



Chris Swope
Lansing City Clerk

Marijuana Operations License Application

(City Codified Ordinances – Chapter 1300)
http://mi-lansing.civicplus.com/171/Business-Licenses

Stakeholder Information – Corporations, LLCs, LLPs or Other non-individual entities must complete this sheet for every Applicant or Stakeholder. You must designate one Stakeholder as Emergency Contact. Save additional copies as needed.

Form with fields: Full Name, Date of Birth, Phone Number, Secondary Phone Number, Address, City, State, Zip, Email Address, Designated Emergency Contact for Applicant? (Yes/No checkboxes)

I swear that the statements made in the electronic application, including all attachments thereto, are true.

Name _____ Signature _____

Address _____ Date _____

Subscribed & sworn to before me this ____ day of _____ 20__

Notary Signature _____

Printed Name _____ My Commission Expires _____

Notary Public, _____ County, MI Acting in the County of _____



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Lansing Treasury Information Request – must be completed by every applicant and stakeholder. *Please save and attach a separate form for each person to the Treasury section of the on-line application.*

Today's Date:

Applicant/Stakeholder Information

First Name:

Middle Name:

Last Name:

Home Address:

City:

State:

Zip Code:

Daytime Phone:

Date of Birth

Social Security Number:

Driver's License or State ID Number:

Business Information

Corporate/LLC/LLP Name:

Doing Business As (DBA):

Business Address:

Zip Code:

Lansing, MI

Business Phone Number:

FEIN Number:

Date Business Established:

Please list the names and FEIN numbers for any other Lansing area business(es) in which your ownership exceeds 25%.

YES NO

Do you, or any of these businesses, owe the City of Lansing Money for any reason?

If yes, for what?

Signature

Lansing City Clerk's Office
Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695
517-483-4131 • 517-377-0068 FAX

www.lansingmi.gov/clerk • city.clerk@lansing.mi.gov



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Financial Resources Litigation History – must be completed for every stakeholder or applicant. Please provide a 7 year history of any court ordered financial obligations owed by you individually, or owed by any business(es) for which you are a stakeholder.
Save and upload additional copies as needed.

First Name

Middle

Last Name

Street Address, City, State Zip

I do not have any court ordered financial obligations.

I have court ordered financial obligations.*

*Please list any court case numbers and attach copies of the court orders.

I affirm that I do not have any court ordered financial obligations that are not disclosed on this form.

Signature

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Morals, Good Order, and General Welfare Litigation History – must be completed for every stakeholder or applicant. You must include any litigation you have been involved with either as an individual or stakeholder of any business within the last 7 years. *Save and upload additional copies as needed.*

First Name

Middle

Last Name

Street Address, City, State Zip

I have never been a party to any litigation personally or as a shareholder in any business.

I have been involved in litigation personally or as a shareholder in a business.*

****Please list court case numbers. Use an additional sheet if necessary.***

I affirm that I do not have any court ordered financial obligations that are not disclosed on this form.

Signature

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