

OWNER INFORMATION

- Each owner must be listed on the application including name, title, address, current home address and percentage of business ownership.

(Ownership percentages should total 100%. If any individual(s) own(s) less than 10%, list the number of individuals who own less than 10% and the total percentage to reach 100%. For example, If John Doe owns 5%, Joe Smith owns 8%, and Mary Jones owns 9% state at the bottom of this form that three individuals own 22% so that the total will equal 100% once you individually include all those who own 10% or more.)

- Each owner of record must submit a complete and Notarized Background Authorization form. Backgrounds will be conducted by the City of Grand Rapids Police Department and/or the Minnesota Bureau of Criminal Apprehension.

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.				
Ownership %	Background information is included as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Owner Name:		Title:		
Address:	Street	City	State	Zip
Signature:		Date:		

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.				
Ownership %	Background Information is included as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Owner Name:		Title:		
Address:	Street	City	State	Zip
Signature:		Date:		

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.				
Ownership %	Background Information is included as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Owner Name:		Title:		
Address:	Street	City	State	Zip
Signature:		Date:		

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.				
Ownership %	Background information is included as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Owner Name:		Title:		
Address:	Street	City	State	Zip
Signature:		Date:		

Add more pages as necessary to accommodate all Commercial Cannabis Business Owners

SUPPORTING INFORMATION

List all fictitious business names the applicant is operating under including the address where each business is located:

Has the Applicant or any of its owners been the subject of any administrative action, including but not limited to suspension, denial, or revocation of a cannabis business license at any time in the previous five (5) years? If so, please list and explain:

Is the Applicant or any of its owners currently involved in an application process in any other jurisdiction(s)? If so, which jurisdiction(s)?

APPLICATION CERTIFICATION

I hereby certify, under penalty of perjury, on behalf of myself and all owners, corporate officers, partners, and managers identified in this application that the statements and information furnished in this application and the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. I understand that a misrepresentation of fact is cause for rejection of this application, denial of the permit, or revocation of a permit issued.

In addition, I understand that the filing of this application grants the City of Grand Rapids permission to reproduce submitted materials for distribution to staff and City Council Members, and other Agencies to process the application. Nothing in this consent, however, shall entitle any person to make use of the intellectual property in plans, exhibits, and photographs for any purpose unrelated to the City's consideration of this application.

Furthermore, by submitting this application, I understand and agree that any business resulting from an approval shall be maintained and operated in accordance with requirements of the City of Grand Rapids Municipal Code and State law.

Under penalty of perjury, I hereby declare that the information contained in within and submitted with the application is true, complete, and accurate. I understand that a misrepresentation of the facts is cause for rejection of this application, denial of a license or revocation of an issued license. I further authorize the City, its agents, and employees to seek verification of the information contained in the application.

Name

Signature

Title

Date

For more information City of Grand Rapids Municipal Code, Chapter 14, Article 14-VI.
https://grandrapids.municipalcodeonline.com/book?type=ordinances#name=ARTICLE_14-VI_REGULATE_CANNABIS_BUSINESSES