



# Closing Form for Adult Use Marihuana Establishment Permit Transfer of Ownership

This form must be used to finalize a transfer of ownership of a Adult Use Marihuana Facility Operating Permit under Chapter 835 Battle Creek, MI Code of Ordinances. This closing form must be completed and submitted to the City Clerk's office, along with the AUME Part B application and all necessary supplemental documents after submitting a Transfer of Ownership application and receiving a conditional approval of the transfer from the City of Battle Creek and after obtaining a Bureau of Marijuana Regulation Facility License from the State of Michigan

Applicant (Purchaser) Information			
Applicant Name:			
Business Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	E-mail:		
Current Permit Holder (Seller) Information			
Business Name:			
Applicant Name (person principally in charge of operation of business):			
Facility Name and Address:			
City:	State:	ZIP Code:	
Type of Facility		Check all that apply	
<input type="checkbox"/> Grower: ___ Class A (100 plants) x _____ # of permits	<input type="checkbox"/> Safety Compliance		
<input type="checkbox"/> Class B (500 plants) x _____ # of permits	<input type="checkbox"/> Processor		
<input type="checkbox"/> Class C (2,000 plants) x _____ # of permits	<input type="checkbox"/> Retailer		
<input type="checkbox"/> Microbusiness	<input type="checkbox"/> Secure Transporter		
Current Permit Holder (Seller) Verification of Sale of Facility			
<p>By signing below, I hereby certify that I have sold, transferred, or assigned the facility involved in this application to the above noted applicant (purchaser). I certify that the information contained in this form is true and accurate to the best of my knowledge. I acknowledge once a final Adult Use Marihuana Establishment Permit is issued to the above noted applicant (purchaser), I will no longer have authorization to act as the applicant of the subject Adult Use Marihuana Establishment and the Adult Use Marihuana Establishment Facility Final Operating Permit issued to me will be surrendered.</p>			
_____ Applicant's (Current Permit Holder) Signature		_____ Date	
Signature of Applicant (Purchaser)			
<p>I certify that the information contained in this form is true and accurate to the best of my knowledge. I agree to operate the aforementioned facility in compliance with the guidelines established pursuant to Chapter 835 and 1251.23 - 1251.31 of the Codified Ordinances of Battle Creek, Michigan and all applicable ordinances, statutes, regulations, and laws.</p>			
_____ Applicant's (Purchaser) Signature		_____ Date	