



Cannabis Business Quarterly Report Form

Business _____
Address _____
Contact _____
Email _____ **Phone** _____
License Type(s) _____ **Expiration Date(s)** _____
Quarter ☐ Q1(Jan1-Mar31) ☐ Q2(Apr1-Jun31) ☐ Q3 (Jul1-Sep30) ☐ Q4 (Oct1-Dec31)

This document is for use by an operating cannabis business in Grand Rapids that is seeking to report compliance in advance of the yearly City inspection for the renewal of a business license.

Zoning Compliance

Check the appropriate boxes below:

<input type="checkbox"/> There are no new site or building changes planned, including parking
<input type="checkbox"/> There are new site or building changes planned, including parking, and a new site plan review and/or a LUDS permit are required (<i>contact the Planning Department</i>)
<input type="checkbox"/> The Neighborhood Association has signed the Good Neighbor Plan Quarterly Statement
<input type="checkbox"/> The Neighborhood Association has not signed the Good Neighbor Plan Quarterly Statement

Security Compliance

Check the appropriate boxes below:

<input type="checkbox"/> There are no changes in the security plan
<input type="checkbox"/> There are changes in the security plan and an updated document is required (<i>contact GRPD</i>)
<input type="checkbox"/> There are no changes in the CPTED plan
<input type="checkbox"/> There are changes in the CPTED plan and an updated document is required (<i>contact GRPD</i>)

Licensing Compliance

Check the appropriate boxes below:

<input type="checkbox"/> The entity listed in the state license matches the entity listed in the local license
<input type="checkbox"/> The legal possession of property (Certificate of Occupancy and/or lease) is currently valid
<input type="checkbox"/> The insurance coverage is currently valid
GROWERS AND MICROBUSINESSES ONLY
<input type="checkbox"/> There are no changes in the environmental sustainability plan
<input type="checkbox"/> There are changes in the environmental sustainability plan, and an updated document is required (<i>contact the Sustainability Office</i>)

Equity Compliance (if applicable)

Identify all voluntary conditions that were selected in the original MIVEDA form by checking the applicable box in the table below:

15%+ OF GRAND RAPIDS EMPLOYEES WORKING 30+ HOURS PER WEEK
MIVEDA CONDITION A <input type="checkbox"/> Yes <input type="checkbox"/> No



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24%+ OF MICRO LOCAL BUSINESS ENTERPRISE PARTICIPATION		
MIVEDA CONDITION B	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30+ EMPLOYEES WORKING 30+ HOURS PER WEEK		
MIVEDA CONDITION C	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Identify all voluntary conditions that were selected in the original CISEVA form by checking the applicable box in the table below:

WORKFORCE DIVERSITY			
<input type="checkbox"/> 0%-24.9%	<input type="checkbox"/> 25%-33.9%	<input type="checkbox"/> 34%-65.9%	<input type="checkbox"/> 66%-100%
SUPPLIER DIVERSITY			
<input type="checkbox"/> 0%-4.9%	<input type="checkbox"/> 5%-9.9%	<input type="checkbox"/> 10%-23.9%	<input type="checkbox"/> 24%-100%
NEW BUSINESS DEVELOPMENT			
<input type="checkbox"/> Mentor-Protégée	<input type="checkbox"/> Mentor + Internal Cannabis Incubation		
<input type="checkbox"/> Mentor + External Cannabis Incubation	<input type="checkbox"/> Mentor + Int. Non-Cannabis Incubation		
<input type="checkbox"/> Mentor + Ext. Non-Cannabis Incubation	<input type="checkbox"/> Cannabis Fund Contribution over 2%		
CANNABIS COMMUNITY REINVESTMENT FUND CONTRIBUTION			
<input type="checkbox"/> 0.50% of gross sales	<input type="checkbox"/> 1.00% of gross sales	<input type="checkbox"/> 2.00% of gross sales	

For all voluntarily-offered conditions you selected, provide the documents noted in the corresponding section under “Supporting Documentation” below. If the applicant previously offered conditions A and/or C in the original MIVEDA form, this included the applicant’s consent to the City obtaining employee residency income tax percentages from the Income Tax Department. If the applicant previously offered conditions in the original CISEVA form, this is a legally binding document and failure to comply shall result in the denial of plan approvals, permit issuances, inspections approvals, Certificate of Occupancy, and/or Cannabis Related Municipal License(s).

Supporting Documentation (if applicable)

Zoning Compliance	<input type="checkbox"/> Copy of the site plan review application or LUDS application
Security Compliance	<input type="checkbox"/> Copy of the updated security plan <input type="checkbox"/> Copy of the updated CPTED plan
Licensing Compliance	<input type="checkbox"/> Copy of the state and local licenses <input type="checkbox"/> Copy of the legal possession of property <input type="checkbox"/> Copy of the insurance coverage <input type="checkbox"/> Copy of the updated environmental sustainability plan
Equity Compliance (if applicable)	<input type="checkbox"/> 15% of Grand Rapids employees working 30+ hours per week: <ul style="list-style-type: none"> ▪ Business tax records that demonstrate percent employees as city or non-city residents <input type="checkbox"/> 24%+ of Micro Local Business Enterprise participation <ul style="list-style-type: none"> ▪ Documentation of MLBE participation in accordance with City policies <input type="checkbox"/> 30+ employees working 30+ hours per week: <ul style="list-style-type: none"> ▪ Business records that demonstrate number of employees <input type="checkbox"/> Workforce Diversity:



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	<ul style="list-style-type: none">▪ Business records showing priority recruitment efforts for individuals meeting the Equity Applicant criteria▪ Workforce diversity audit and/or other related documentation<input type="checkbox"/> Supplier Diversity:<ul style="list-style-type: none">▪ Vendor and/or purchasing policies▪ Existing contracts showing amount of dollars spent▪ Supplier diversity audit and/or other related documentation<input type="checkbox"/> New Business Development:<ul style="list-style-type: none">▪ Business records showing participation under the selected strategy▪ Internal business development audit and/or other related documentation<input type="checkbox"/> Cannabis Community Reinvestment Fund:<ul style="list-style-type: none">▪ Notarized pledge by the business
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(Please provide all documentation accompanying this form as static PDF attachments)

GOOD NEIGHBOR PLAN QUARTERLY STATEMENT

☐ I, _____ (name), _____ (position) of the _____ Neighborhood Association/Organization, confirm that the commitments made by _____ (business name) in their Good Neighbor Plan have been honored by the cannabis establishment this quarter and have not had any concerns during this period.

Signature:

The undersigned must read the following statements carefully and sign below:

- ☐ The business certifies that the above is true to the best of their knowledge.
- ☐ The business grants the City of Grand Rapids staff access to the subject property for the sole purpose of evaluating the Quarterly Compliance Report Form for the selected quarter period.
- ☐ The business authorizes the City of Grand Rapids to attach this form to the yearly City of Grand Rapids inspection and to any compliance forms to the Marijuana Regulatory Agency.

Business Representative (printed)

Business Representative Signature

Date

FOR OFFICE USE ONLY

☐ Compliant

☐ Not Compliant

NOTES:

Date:

Signature: