



Marihuana Facility Location Confirmation Request

This is a request to the City of Ypsilanti for confirmation of site eligibility for the intended checked use(s). Site eligibility does not guarantee a Marihuana Permit or any other type of City approval.

1. Applicant Information	
Applicant Name:	
Applicant Email:	
Applicant Phone #:	
Applicant Address:	
2. Site Information	
Intended Site Address:	
Intended Site Parcel ID # (list multiple if site is part of multiple adjoining parcels):	
Intended Facility Type: Check multiple boxes if desired.	
<input type="checkbox"/> <i>Marihuana Retailer</i>	<input type="checkbox"/> <i>Marihuana Safety Compliance</i>
<input type="checkbox"/> <i>Marihuana Microbusiness</i>	<input type="checkbox"/> <i>Excess Marihuana Grower</i>
<input type="checkbox"/> <i>Designated Consumption Establishment</i>	<input type="checkbox"/> <i>Medical Marihuana Provisioning Center</i>
<input type="checkbox"/> <i>Marihuana Growing and/or Processing</i>	<input type="checkbox"/> <i>Medical Marihuana Growing and/or Processing</i>
<input type="checkbox"/> <i>Marihuana Secure Transporter</i>	
3. Applicant Signature	
Sign Here:	Date:

Once completed form and \$200 fee is received, City staff will follow-up with a letter recognizing the site's eligibility pursuant to the recently adopted recreational marijuana zoning ordinance within three (3) business days.

For any questions regarding the Marihuana Facility Permit process, please email feedback@cityofypsilanti.com. For questions involving this request, or marihuana zoning, please contact aaamodt@cityofypsilanti.com.

*****FOR OFFICE USE ONLY*****

Date:	Amount: \$200	Account: 101-4-7210-607-01
<input type="checkbox"/> Cash <input type="checkbox"/> Check payable to City of Ypsilanti <input type="checkbox"/> Credit (+ \$10.5 surcharge)	Code: 178 Rezone	
	Signature of person receiving deposit:	
Description of deposit:		