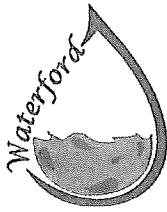


Emailed 1-4-21



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 FACILITY LICENSE APPLICATION

Instructions

This Application form has been approved for use by the Township Board of Trustees and must be used to apply for a Facility License under the Township's Medical Marihuana Facility Licensing Ordinance, codified in Sections 10-291 through 10-309 as Division 12 in Article III of Chapter 10 of the Waterford Charter Township Code ("Ordinance".)

One (1) paper hard copy original of this Application form and its required attachments with an electronic version of those documents in a media form acceptable to the Township Clerk's office must be personally filed with the Clerk's office with a nonrefundable application fee of \$5,000 for each license applied for. Applications will not be accepted for filing until Monday, January 4, 2021. All information on this Application must be completed and all information and documents in the attached Information/Documents Checklist must be marked and attached in that order.

An Application may be submitted for multiple types of Facility Licenses (Grower, Processor, Provisioning Center, Safety Compliance Facility, and Secure Transporter) at the same location by the Named Applicant. No more than one (1) of each type of Facility License may be applied for at a single location.

Any questions regarding this Application or the Ordinance must be submitted in writing to the Clerk's office and will be responded to in writing on the Township's website for Medical Marihuana Facility Licensing.

CLERK'S USE ONLY

Date Received: 1/4/2021 Date Non-Refundable Application Fee(s) of \$ 5,000.00 paid: check
(\$5,000 for each License applied for)
Time Received: 8:08 am. Cash Bond \$10,000.00 check

1. Type of Facility License(s) Applied For

- Grower Processor Provisioning Center Safety Compliance Facility Secure Transporter

2. Named Applicant Information

NAMED APPLICANT (exact legal name of entity/person to hold license) Main Property Holdings, LLC		ADDRESS 11530 E. 10 Mile Road	
CITY Warren		STATE MI.	ZIP 48089
EMAIL ADDRESS nikko1014@yahoo.com		PHONE (248) 884-0609	
NAMED APPLICANT'S CONTACT PERSON Nasem (Nick) Issak		ADDRESS 50112 Basil Drive	
CITY Macomb		STATE MI.	ZIP 48044-6311
EMAIL ADDRESS nikko1014@yahoo.com		PHONE (248) 884-0609	
ASSUMED NAME(S), IF ANY, OF NAMED APPLICANT Wyld Skye			

