



**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

ADULT USE MARIHUANA ESTABLISHMENT LICENSE APPLICATION

Instructions

This Application form has been approved for use by the Township Board of Trustees and must be used to apply for an Establishment License under the Township's Adult Use Marihuana Establishment Licensing Ordinance, codified in Division 13 in Article III of Chapter 10 of the Waterford Charter Township Code, beginning with Section 10-3 10 ("Ordinance"). The Ordinance requires an applicant to have a Township medical marihuana license to apply.

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 July 19, 2023. 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.

Separate Application may be submitted for multiple types of licenses (Grower, Processor, Retailer, Safety Compliance Establishment, and Secure Transporter) at the same location by the Named Applicant. No more than one (1) of each type of Establishment 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 Adult Use Establishment Marihuana Licensing.

CLERK'S USE ONLY	
Date Received: <u>7/19/23</u>	Date Non-Refundable Application Fee(s) of \$ <u>5000 -</u> ^{# 1132} paid: <u>7/19/23</u> (\$5,000 for each License applied for)
Time Received: <u>1:07 pm</u>	<u># 10,000-Bond # 1131</u>

1. Type of Establishment License(s) Applied For

- Grower
 Processor
 Retailer
 Safety Compliance Establishment
 Secure Transporter

2. Named Applicant Information.

NAMED APPLICANT (exact legal name of entity/person to hold license) Golden Rockies Inc.		ADDRESS (Mailing Address) 32411 Mound Road	
CITY Warren		STATE MI	ZIP 48092
EMAIL ADDRESS aaron@chrisaiello.com		PHONE (586) 303-2211	
NAMED APPLICANT'S CONTACT PERSON Joseph Aiello		ADDRESS 8330 Cotswold Lane	
CITY Clarkston		STATE MI	ZIP 48348
EMAIL ADDRESS michiganmedical@icloud.com		PHONE (561) 531-0537	
ASSUMED NAME(S), IF ANY, OF NAMED APPLICANT Moses Roses			

3. Proposed Establishment Information

ESTABLISHMENT ADDRESS 5806 Dixie Highway, Waterford, Michigan 48329			
PARCEL ID NUMBER 13-04-127-022		ZONING DISTRICT C-3	
LEGAL DESCRIPTION (MAY BE ATTACHED AS APPLICATION DOCUMENT 1A) See attached legal description			
LEGAL NAME OF OWNER OF PROPOSED ESTABLISHMENT LOCATION MR Waterford LLC		ADDRESS 41000 Woodward Avenue, Suite 350	
CITY Bloomfield Hills		STATE MI	ZIP 48304
EMAIL ADDRESS tangaloslaw@gmail.com		PHONE	
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 Establishment 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 Establishment (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 Establishment location.

NAMED APPLICANT AGREEMENT, ACKNOWLEDGEMENT, VERIFICATION, AND CERTIFICATION

This Adult Use Marihuana Establishment License Application is under the Township's Adult Use Marihuana Establishment Licensing Ordinance, as adopted. 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 10-326 is the sole judicial relief and remedy available for challenging a Township decision on this Application. Applicant is encouraged to request verification from the Township that there are no outstanding financial obligations to the Township. 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, including water and sewer accounts, for the proposed Establishment location are current and not delinquent, there are no outstanding code violations, and certifies that none of the conditions prohibiting this Application from being filed, as described in Section 10-317(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:

Joseph Aiello 07/19/2023
 Named Applicant Signature Date
 Joseph Aiello President
 Printed Name Title

The Application was acknowledged before me under oath by Joseph Aiello, the authorized President of the Named Applicant, on the 19 day of July, 2023.

Aaron Geyer Notary Public
 Oakland County, Michigan
 Acting in Macomb County, Michigan
 My Commission Expires: 12/14/2028

OWNER OF ESTABLISHMENT LOCATION:

Christopher Aiello 07/19/23
 Owner of Establishment Signature Date
 Christopher Aiello Manager
 Printed Name Title