



**CHARTER TOWNSHIP OF WATERFORD
CLERK'S OFFICE**

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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)	

