

**PARMA TOWNSHIP  
ACKNOWLEDGEMENT OF AUTHORITY TO  
TRANSFER COMMERCIAL MEDICAL MARIHUANA  
FACILITY PERMIT**

**Transferor's (Permit Holder's) Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Permit No. \_\_\_\_\_

**Transferee's (Receiver's) Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**Type of CMMF Permit (check one):**

- Grower Facility, Class C
- Processor Facility
- Secure Transporter Facility
- Provisioning Center

Transferor and Transferee Certification:

Transferor acknowledges and represents that he/she/it is the holder of a Commercial Medical Marihuana Facility Permit (the "Permit") pursuant to the Parma Township Ordinance Authorizing and Permitting Commercial Medical Marihuana Facilities (the "Ordinance"), and intends to transfer that Permit to Transferee. Transferee acknowledges and represents that he/she/it is willing to accept the transfer of the Permit, and represents that it has reviewed the Ordinance and agrees to be bound by its terms, including, but not limited to, the obligation to file a separate Application under that Ordinance in connection with this transfer. Transferor and Transferee agree: 1) that it is their sole responsibility to comply with the requirements of any applicable Parma Township Ordinance; 2) that the Township is not bound to approve the transfer described in this Acknowledgment; and 3) that this Acknowledgment does not give the Transferor or Transferee any vested rights to any permit, transfer of a permit, or to any renewal.

Transferor specifically warrants that he/she/it possesses the authority to execute such a transfer, either as an individual or as an authorized agent of the Permit holder, and expressly agrees to indemnify, hold harmless, and defend the Township, its officers, employees, representatives, or agents, from any and all suits, claims, damages, costs, and expenses of every kind and nature, including attorneys' fees, which may be asserted against the Township and its officers, employees, representatives, or agents in connection with the transfer of the Permit.

*A transfer is not effective until an application for transfer is approved by the Township Board.*

**Signature Page Follows**

Signature (Transferor) Print name: \_\_\_\_\_

\_\_\_\_\_  
Date

Signature (Transferee) Print name: \_\_\_\_\_

\_\_\_\_\_  
Date

Witness (see below):\*

\_\_\_\_\_  
Signature (Township Board Member)

\_\_\_\_\_  
Date

STATE OF MICHIGAN            )  
  ) ss  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to by \_\_\_\_\_, as Transferor, before me this \_\_\_\_ day of \_\_\_\_\_, 2017, in \_\_\_\_\_ County, Michigan.

\_\_\_\_\_  
, Notary Public  
, Michigan  
Acting in \_\_\_\_\_ County, Michigan  
My Commission Expires: \_\_\_\_\_

STATE OF MICHIGAN            )  
  ) ss  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to by \_\_\_\_\_, as Transferee, before me this \_\_\_\_ day of \_\_\_\_\_, 2017, in \_\_\_\_\_ County, Michigan.

\_\_\_\_\_  
, Notary Public  
, Michigan  
Acting in \_\_\_\_\_ County, Michigan  
My Commission Expires: \_\_\_\_\_

\* The signature of a member of the Township Board, acting as a witness, is not necessary if this agreement is notarized. A Township Board member is permitted to acknowledge this agreement only if *both* Transferor and Transferee are physical present at the same time and provide sufficient identification to establish their respective identities.