



Closing Form for Medical Marihuana Facilities Permit Transfer of Ownership

This form must be used to finalize a transfer of ownership of a Medical Marihuana Facility Operating Permit under Chapter 833 Battle Creek, MI Code of Ordinances. This closing form must be completed and submitted to the City Clerk's office, along with the MMF 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

Grower: <input type="checkbox"/> Class A (500 plants) x _____ # of permits	<input type="checkbox"/> Safety Compliance
<input type="checkbox"/> Class B (1,000 plants) x _____ # of permits	<input type="checkbox"/> Processor
<input type="checkbox"/> Class C (1,500 plants) x _____ # of permits	<input type="checkbox"/> Provisioning Center
	<input type="checkbox"/> Secure Transporter

Current Permit Holder (Seller) Verification of Sale of Facility

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 Medical Marihuana Facility Permit is issued to the above noted applicant (purchaser), I will no longer have authorization to act as the applicant of the subject Medical Marihuana Facility and the Medical Marihuana Facility Final Operating Permit issued to me will be surrendered.

Applicant's (Current Permit Holder) Signature	Date
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Signature of Applicant (Purchaser)

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 833 and 1251.23 - 1251.31 of the Codified Ordinances of Battle Creek, Michigan and all applicable ordinances, statutes, regulations, and laws.

Applicant's (Purchaser) Signature	Date
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