

**Town of Scarborough
Office of the Town Clerk
259 US Route One
Scarborough, ME 04074**

207-730-4020

New Marijuana Application Checklist

Applicant Name: _____

Date: _____

All of the documentation must be complete prior to submission to the Town Clerk/Town Council for approval:

-
- _____ Completed License Application (along with \$350 application fee).
 - _____ Copy of By-laws/Articles.
 - _____ Copy of Floor/Sketch Plan.
 - _____ Proof of Land Use Approval from Codes & Planning.
 - _____ Proof of Entitlement to Possession of the Property.
 - _____ Copy of Tax Map.
 - _____ Copy of State License.
 - _____ Security Plan [Please mark clearly what is confidential].
 - _____ Copy of Odor Control Plan.
 - _____ Odor Mitigation System Specifications for Cultivation Licenses - Appendix A [If applicable]
 - _____ Copy of Operations Plan Manual. [Please mark clearly what is confidential]
 - _____ Proof of Marijuana Facility Building Permit.
 - _____ Evidence of Insurance.
 - _____ Proof there are no fees due the Town, pursuant to Chapter 1000A – Licensing Ordinance.
 - _____ Waiver of Confidentiality.

Once approvals are granted, the Town Clerk's office will mail your license to the address indicated on your license application to display on premise. You are then fully licensed to operate your business.

**Town of Scarborough
Office of the Town Clerk**

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APPLICATION FOR MARIJUANA ESTABLISHMENT LICENSE

Valid from _____ to _____

Passport Photo taken within 30 days of application.

Attach Here

This space for office use only:

Fee: _____

Date Application/Fee Received: _____

Cash Credit Check #

TYPE OF LICENSE APPLIED FOR:

Check One:

- | | |
|--|--------------------|
| <input type="checkbox"/> Marijuana Cultivation Facility | Adult__ Medical __ |
| <input type="checkbox"/> Marijuana Products Manufacturing Facility | Adult__ Medical __ |
| <input type="checkbox"/> Marijuana Testing Facility | Adult__ Medical __ |

Check One:

- | | |
|--|--|
| <input type="checkbox"/> New Application | <input type="checkbox"/> Renewal Application |
|--|--|

Please check the appropriate box [if Corporation/Partnership or Other the Supplemental Questionnaire need to be completed]:

Individual () Corporation () Partnership () Other ()

1. Name of Business:

Name of Business: _____

Physical Address of Business: _____

Mailing Address (if different from above): _____

Business Telephone: _____ Fax Number: _____

2. Owner Information:

Name of Business Owner: _____

List of any Aliases Used: _____

Proof that Applicant is at least twenty-one (21) years of age [list type of proof provided]:

Physical Address: _____

Mailing Address (if different from above) _____

Owner Contact Number: _____ Owner E-mail Address: _____

Owner Information Continued:

Emergency Contact (Must be available 24/7): _____

Emergency Contact Telephone number: _____

Emergency Contact E-mail Address: _____

3. Days and Hours of Operation:

4. Description of Premises (attach copies):

Pursuant to Chapter 1018 of the Marijuana Ordinance Section 5. E. and F, the applicant must include a sketch of the building footprint, plant canopy square footage calculations, interior layout with floor space to be occupied by the business and parking plan. The sketch must be drawn to scale with marked dimensions. Also a legal description of the property [with street address, and telephone number]. The applicant must also demonstrate that the property meets the zoning requirements for the proposed use.

5. Any Previous Permits/Licenses:

Have you ever held a previous Marijuana Establishment License in another municipality, the Town of Scarborough, or State, that was denied, suspended or revoked? (Please circle) YES / NO

If Yes, please list the name and location of the Marijuana Establishment for which the license was denied, suspended or denied, as follows:

Name of Establishment:

Location: _____ Date of denial, suspension or revocation: _____

If applicant has been a partner or an officer or director, or principal stockholder of a corporation that is permitted/licensed under this Ordinance, whose license has previously been denied, suspended or revoked, list the name and location of the Marijuana Establishment for which the permit was denied, suspended, or revoked as follows:

Name of Establishment:

Location: _____ Date of denial, suspension or revocation: _____

6. Current Permits/Licenses:

Do you have a current permit/license under this Ordinance or other similar Marijuana Establishment license from another municipality, the Town of Scarborough, or State? (Please circle) YES / NO

If Yes, please list the name and location of the Marijuana and the status of the permit/license and whether it has been was denied, suspended, revoked:

Name of Establishment:

Location: _____ Status of Permit/License: _____ [Active/NonActive]

Date of denial, suspension or revocation: _____

CERTIFICATION OF INFORMATION

Please read and sign.

STATEMENT: Applicant, by signature below, acknowledges having read all applicable laws and ordinance and agrees to comply by all laws, orders, ordinances, rules and regulations governing the above licensee and further agreed that any misstatement of material fact may result in refusal of license, suspension or revocation, if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license. Applicant understands that the license is not transferable and expires annually.

This must be signed in front of a Notary Public.

Signature of Applicant

Date

Printed Name

State of _____

County of _____, ss.

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public or Attorney

Date Notary Commission expires: _____

License Fee. Local License fees are set forth below and shall be paid annually:

\$350.00 Due at the time upon submission of application. [Applicants are also responsible for the Town's expenses associated with the review of an application, including the cost of any third-party review if necessary.]

1. Adult Use Marijuana Cultivation Facility:
 - (a) Tier 1: 0 to 500 SF of plant canopy: \$750.
 - (b) Tier 2: 501-2,000 SF of plant canopy: \$3,000.
 - (c) Tier 3: 2,001-7,000 SF of plant canopy: \$7,500.
 - (d) Tier 4: greater than 7,000SF of plant canopy: \$10,000
2. Adult Use or Medical Marijuana Testing Facility: \$1,000
3. Adult Use or Medical Marijuana Products Manufacturing Facility: \$2,500
4. Medical Marijuana Cultivation Facility: \$750

SUPPLEMENTARY QUESTIONNAIRE FOR CORPORATE APPLICANTS

(This must be signed in front of a notary public.)

- 1. Exact corporate name: _____
- 2. Date of incorporation: _____
- 3. State in which incorporated: _____
- 4. If not a Maine corporation, date the corporation was authorized to transact business in the State of Maine:

- 5. List the following information for all officers/directors for the previous five years and list the percentage of stock owned (use other side if needed):

<u>Name</u>	<u>Address</u>	<u>D.O.B.</u>	<u>% of Stock</u>	<u>Title</u>

6. What is the amount of authorized stock? _____

7. Is any principle officer of the corporation a law enforcement official? Yes _____ No _____

If "yes," name: _____

8. Has applicant(s) or manager ever been convicted of any violation, OTHER THAN MINOR TRAFFIC VIOLATIONS, in the United States within the past five years? Yes _____ No _____

<u>Name</u>	<u>Date of Conviction</u>

<u>Offense</u>	<u>Location</u>	<u>Disposition</u>

Dated at _____
Town/City

_____ Date

Signature of Duly-Authorized Officer

Print Name Here

.....

State of _____
County of _____

Date _____

The foregoing instrument was acknowledged before me by _____
(name of person acknowledged).

Signature of Notary Public _____

Name of Notary Public (*printed name*) _____

Notary Public, State of _____

Commission expires: _____

**TOWN OF SCARBOROUGH MAINE
MARIJUANA FACILITY BUILDING PERMIT**

Project Name: _____

Street Location: _____ Suite/Unit # _____

Contractor: _____

Mailing Address: _____

Phone: _____ Email: _____

Project Description: _____

Square Footage: Foundation Sq Ft: _____ Renovated Sq Ft: _____ New Construction Sq ft: _____ Total Sq Ft: _____

Occupancy Classification: Industrial

Estimated Cost of Construction: \$ _____

Extraction processing? No Yes

Sprinkler System

Fire Alarm System

No Yes

No Yes

X _____ Date: _____

Print name _____

Applicant: Owner Tenant Contractor

*This permit is for construction only, any other permits associated with this project will need to be applied for by the contractors in their respected field.

ADMINSTRATIVE SECTION CODE ENFORCEMENT - FIRE USE ONLY

Code Enforcement Officer: _____ Date: _____

IBC 2015, IEBC 2015, IECC 2009, NFPA-101 2018

Map/Lot: _____ Zone: _____

Application Number: _____

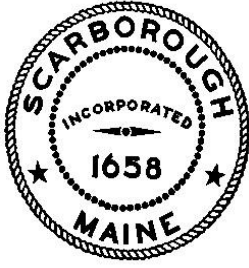
Building Permit Number: _____

Building Permit Fee: \$ _____

Fire Dept Permit Number: _____

Fire Dept Permit Fee: \$ _____

Total Due: \$ _____



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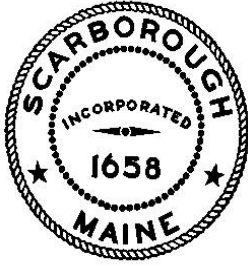
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Marijuana Cultivation Facility or Marijuana Products Manufacturing Facility

Waiver of Confidentiality

Chapter 1018 – Marijuana Establishment Licensing Ordinance – Section 5.R.:

Medical marijuana registered caregivers and other applicants submitting applications and supporting information that is confidential under 22 M.R.S.A. §2425-A(12), as may be amended, and the Maine Freedom of Access Act, 1 M.R.S.A. §402(3)(F), shall mark such information as confidential.



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**Medical Marijuana Cultivation Facility or
Medical Marijuana Products Manufacturing Facility**

Waiver of Confidentiality

I understand that my application and supporting information are confidential under State law. By my signature below, I agree to waive my right to the confidentiality of my application and supporting information under 22 M.R.S.A. § 2425. I understand that signature of this form is voluntary and may not be retroactively revoked.

Signature of Applicant

Date

Printed Name

State of _____

County of _____, ss.

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public or Attorney

Date Notary Commission expires: _____