"/> Class C (2,000 Plants) Grower
<input type="checkbox"/> Secure Transporter	<input type="checkbox"/> Safety Compliance

Each section is required by all applicants.

**1. Updated Applicant Information**

Form 1. (a) - Applicant Information

Form 1. (b) - Non-Individual Applicant Information

Form 1. (c) – Non-Individual Applicant Information (entity contact person)

**2. Updated Applicant Affirmations**

Form 2 – Applicant Affirmations

**3. Affidavit or Non-Default and Compliant Transfer**

Form 3 – Affidavit of Non-Default and Compliant Transfer

Person completing renewal application

Name:	Address:
Title:	City:
Phone #:	State:
E-mail:	Zip:

Form 1.(a) Individual Applicant Information



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**1. a) Individual Applicant Information** – Required if the Applicant is an Individual.  
A copy of the Applicant's government issued photo identification is required.

_____ Applicant Name			
_____ Date of Birth	_____ Social Security #		
_____ Applicant Physical Residential Address	_____ City	_____ State	_____ Zip
_____ Applicant Physical Business Address	_____ City	_____ State	_____ Zip
_____ Primary Phone	_____ Secondary Phone	_____ Email	
_____ Emergency Contact (Name, Phone Number)			

I affirm that I have included a copy of my government issued photo identification with this Application.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

Form 1.(b) Non-Individual Applicant Information



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**1.b) Non-Individual Applicant Information** – Required if the Applicant is **not** an Individual.  
Each person holding an ownership interest in the Applicant Entity must be listed. **Make additional copies of this form as needed.** A copy of the Applicant's government-issued photo identification is required.

Applicant Entity	Stakeholder Name		
Date of Birth	Percentage Ownership		
Stakeholder Physical Residential Address	City	State	Zip
Stakeholder Physical Business Address	City	State	Zip
Primary Phone	Secondary Phone	Email	

I affirm that I have included a copy of my government issued photo identification with this Application.

Dated: \_\_\_\_\_ Signature \_\_\_\_\_

Applicant Entity	Stakeholder Name		
Date of Birth	Percentage Ownership		
Stakeholder Physical Residential Address	City	State	Zip
Stakeholder Physical Business Address	City	State	Zip
Primary Phone	Secondary Phone	Email	

I affirm that I have included a copy of my government issued photo identification with this Application.

Dated: \_\_\_\_\_ Signature \_\_\_\_\_

Form 1.(c) Non-Individual Applicant Information (Entity Contact Person)



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**1.(c) – Non-Individual Applicant Information (Entity Contact Person)** – Required if the Applicant is **not** an Individual. The Applicant Entity Contact Person must be the highest ranking member of the Applicant Entity or the highest ranking managerial employee.

Applicant Entity		Stakeholder Name	
Entity Contact Person (i.e. highest ranking member)		Entity Contact Person Title	
Address	City	State	Zip Code
Primary Phone	Secondary Phone	Email	

I affirm that I have included the following required documents (as applicable to my entity):

- Articles of Incorporation (if corporation)
- Articles of Organization (if LLC)
- Assumed Name Registration Documents
- Internal Revenue Service SS-4 EIN Confirmation Letter
- Copy of the Operating Agreement (if LLC)
- Copy of the Partnership Agreement (if partnership)
- Name and Addresses of Beneficiaries (if trust)
- Copy of the By-laws or Shareholder Agreement (if corporation)

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

If any business license has been revoked or suspended, please explain below including the facts and circumstances concerning the application, denial, restriction, suspension, revocation, or nonrenewal and the licensing authority, the date each action was taken, and the reason for each action:

\_\_\_\_\_

\_\_\_\_\_  
Initials

I affirm, acknowledge, understand and consent to the fact that this application will be evaluated and assessed pursuant to the criteria set forth in the Village of Three Oaks Regulation of Medical and Adult Use Marihuana Ordinance.

\_\_\_\_\_  
Initials

I swear that the statements made in this Affirmation are true and complete as required by the laws and ordinances of the Village of Three Oaks.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

STATE OF MICHIGAN            )  
  ) ss.  
COUNTY OF \_\_\_\_\_ )

This instrument was acknowledged before me on \_\_\_\_\_,  
2021 by \_\_\_\_\_.

\_\_\_\_\_, Notary Public  
State of Michigan, County of \_\_\_\_\_  
Acting in the County of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_



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**4. Affidavit of Non-Default and Compliant Transfer - Required for all Applicants**

STATE OF MICHIGAN )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, deposes and says:  
Applicant

1. I am an adult and legally competent to make the statements in this affidavit, which I make from firsthand knowledge.
2. I, and each applicant, operator and stakeholder, am not in default to the Village of Three Oaks.
3. I, and each applicant, operator and stakeholder, have never failed to file or pay any income taxes, property taxes, special assessments, fines, fees or any other financial obligation to the Village of Three Oaks.

Dated: \_\_\_\_\_  
Signature

This instrument was acknowledged before me on \_\_\_\_\_,  
202\_\_ by \_\_\_\_\_.

\_\_\_\_\_, Notary Public  
State of Michigan, County of \_\_\_\_\_  
Acting in the County of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_



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**Licensing Information Preceding 12 months**

YES NO

Is the applicant prequalified by the State of Michigan?

\*If yes, please attach documentation

\*If no, has the applicant applied for prequalification for the State of Michigan?

Does the applicant hold another marihuana license in Michigan or another state?

\*If yes, please state which type of license and where located

Has the applicant and/or operator of any owner listed above been denied an application for any type of marihuana facility in any other jurisdiction?

\*If yes state when, where and for what reason

Has the applicant and/or operator or any owner listed about had a marihuana facility license of any kind suspended or revoked in any other jurisdiction?

\*If yes state when, and where and for what reason

Has the applicant or operator ever been convicted of a felony or controlled substance violation(s) in a federal, state, or other court?

\*If yes, state when, and where and for what reason

Has the applicant or operator ever been charged with a municipal ordinance violation in the Village of Three Oaks?

\*If yes, state when, where and for what reason

- If necessary, please attach additional pages
- Please attach a proposed business plan/description including plans for training and education of the employees, plans for community outreach and education and if you have a charitable plans or strategies that may benefit the residents of the Village of Three Oaks.