



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 all if site is part of multiple adjoining parcels).	
Intended Facility Type (Check multiple boxes if desired.)	
<input type="checkbox"/> Marihuana Retailer	<input type="checkbox"/> Marihuana Safety Compliance
<input type="checkbox"/> Marihuana Microbusiness	<input type="checkbox"/> Excess Marihuana Grower
<input type="checkbox"/> Designated Consumption Establishment	<input type="checkbox"/> Medical Marihuana Provisioning Center
<input type="checkbox"/> Marihuana Growing and/or Processing	<input type="checkbox"/> Medical Marihuana Growing and/or Processing
<input type="checkbox"/> Marihuana Secure Transporter	
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 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 Credit <input type="checkbox"/> (+ \$10.50 surcharge)		Code 178 Rezone
		Signature of person receiving deposit.
		Transaction type.