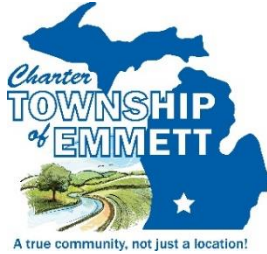


# MARIHUANA BUSINESS PERMIT APPLICATION

## CHARTER TOWNSHIP OF EMMETT

### INITIAL APPLICATION



Marihuana Administration  
621 Cliff Street  
Battle Creek, MI 49014

Phone: 269-968-0241  
Fax: 269-968-0108

**Fees:** All fees are to be paid in full at the time of application submission. Fee is 50% refundable should the application go into abeyance and must be paid with certified or cashiers check.

Office Use Only  
Date and Time Submitted:

Original applications must be submitted in-person by the Applicant, their State Licensed Attorney or Authorized Agent.

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Business E-mail: \_\_\_\_\_ Business Website: \_\_\_\_\_

### APPLICANT INFORMATION (person principally in charge of operation of business)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Maiden Name or Aliases: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Michigan ID/Driver's License #: \_\_\_\_\_ Primary Contact #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Secondary Contact #: \_\_\_\_\_

### PERMIT(S) DESIRED (\$5,000 per license)

Check all that apply

#### Medical

- |  |  |
|--|--|
| <input type="checkbox"/> Grower Class A (500 plants) _____ # of licenses   | <input type="checkbox"/> Provisioning Center |
| <input type="checkbox"/> Grower Class B (1,000 plants) _____ # of licenses | <input type="checkbox"/> Safety Compliance   |
| <input type="checkbox"/> Grower Class C (1,500 plants) _____ # of licenses | <input type="checkbox"/> Secure Transporter  |
| <input type="checkbox"/> Processor Method(s) of Extraction: _____          |  |

#### Adult Use / Recreational

- |  |   |
|--|---|
| <input type="checkbox"/> Marihuana Grower Class A (100 plants) _____ # of licenses   | <input type="checkbox"/> Retailer           |
| <input type="checkbox"/> Marihuana Grower Class B (500 plants) _____ # of licenses   | <input type="checkbox"/> Safety Compliance  |
| <input type="checkbox"/> Marihuana Grower Class C (2,000 plants) _____ # of licenses | <input type="checkbox"/> Secure Transporter |
| <input type="checkbox"/> Processor Method(s) of Extraction: _____                    |   |

**PROPOSED FACILITY INFORMATION**

Facility Name: \_\_\_\_\_ Real Property ID #: \_\_\_\_\_  
Address: \_\_\_\_\_ Personal Property ID #: \_\_\_\_\_  
\_\_\_\_\_ Zoning Classification: \_\_\_\_\_

Property Tax ID/Parcel #: \_\_\_\_\_

Note: Facility must conform with all requirements of the Township's Zoning and Sign Ordinances in regards to Marihuana Businesses

Owned Date Purchased: \_\_\_\_\_  
 Leased Start: \_\_\_\_\_ End: \_\_\_\_\_

Will facility be an existing structure?  Yes  No Square Feet? \_\_\_\_\_  
Will a new structure or facility be built?  Yes  No Square Feet? \_\_\_\_\_

Water and Waste Water Information: include the business as well as the entire parcel  
Expected Level of Water Use (gallons/day): \_\_\_\_\_  
Expected Level of Waste Water Discharge (gallons/day): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does the applicant have an alarm system in place?  Yes  No  
If yes, Name of Alarm Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_

Does the applicant/entity currently hold an active Medical Marihuana Facility Permit at this address?  Yes  No  
If yes, complete A. If no, skip to B.

**PART A**

MMF State Facility License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Does the applicant plan to operate with equivalent licenses at this location? (Adult Use and Medical)  Yes  No  
If yes, are all employees over the age of 21?  Yes  No. If no, modifications must be made to completely partition the medical marijuana facility from the proposed adult use establishment.

**PART B**

Has the subject property ever been used as a marihuana facility?  Yes  No  Do not know  
Is this application part of a transfer of ownership?  Yes  No. If yes, you must include an Intent to Transfer letter from the current license holder (seller).  
Will any modifications be made to the subject property?  Yes  No  
If this is a competitive application, please attach answers to criteria contained in Township Code Section 18.306.

**PROPERTY OWNER OF RECORD**

If additional owners, include on a separate page.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Facility Name: \_\_\_\_\_ Facility Address: \_\_\_\_\_  
If leased, Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Name: _____	Facility Address: _____
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**BUSINESS OWNERSHIP TYPE**

- |   |   |
|---|---|
| <input type="checkbox"/> Individual/Sole Proprietor<br><input type="checkbox"/> Sole Member LLC<br><input type="checkbox"/> LLC | <input type="checkbox"/> Partnership<br><input type="checkbox"/> Corporation Type: _____<br><input type="checkbox"/> Other (specify): _____ |
|---|---|

**SECTION A.** Complete this section if you marked individual/Sole Proprietor or Sole Member LLC

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Maiden Name or Aliases: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Michigan Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**SECTION B.** Complete this section if you marked LLC, Partnership, Corporation or Other

Official Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Michigan Corporate/LLC ID #: \_\_\_\_\_ Date of Incorporation/Qualification: \_\_\_\_\_

**BUSINESS OPERATIONS**

Intended Hours of Operation:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

## LIST OF STAKEHOLDERS AND MANAGERS

List all Owners, Partners or Corporate Officers (Stakeholders) as well as Managers

Note: all persons listed need to complete the Criminal History Disclosure and Background Record Authorization form

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Maiden Name or Aliases: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

DL/State ID #: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Maiden Name or Aliases: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

DL/State ID #: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Maiden Name or Aliases: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

DL/State ID #: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Maiden Name or Aliases: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

DL/State ID #: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Maiden Name or Aliases: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

DL/State ID #: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

*Attach additional documents if there are more individuals to list.*

Facility Name:	Facility Address:
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### ADDITIONAL OWNERSHIP INFORMATION

If the Corporation/Business or Individuals are currently licensed by any other governmental agency to engage in any business, list each such license held, the city or township in which it is held, and expiration date thereof.

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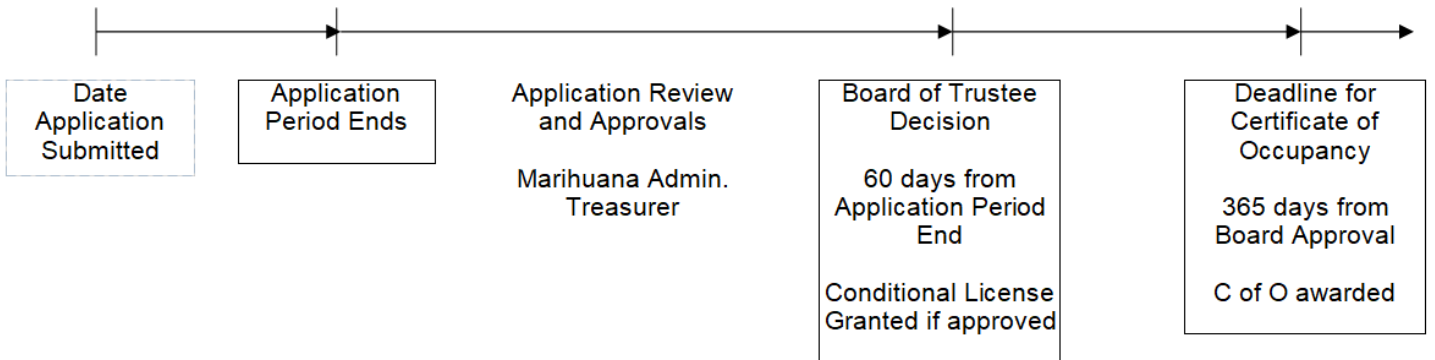
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Hiring Note: Before hiring a prospective agent or employee of the applicant, the holder of a permit shall conduct a background check of the prospective employee. If the background check indicates a pending charge or conviction within the past ten (10) years for a controlled substance-related felony, the applicant shall not hire the prospective employee or agent without written permission from the Township Board of Trustees.

### TIMELINE



Facility Name:	Facility Address:
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## **ADDITIONAL DOCUMENTS REQUIRED**

To complete the application, applicant must include the following documents:

Financial Information Request Form(s) (attached)

Criminal History Disclosure and Background Record Authorization Forms (attached)

Facility List of Employees (attached)

Proof of Insurance: Required prior to Certificate of Occupancy

- Worker's Compensation Insurance as required by law
- General Liability Insurance with a minimum limit of \$1,000,000 per occurrence and aggregate limit of \$2,000,000 issued by a company licensed to do business in Michigan with an AM Best rating of at least B++. The policy shall name the Charter Township of Emmett and its officials and employees as additional insureds to the limits required by this section.
- If secure transporter, No-fault Automobile Insurance not less than \$1,000,000 per occurrence combined single limit for bodily injury and property damage.

Business Plan Draft

- The State of Michigan requires a business plan with that application. Please submit whatever content you have prepared currently.

Entity Information

- Official Registration Document (e.g. Articles of Incorporation)
- Copy of Bylaws, Operating Agreement, Partnership Agreement (if partnership) or other Governing Documents
- Copy of Organizational Structure
- Authorizing Resolution (if applicable)
- Certificate of Assumed Name (if applicable)

Proof of Corporation Registration

- If the business is a LLC, Partnership, Corporation, or other, please provide proof of registration with, or a certificate of good standing from, the Michigan Department of Licensing and Regulatory Affairs' Corporations, Securities, and Commercial Licensing Bureau.

Affirmation, under Oath, Regarding Commercial Licensure

- Affirmation, under oath, as to whether the applicant or stakeholder has ever applied for or has been granted a commercial license or certificate issued by a licensing authority in Michigan or any other jurisdiction that has been denied, restricted, suspended, revoked, or not renewed. Furthermore, include a statement describing the facts and circumstances concerning the application, denial, restriction, suspension, revocation, or nonrenewal, including the licensing authority, the date the action was taken, and the reason for each action.

Proof of Ownership or Written Consent from Property Owner

- Proof of Ownership of the entire premises or a notarized letter giving consent from the property owner alongside a copy of the deed, lease, or option agreement. A usable letter is attached if needed.

State of Michigan Licensing and Regulatory Affairs Department's Prequalification Letter

Location Area Map

- Map of the surrounding area that identifies distance to the closest public or private elementary school, vocational school, secondary school, church or religious institution if recognized as a tax-exempt entity as determined by Emmett Township Assessor's Office.

Additional Documents List continues on next page.

Facility Name:

Facility Address:

## **ADDITIONAL DOCUMENTS REQUIRED Continued**

### Diagram of Proposed Licensed Premise

- A scale diagram of proposed licensed premises. Shall include a building floor plan with all entryways, doorways, passage ways, and means of public entry and exits to the outside. Shall also include loading zones, available onsite parking spaces, and designate all areas where marihuana will be stored, grown, manufactured, or dispensed.

### Security Plan Description

- Include, but not limited to, lighting, alarms, barriers, recording/monitoring devices, and/or security guard arrangements proposed for the facility. Description must include details of each piece of security equipment. Provide the name, address, telephone number, and business license number of any security company to be used. Note: the company must have a valid business license in the State of Michigan.

### Crisis Response Plan

- Include the location of material safety data sheets and any chemical storage.

### Chemicals List (any chemicals stored at the facility)

- Grower's should include a storage plan with names of chemicals and pesticides, where and how they are stored, and a plan for the disposal of unused chemicals and pesticides. Note: all growing must be performed with an enclosed and locked facility.

### Ventilation System Plan

- Describe the ventilation system used to prevent odor from leaving the building and how to mitigate noxious fumes or gases.

### Facility Sanitation Plan

- Describe plans to protect against any Marihuana being ingested by any person or animal, indicating how waste will be stored and disposed of, and how Marihuana will be rendered unusable upon disposal. Note: disposal by on-site burning or introduction in the sewerage system is prohibited.

### Building Permit Application

### Affidavit that Transfer of Marihuana is in Compliance (if processing)

- Transfer of marihuana to and from facilities shall be in compliance with the Michigan Medical Marihuana Act and the Medical Marihuana Facilities Licensing Act or other applicable state laws.

### Community Benefits Statement

- Attach an explanation, with supporting factual data, of the economic benefits to the township and the job creation for local residents to be achieved by the facility including plans for community outreach and worker training programs, through the granting of a provisional license.

### Grower's only: Affidavit that Operations will Conform to Applicable Laws

- Affidavit that all operations will be conducted in conformance with the Michigan Regulation and Taxation of Marihuana Act (MRTMA), the Medical Marihuana Facilities Licensing Act (MMFLA), or other applicable State laws. Furthermore, all such operations shall not be cultivated on the premises at any one time more than the permitted number of marihuana plants per the MMMA, as amended, and the MMFLA.

Facility Name: _____	Facility Address: _____
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### AUTHORIZATION & PREFERENCES

I prefer all correspondence and/or permits be sent by: \_\_\_\_\_

Email or Mailing Address: \_\_\_\_\_

Does any person other than the applicant(s) named in this application have authority to discuss this permit application with Township staff?  Yes  No If yes, complete the following:

Name: \_\_\_\_\_ Affiliation with Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Attorney License No. (if applicable): \_\_\_\_\_

Is this person the main contact for all purposes pertaining to this permit application?  Yes  No

*Attach an additional sheet if there are more authorized contacts to list.*

- Neither I, nor any "Applicant" is in default to the Charter Township of Emmett for any property tax, special assessment, utility charges, fines, fees or other financial obligation owed to the Charter Township of Emmett.
- Neither I, nor any "Applicant" is ineligible from holding a license for any reasons set forth in the MMFLA and its administrative rules, the MRTMA and its administrative rules, or Chapter 18 of Township Code.
- I, the applicant, consent to inspections, examinations, searches and seizures required undertaken pursuant to enforcement of Charter Township of Emmett Ordinances Section 18-307(i).
- I understand once approved for a provisional license, the applicant on this initial application has 365 days from the time of approval to complete the building and have acquired the certificate of occupancy permit and state licensure. No other material change, contract or agreement can be entered into by the applicant/licensee with any other interest, entity, LLC, corporation, business owner or property owner during this time frame, or the provisional license will be revoked. A marijuana business provisional license issued by the Charter Township of Emmett is not transferable. If for any reason or at any time during this process the applicant/licensee should decide to cease moving forward, the applicant must rescind their license to the Township to be made available for the next eligible applicant who is to be pre-approved by the Charter Township of Emmett Board of Trustees.

I hereby certify under the penalty of perjury that the statements made in this application, including all attachments thereto, are true. I further certify that I am an officer, director, or managerial employee of the applicant or a person who holds a direct or indirect ownership interest in the applicant.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



Facility Name: _____	Facility Address: _____
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<b>REVIEWS (Office Use Only)</b>	
Marihuana Administrator	<input type="checkbox"/> Approved <input type="checkbox"/> Denied    Signature: _____ Comments: _____ Notified Applicant: Date: _____ Signature: _____ If denied, corrections made <input type="checkbox"/> Yes <input type="checkbox"/> No    Signature: _____ Comments: _____
Treasurer	<input type="checkbox"/> Approved <input type="checkbox"/> Denied    Signature: _____ Comments: _____ Notified Applicant: Date: _____ Signature: _____ If denied, receipt of payment <input type="checkbox"/> Yes <input type="checkbox"/> No    Signature: _____ Comments: _____
Board of Trustees	<input type="checkbox"/> Approved <input type="checkbox"/> Denied    Signature: _____ Comments: _____ Notified Applicant: Date: _____ Signature: _____ If denied, corrections made <input type="checkbox"/> Yes <input type="checkbox"/> No    Signature: _____ Comments: _____

CHARTER TOWNSHIP OF EMMETT  
MARIHUANA BUSINESS PERMIT APPLICATION

**FINANCIAL INFORMATION REQUEST**

A separate form for each individual listed on the permit application is required, including applicant, stakeholders, and facility managers.

**BUSINESS INFORMATION**

Name of Company: \_\_\_\_\_  
Federal Employer ID Number: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Parcel Property ID: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Personal Property ID: \_\_\_\_\_  
Phone: \_\_\_\_\_ Website: \_\_\_\_\_ Email: \_\_\_\_\_

**APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Michigan ID/Driver's License #: \_\_\_\_\_ Years of Residency: \_\_\_\_\_  
Do you, or this business, owe the Charter Township of Emmett money for any reason?  Yes  No  
If yes, please explain:

Note: outstanding charges will need to be paid prior to application approval.  
Name of any other Township area businesses or properties in which your ownership participation exceeds 25%:

Please submit this completed form to: Marihuana Administration  
621 Cliff Street  
Battle Creek, MI 49014

If you have any questions, please contact the Township Marihuana Administrator's Office at (269) 788-1750 or via email at: [clkemp@emmett.org](mailto:clkemp@emmett.org).

The Applicant is responsible for being sufficiently familiar with and having a working knowledge of Township marihuana related ordinance requirements found in the Emmett Code of Ordinances Ch. 18 Art. VI.

I hereby certify that the information provided above is accurate to the best of my knowledge. I agree to operate the aforementioned business in compliance with the Ordinances of the Charter Township of Emmett and all applicable ordinances, statutes, regulations, and laws. In addition, I agree to cooperate with the investigation/inspector assigned to screening this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Treasurer  Approved  Denied Signature: \_\_\_\_\_  
Comments: \_\_\_\_\_  
If denied, receipt of payment  Yes  No Signature: \_\_\_\_\_  
Comments: \_\_\_\_\_

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CHARTER TOWNSHIP OF EMMETT  
MARIHUANA BUSINESS PERMIT APPLICATION

**CRIMINAL HISTORY DISCLOSURE AND BACKGROUND RECORD AUTHORIZATION**

As part of the licensing process, each person listed on the application must complete this form, individually, and submit with a copy of valid photo ID or driver's license. All questions on this form must be answered completely and truthfully. Incomplete or omitted information may result in application delay or denial.

Facility Name: _____	Facility Address: _____
----------------------	-------------------------

Full Name: _____	
Maiden Name or Aliases: _____	
Michigan ID or Driver's License Number: _____	
Home Address: _____	City: _____ State: _____ Zip: _____
Phone: _____	Date of Birth: _____ Gender: _____ Race: _____
1. Has the applicant ever been arrested, charged, indicted or imprisoned for a felony involving controlled substances as defined under the Michigan Public Health Code, MCL 333.1101 et seq, the federal law, or the law of any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Has the applicant ever been arrested, charged, indicted, or imprisoned for any other type of felony under the law of Michigan, the United States, or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "Yes" to either or both of the above questions, the applicant must complete the following section.	

Offense	Date	Arresting Agency	Name & Location of Courthouse	Case Caption	Case/Docket Number	Disposition
Date of Conviction	Law under which individual was convicted					SID Number

I, \_\_\_\_\_, authorize the release of any and all information from any appropriate agency regarding my criminal conviction history to the Charter Township of Emmett Marihuana Administrator. I understand that my ethnicity, date of birth, sex, and age will not be made a part of my application and that none of these four (4) items will be considered in the review of my permit application.

I acknowledge that a complete background investigation, including but not limited to, a State Police criminal conviction record check will be done. In addition, I agree to cooperate with the investigator/inspector assigned to screening this application.

I further understand that the Township has the right to deny my permit based upon the results of this investigation, and I hereby certify that the information provided above is accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b> Marihuana Administrator: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: _____  Comments: _____
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CHARTER TOWNSHIP OF EMMETT  
MARIHUANA BUSINESS PERMIT APPLICATION

**PROPERTY OWNER CONSENT FORM**

I, \_\_\_\_\_, declare under penalty of perjury that:

1. For the property listed below, I am (choose one)  the record title owner or  a representative of a trust or business entity named \_\_\_\_\_ that owns the property, and I have been duly authorized to represent such trust or business entity for purposes of executing this document (must provide supporting documentation).

\_\_\_\_\_

\_\_\_\_\_

*Physical Address of Property*

2. I, or the trust or business entity I represent, am aware that the applicant \_\_\_\_\_ is in the process of applying to the Charter Township of Emmett for a business permit to operate a marihuana facility on the property described above in conformance with all the provisions of the Codified Ordinances of the Township.
3. If such application is granted, I will allow the applicant to engage in the operation of the applied for marihuana business on the property.
4. I, or the trust or business entity I represent, understand that, as the owner of the parcel of the proposed marihuana business, I am required to sign this agreement in order for the applicant's application to go forward and understand that I may be liable under local, state, or federal law for the marihuana activities I am allowing on my property.

\_\_\_\_\_  
*Property Owner Signature*

\_\_\_\_\_  
*Date*

For use by notary

Acknowledged by \_\_\_\_\_ before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Notary public, State of Michigan, County of \_\_\_\_\_

My commission expires \_\_\_\_\_