

MARIHUANA FACILITY PERMIT APPLICATION

CLERK'S OFFICE, C/O CITY PLANNER, 519 WASHINGTON AVENUE, GRAND HAVEN, MI 49417
PHONE: (616) 935-3276 WEBSITE: WWW.GRANDHAVEN.ORG

1. Proposed Facility Location

Address: _____

Parcel #: _____ Zoning District: _____

Facility Type:

- | | |
|---|---|
| <input type="checkbox"/> Adult Use Retailer | <input type="checkbox"/> Provisioning Center |
| <input type="checkbox"/> Grower Class A | <input type="checkbox"/> Safety Compliance Facility |
| <input type="checkbox"/> Grower Class B | <input type="checkbox"/> Secure Transporter |
| <input type="checkbox"/> Grower Class C | |
| <input type="checkbox"/> Processor | |

2. Applicant

Name: _____

Company: _____

Address #: _____

Phone #: _____

Email: _____

3. Property Owner

Name: _____

Address #: _____

Phone #: _____

Email: _____

4. Required Attachments

The applicant is responsible for ensuring that a complete application is submitted. See Code of Ordinances **Section 9.5-43** for specific details. Additional information shall be required from the applicant as reasonably requested by the City during the application process.

5. Non-refundable Application Fee (Check Only): \$5,000

By signing below, permission is granted for city staff to enter the subject property for purpose of gathering information to review this request. In addition, the applicant agrees to perform the described work in accordance with all applicable Sections of the City of Grand Haven Code of Ordinances. Applicant and all related persons consent to a background check conducted by the City or any agency used by the City to complete such checks.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

Office Use Only

Date Received: _____

Reviewed By: _____

Paid? Y/N

Deficiencies? Y/N

Date Communicated: _____

Date Rejected: _____

Date Accepted: _____

Lottery: _____

GOOD NEIGHBOR PLAN

Marihuana Facility Information

Address: _____

Facility Type:

- | | |
|---|---|
| <input type="checkbox"/> Adult Use Retailer | <input type="checkbox"/> Provisioning Center |
| <input type="checkbox"/> Grower Class A | <input type="checkbox"/> Safety Compliance Facility |
| <input type="checkbox"/> Grower Class B | <input type="checkbox"/> Secure Transporter |
| <input type="checkbox"/> Grower Class C | |
| <input type="checkbox"/> Processor | |

Applicant

Name: _____

Signature: _____

Date: _____

Statement of Good Faith Effort *Check all that apply*

- A neighborhood meeting was hosted by the applicant (list details of all meetings)

- The applicant contacted the following relevant neighborhood stakeholders (nearby employers, businesses, non-profit organizations, etc.)

Statement of Good Faith Effort

- All tenants and owners within 300 feet of the property, as measured from all property lines, were contacted by mail sent on the following date(s):

Crime Prevention and Awareness

Staff at the proposed facility will be trained in crime prevention and awareness using the following method(s):

Marihuana and Sales to Minors

The following method(s) will be employed to reduce sales of marihuana to minors:

Litter Control

The following method(s) will be employed to reduce and control the incidence of litter in and around the proposed facility:

Loitering Control

The following method(s) will be employed to reduce loitering at or near the proposed facility:

Trespass Enforcement

The following method(s) will be employed to reduce trespassing on the property of the proposed facility:

Landscape Maintenance

Proposed landscaping on the site of the proposed facility, and a plan for its maintenance, includes the following:

Neighborhood Communication

The following methods will be used to ensure lines of communication with the neighborhood or business organization(s), owners, and tenants near the proposed facility: