



CHARTER TOWNSHIP OF WATERFORD

CLERK'S OFFICE

5200 Civic Center Dr. • Waterford, MI 48329

Phone 248-674-6266 • Fax 248-674-5455

Web Page www.waterfordmi.gov

MEDICAL MARIHUANA & ADULT USE RETAIL ANNUAL RENEWAL APPLICATION DUE NOVEMBER 1ST.

CLERK'S USE ONLY

Date and Time Received: _____ Final Action: _____ Written Response Sent: _____

Medical Marihuana \$5,000.00-Application Fee Paid _____ Adult Use Retail \$5,000.00-Application Fee Paid _____

Date Sent to Depts. _____ Response from Police: _____ Response from Fire _____

Response from Treasurer _____ Response from Zoning _____ Response from Building _____

Response from DPW _____ Response from Parks & Rec _____ Response from Assessing _____

Applications to renew a License for the next calendar year shall consist of a **paper original and electronic version** of a written request filed with the Township Clerk by **November 1ST** and shall be accompanied by a nonrefundable renewal application fee.

1. Type of Facility License(s) Applied For

Grower Processor Provisioning Center / Adult Use Retail Safety Compliance Facility Secure Transporter

2. Named Applicant Information

NAMED APPLICANT (exact legal name of entity/person to hold license)	ADDRESS		
CITY		STATE	ZIP
EMAIL ADDRESS		PHONE	
NAMED APPLICANT'S CONTACT PERSON	ADDRESS		
CITY		STATE	ZIP
EMAIL ADDRESS		PHONE	
ASSUMED NAME(S), IF ANY, OF NAMED APPLICANT			

3. Current Facility Information

FACILITY ADDRESS	
PARCEL ID NUMBER	ZONING DISTRICT
LEGAL DESCRIPTION (MAY BE ATTACHED AS APPLICATION DOCUMENT 1A)	

LEGAL NAME OF OWNER OF FACILITY LOCATION	ADDRESS		
CITY	STATE	ZIP	
EMAIL ADDRESS	PHONE		

- 4. Attach** updated certificate of insurance
- 5. Attach** a description of any changes in the information in the applications that was not previously provided to the Clerk.
- 6. Attach** a description of Compliance with Charitable Contribution Commitments.

AUTHORIZATIONS

By signing this Application, the Named Applicant authorizes the Township, through its agents or employees, to enter in and upon and inspect the proposed facility location, to seek information and conduct an investigation to verify the statements and information in and attached to this Application and agrees to provide additional information requested by the Township for the reasonable pursuit of such investigation. By signing this Application, the owner of the proposed facility (if not the Named Applicant) authorizes this Application and the Township, through its agents or employees, to enter in and upon and inspect the proposed facility location.

NAMED APPLICANT AGREEMENT, ACKNOWLEDGEMENT, VERIFICATION, AND CERTIFICATION

The submission of this Application constitutes acknowledgment and agreement that the Applicant has a copy of that Ordinance and that the limited right to appeal a Township decision on an Application provided for in Ordinance Section 10-307 is the sole judicial relief and remedy available for challenging a Township decision on this Application. By signing this Application, the signatory for the Named Applicant represents that he or she is authorized to do so by, for, and on behalf of the Named Applicant, who hereby verifies that all property taxes and assessments for the proposed facility location are current and not delinquent, certifies that none of the conditions prohibiting this Application from being filed, as described in Section 10-299(a) of the Ordinance exist, and acknowledges that if this certification is false, that this Application will be denied and the Application Fee(s) shall be forfeited to the Township.

NAMED APPLICANT:

Named Applicant Signature

Date

Printed Name

Title

The Application was acknowledged before me under oath by _____, the authorized _____, of the Named Applicant, on the _____ day of _____, 20 ____.

Notary Public

____ County, Michigan

Acting in County, Michigan

My Commission Expires:

OWNER OF FACILITY LOCATION:

Owner of Facility Signature

Date

Printed Name

Title