



# CITY OF WHITEHALL APPLICATION FOR MARIHUANA FACILITY

The City of Whitehall does not intend that acceptance or approval of this permit be construed as finding that such business and activities are legal under Federal Law.

**ZONING COMPLIANCE IS REQUIRED PRIOR TO ISSUANCE OF THIS PERMIT.**  
Approved permits are not transferable.

Business Name		
Applicant Name		
Business Address		
Proposed Facility Address		
Zoning District	Applicant Phone	Email
State Operating License Number		
Type of City Permit Requested – a separate application and fee must be submitted for each facility type and location. <input type="checkbox"/> <b>NEW</b> <input type="checkbox"/> <b>RENEWAL</b>  <input type="checkbox"/> <b>RECREATIONAL</b> <input type="checkbox"/> <b>MEDICAL</b> <input type="radio"/> Grower <input type="radio"/> Processor <input type="radio"/> Provisioning Center <input type="radio"/> Safety Compliance Facility <input type="radio"/> Secure Transporter		

If the property is not owned by the Applicant, then a signed letter from the Owner shall accompany this application stating their knowledge and consent of the use of their property for a marihuana facility.

A site plan signed by a licensed surveyor, engineer or architect **must** accompany this application depicting all of the property dimensions, street rights-of-way; size, shape, and location of existing and any proposed structures; location and layout of parking and driveways; grades and drainage; and landscaping plan.

**I do hereby affirm by my signature that the information provided is true and correct to the best of my knowledge. I also agree that upon approval of a City permit, I will allow the Whitehall Police Department access to all facets of the business for the purpose of assessing compliance with an approved permit.**

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

\$1,200 Fee      Paid on \_\_\_\_\_      Received by \_\_\_\_\_

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OFFICE USE ONLY

APPROVED NEW     APPROVED RENEWAL     DENIED

Comment: \_\_\_\_\_

\_\_\_\_\_  
CITY of WHITEHALL \_\_\_\_\_  
DATE OF ACTION