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

Updated July 2025

1. Proposed F	acility Location			
Address:				
Parcel#:	Z	oning District:		
Facility Type:		<u> </u>		
	Adult Use Retailer	Provisioning Cer		
	☐ Grower Class A☐ Grower Class B	☐ Safety Complian		
	Grower Class C	☐ Secure Transpor	ter	
	Processor			
2. Applicant		3. Property Owner		
Name:		Name:		
Company:		Address #:		
Address #:		Dl #		
Phone #:		Phone #:		
Email:		Email:		
4. Required Atta		lication is submitted. See Co	ado of Ordinances Section 0.5.42	
	sponsible for ensuring that a complete app . Additional information shall be required fr			
the application process.				
5. Non-refundabl	e Application Fee (Check Only): \$5,000			
By signing below, per	rmission is granted for city staff to enter the subjec	t property for purpose of gather	ring information to review this request.	
In1. Applicant add	dition, the applicant agrees to perform the describ	ed work in accordance with all d	applicable Sections of the City of Grand	
Haven Code of Ordin City to complete such	ances. Applicant and all related persons consent to n checks.	o a background check conducted	d by the City or any agency used by the	
Signature of Appli	cant: Date: Signature of Property Owner:			
<u>8.196116</u>	Tatal digital and in topacty dwitter.			
Date:				
	Office U	se Only		
Date Received:	 Reviewed By:		Deficiencies? Y / N	
Paid? V / NDate Co				

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Date Reiected: —————	Date Accepted: ————————————————————————————————————	Lottery:
Jate Rejected.	Date Accepted.	LOCICI V.

GOOD NEIGHBOR PLAN

	acility Information	
Address:		
Facility Type:	☐ Adult Use Retailer☐ Grower Class A☐ Grower Class B☐ Grower Class C☐ Processor	□ Provisioning Center□ Safety Compliance Facility□ Secure Transporter
Applicant Name	:	
Signature:		 Date:

Stateme	ent of Good Faith Effort A neighborhood meeting w	Check all that apply as hosted by the applicant (list details of all meetings)
∏The	applicant contacted the fo	llowing relevant neighborhood stakeholders (nearby employers, businesses, non-
	profit organizations, etc.)	nowing relevante neighborhood stakeholders (nearby employers, basinesses, non

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	g on the property of the proposed facility:
Landscape Maintenance Proposed landscaping on the site of the proposed facility, and a following:	a plan for its maintenance, includes the
Neighborhood Communication The following matheds will be used to ensure lines of some	
The following methods will be used to ensure lines of comr organization(s), owners, and tenants near the proposed facility	