

VILLAGE OF BREEDSVILLE
Van Buren County, Michigan

**APPLICATION FOR MEDICAL/RECREATIONAL MARIHUANA FACILITY
IN THE VILLAGE OF BREEDSVILLE**

- Original Application
 Renewal Application

Important Notice to Applicants: *This initial application is to request conditional approval to operate a medical/recreational marihuana facility or facilities in the Village of Breedsville. A conditionally-approved application and the Village's Medical/recreational Marihuana Facilities Ordinance may be used as part of a submittal to the State of Michigan for a medical/recreational marihuana facility (or facilities) license (or licenses) but does not confer authority to operate a particular facility or facilities at any particular location in the Village of Breedsville. All state-approved facilities are subject to the provisions of Village of Breedsville Ordinance Number 050917.1/050917.2 Rec.Ord. 16-120319 (Medical/recreational Marihuana Facilities Ordinance) and must obtain zoning approval prior to operation of a facility or facilities within the Village of Breedsville..*

1. APPLICANT:

Name: _____
Address: _____
City/State/Zip Code _____
Telephone # Land Line: _____ Cell: _____ Fax: _____
Email address: _____

- 2. IS APPLICANT AN** (check one); Individual Corporation D/B/A LLC
 Other/Specify: _____

IF A CORPORATION OR DBA, name, and address of registered agent for service of process:

3. TYPE OF FACILITY BEING APPLIED FOR:

() Grower- () Medical () Recreational Class () A () B () C

* Must be in Agricultural or Industrial Zoning District

() Processing Facility () Safety Compliance Facility () Secure Transportation () Provisioning Center

4. PROPERTY INFO (If applicant has a particular location in mind, please indicate the following details):

Street Address: _____ Tax Parcel #: _____

Deed Restrictions on Property (Check one): Yes No Acreage: _____

Property on which medical marijuana facility is proposed to be located is in the following zoning district:

- () I-1 Light Industrial; () I-2 General Industrial; () C-1 Local Commercial;
() C-2 Commercial Corridor () Ag

Note, the applicant is not required to identify a particular property or properties for the purposes of making this application. All conditional licenses authorized by this application are only for the purpose of providing a submittal to the State of Michigan and do not confer any right to use of any particular property within the township for any type of facility. All medical / Recreational marihuana facilities are subject to all ordinances of the Village of Breedsville and in particular the Village Zoning Ordinance.

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5. **SUBMIT \$5,000** nonrefundable application fee with this application.

6. **AFFIDAVIT:** I (we) the undersigned affirm that the foregoing answers, statements, and information, and any attachments, are in all respects true and correct to the best of my (our) knowledge and belief. I (we) the undersigned understand that this application is for conditional approval to operate a medical marihuana facility or facilities within Village of Breedsville and that a conditionally approved Village of Breedsville application may be used as part of an application to the State of Michigan for a Medical Marihuana Facility or Facilities to be operated within the Village.

I (we), the undersigned understand that if I am conditionally authorized by the Village of Breedsville, but my application to the State of Michigan for a state operating license is denied, that the Village Clerk will cancel the conditional authorization and I will forfeit the initial application fee.

I understand that if I receive a state operating license for a medical marihuana facility or facilities to be operated within the Village of Breedsville, that I will be required to submit a copy of my state operating license together with a zoning application to Village of Breedsville and that I will not be authorized to operate unless and until I receive zoning approval for the location and type of facility from the Village of Breedsville. I will pay all zoning application fees and I understand that I do not have the right to a particular location or zoning district by making this application. I understand that I will be required to submit a separate zoning application, together with an application fee and escrow amount to be utilized by the Village of Breedsville in processing my zoning application, which is separate from the initial application fee which I have paid to the Village as part of this application.

I will not operate a medical/Recreational marihuana facility or facilities within the Village unless and until I obtain permit a state license for the facility or facilities and until I have received approval for the location and site plan approval as required by the village Zoning Ordinance.

Applicant Signature(s) Date	Co-Applicant's Signature(s) Date

SUBMITTAL INSTRUCTIONS AND FEES

This application must be returned with a payment (check) for the \$5,000 nonrefundable.
Application fee to the following address:
Linda Norton, Clerk
Village of Breedsville
82 E. Main P.O. Box 152
Breedsville, MI 49027
Telephone: 269-427-9029/ Cell: 269-767-0096

Application fee check shall be made out to Village of Breedsville

Village of Breedsville Use Only:

Application received by: _____ Date: _____ By: (initials) _____

Application Fee Cash/Check No. _____

Application reviewed on: (date) _____ Application reviewed by: (initials) _____

Yearly Renewal (date) _____