



**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: \_\_\_\_\_ Date Non-Refundable Application Fee(s) of \$ \_\_\_\_\_ paid: \_\_\_\_\_  
(\$5,000 for each License applied for)  
Time Received: \_\_\_\_\_

**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) D & R Investment Group, LL		ADDRESS 2780 Wynclyff Dr.	
CITY Commerce Township		STATE MI	ZIP 48390-5488
EMAIL ADDRESS davetgeorge@gmail.com		PHONE 248/640-5111	
NAMED APPLICANT'S CONTACT PERSON David Thomas George		ADDRESS	
CITY Commerce Township		STATE MI	ZIP 48390-5488
EMAIL ADDRESS davetgeorge@gmail.com		PHONE 248/640-5111	
ASSUMED NAME(S), IF ANY, OF NAMED APPLICANT			

### 3. Proposed Facility Information

FACILITY ADDRESS 2425 Williams Dr.			
PARCEL ID NUMBER 13-13-255-001		ZONING DISTRICT M-1 Light Industrial	
LEGAL DESCRIPTION (MAY BE ATTACHED AS APPLICATION DOCUMENT 1A) Lot 41, Supervisor's Plat No. 14, a subdivision of part of the N. 1/2 of Section 13, T3N, R9E, Waterford Township, Oakland County, Michigan, as recorded in Liber 54, Page 26 of Plats, Oakland County Records.			
LEGAL NAME OF OWNER OF PROPOSED FACILITY LOCATION D & R Investment Group, LLC		ADDRESS 2780 Wyndiff Dr.	
CITY Commerce Township		STATE MI	ZIP 48390
EMAIL ADDRESS davetgeorge@gmail.com		PHONE 248/640-5111	
IF OWNER IS AN INDIVIDUAL, PROVIDE AGE OF OWNER			

#### 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

This Medical Marijuana Facility License Application is under the Township's Medical Marijuana Facility Licensing Ordinance, as adopted by Ordinance No. 2020-005 and amended by Ordinance No. 2020-006, 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:

David George 12-31-2020  
 Named Applicant Signature Date

David George owner  
 Printed Name Title

The Application was acknowledged before me under oath by David George, the authorized owner of the Named Applicant, on the 31<sup>st</sup> day of December, 2020.

Kristhal Portugal  
 Notary Public, State of Michigan  
 County of Oakland  
 My Commission Expires February 25, 2023

Kristhal Portugal  
 Notary Public  
 Oakland County, Michigan  
 Acting in Oakland County, Michigan  
 My Commission Expires: 02/25/2023

#### OWNER OF FACILITY LOCATION:

David George 12-31-2020  
 Owner of Facility Signature Date

David George  
 Printed Name Title