



# CITY OF FLINT

## Department of Planning and Development

---

**Sheldon A. Neeley**  
Mayor

### Marihuana Facility Location Confirmation Form

NAME \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE # \_\_\_\_\_

INTENDED FACILITY ADDRESS \_\_\_\_\_

INTENDED FACILITY PARCEL ID # \_\_\_\_\_

**INTENDED FACILITY USE (check one; if planning to co-locate E & F please check both E & F)**

- Group E** (Provisioning, Retail, & Secure Transport)
- Group F** (Growing, Processing, and Safety Compliance)
- Group G** (Microbusinesses)

**Please include \$50 payment, per parcel, upon submittal of this form. This form can be submitted in person to the zoning office or via email to Keizzy Anpalagan, GIS Specialist, at [Kanpalagan@cityofflint.com](mailto:Kanpalagan@cityofflint.com). If submitting form via email, please mail your cashiers check, made to the City of Flint, to the following address:**

City of Flint Planning & Zoning Division  
1101 S. Saginaw St., Room S110  
Flint, MI 48502

**ALL items above must be completed. Once form AND payment are received, staff will issue letter via email indicating the parcel's eligibility.**