



**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: <u>1-4-2021</u>	Date Non-Refundable Application Fee(s) of \$ <u>5,000</u> (\$5,000 for each License applied for)	paid: <u>CK 1544</u> <u>CK 1547</u>
Time Received: <u>3:29 p.</u>	<u>10,000</u> <u>15,000</u>	

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) MISTYMEE LLC		ADDRESS 429 MILLER AVENUE	
CITY ANN ARBOR		STATE MI	ZIP 48130
EMAIL ADDRESS ROMATHURIN@THURINLAWGROUP.COM		PHONE 734.674.9331	
NAMED APPLICANT'S CONTACT PERSON ROMA THURIN, ESQ.		ADDRESS 33200 SCHOOLCRAFT ROAD, STE 205	
CITY LIVONIA		STATE MI	ZIP 48150
EMAIL ADDRESS ROMATHURIN@THURINLAWGROUP.COM		PHONE 734-674-9331	
ASSUMED NAME(S), IF ANY, OF NAMED APPLICANT BLOOM CITY CLUB			

3. Proposed Facility Information

FACILITY ADDRESS 5327 Dixie Highway, Waterford, MI 48329		
PARCEL ID NUMBER 13-04-402-005	ZONING DISTRICT	
LEGAL DESCRIPTION (MAY BE ATTACHED AS APPLICATION DOCUMENT 1A) See Attachment 1A		
LEGAL NAME OF OWNER OF PROPOSED FACILITY LOCATION B.H.M. ENTERPRISES LLC	ADDRESS 5647 SASHABAW ROAD	
CITY CLARKSTON	STATE MI	ZIP 48346
EMAIL ADDRESS GINA@IMC.GROUP	PHONE 248-625-1188	
IF OWNER IS AN INDIVIDUAL, PROVIDE AGE OF OWNER		

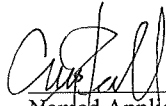
AUTHORIZATIONS

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.

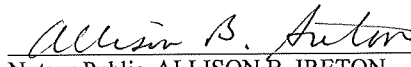
NAMED APPLICANT AGREEMENT, ACKNOWLEDGEMENT, VERIFICATION, AND CERTIFICATION

This Medical Marihuana Facility License Application is under the Township's Medical Marihuana 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:


 Named Applicant Signature _____ Date 1/2/2021
 CRAIG TERRELL _____ MEMBER MANAGER
 Printed Name _____ Title

The Application was acknowledged before me under oath by CRAIG TERRELL, the authorized MEMBER of the Named Applicant, on the 2ND day of JANUARY, 20 .


 Notary Public ALLISON B. IRETON
WASHTENAW County, Michigan
 Acting in WASHTENAW County, Michigan
 My Commission Expires: 06/26/2027

OWNER OF FACILITY LOCATION:


 Owner of Facility Signature _____ Date 1/4/2021
 Gina Tacchelli _____ Co-manager
 Printed Name _____ Title