

## MEDICAL MARIHUANA FACILITY PERMIT APPLICATION

Community Development, c/o Clerk's Office, 519 Washington Avenue, Grand Haven, MI 49417

Phone: (616) 935-3276 Website: [www.grandhaven.org](http://www.grandhaven.org)

### 1. Proposed Facility Location

Address: \_\_\_\_\_

Parcel #: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Facility Type:

☐ Grower Class A

☐ Grower Class B

☐ Grower Class C

☐ Processor

☐ Provisioning Center

☐ Safety Compliance Facility

☐ Secure Transporter

### 2. Applicant

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### 3. Property Owner

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### 3. 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.

### 4. Non-refundable Application Fee: \$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: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

#### Office Use Only

Date Received: \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Deficiencies? Y / N

Date Rejected: \_\_\_\_\_ Date Accepted: \_\_\_\_\_ Lottery: \_\_\_\_\_



## GOOD NEIGHBOR PLAN

### Marihuana Facility Information

Address of proposed medical marihuana facility: \_\_\_\_\_

Facility Type (check all that apply):

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

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Statement of Good Faith Effort

Check all of the following 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.)

\_\_\_\_\_  
\_\_\_\_\_

- ☐ 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:

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

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

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**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:

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# GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY

525 Washington Avenue • Grand Haven, MI 49417  
Office 616.842.3460 • Fax 616.847.6050

## LAW ENFORCEMENT BACKGROUND CHECK

**I am making application as indicated below for the purpose of operating a business or other enterprise within the City of Grand Haven. I understand that my application requires a check of local and/or criminal law enforcement and driving records. My signature represents a request to the Grand Haven Department of Public Safety to perform the law enforcement records check indicated.**

- ☐ Auction/Auctioneer – Michigan ICHAT & Local Records Check
- ☐ Bed & Breakfast – Michigan ICHAT & Local Records Check
- ☐ Building Mover (Yearly) License - Local Records Check
- ☐ Building Wrecker (Yearly) License - Local Records Check
- ☐ General Permit Application - Local Records Check
- ☐ Going Out of Business Sale Application - Local Records Check
- ☐ Horse Drawn Carriage Business License – Michigan ICHAT & Local Records Check
- ☐ Horse Drawn Carriage Operators License – Michigan ICHAT & Local Records Check
- ☐ Junk Dealer License - Michigan ICHAT & Local Records Check
- ☐ Marihuana Facilities - Michigan ICHAT & Local Records Check
- ☐ Metal Detectors License - Michigan ICHAT & Local Records Check
- ☐ Pedicab Business License - Local Records Check
- ☐ Pedicab Operators License - Michigan ICHAT & Local Records Check
- ☐ Permanent Liquor License – Michigan ICHAT & Local Records Check
- ☐ Permanent Vendor Application – Michigan ICHAT & Local Records Check
- ☐ Solicitors & Transient Merchants License – Michigan ICHAT & Local Records Check
- ☐ Sound Truck (Use General Permit Application) - Local Records Check
- ☐ Taxicab Business License - Michigan ICHAT & Local Records Check
- ☐ Taxicab Driver's License - Michigan ICHAT, Driving Record & Local Record Checks
- ☐ Taxicab Additional Vehicle to Existing License – Vehicle Inspection

## WAIVER OF LIABILITY AND RELEASE OF CLAIMS

I authorize the **GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY** to query and release law enforcement and driving records from all sources. I release and forever discharge the City of Grand Haven and its agents, officers, and employees from any and all actions, claims and demands for, upon or by reason of any damage, loss or injury, which may be sustained by me in the nature of libel, slander, invasion of privacy or other results from errors or omissions in the information given or from the use of the information, whether by reason or unauthorized use, negligence or otherwise.



## PLEASE PRINT

Name:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Last) (First) (Middle)  
\_\_\_\_\_  
(Maiden/Alias)

Address: \_\_\_\_\_  
(Street Address, City, State, Zip)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Driver's License Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: X\_\_\_\_\_

**\*A copy of the applicant's driver's license is required**

## (FOR INTERNAL USE ONLY)

- ☐ Application Received (Date) \_\_\_\_\_
- ☐ Application Fee Received (Date) \_\_\_\_\_
- ☐ JUSTICE
- ☐ LERMS
- ☐ ICHAT
- ☐ Driving Record
- ☐ Public Site Search