

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

**207-730-4020**

## **Renewal Marijuana Application Checklist**

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

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- \_\_\_\_\_ Completed License Application (along with \$350 application fee).
- \_\_\_\_\_ Renewal Application Disclosure
- \_\_\_\_\_ 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]
- \_\_\_\_\_ 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**

207-730-4020

**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:*

\_\_\_ Marijuana Cultivation Facility                      Adult\_\_\_ Medical \_\_\_

\_\_\_ Marijuana Products Manufacturing Facility    Adult\_\_\_ Medical \_\_\_

\_\_\_ Marijuana Testing Facility                              Adult\_\_\_ Medical \_\_\_

*Check One:*

\_\_\_ New Application

\_\_\_ 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: \_\_\_\_\_

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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 \_\_\_\_\_

Name	Date of Conviction
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Offense	Location	Disposition
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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: \_\_\_\_\_

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*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: \_\_\_\_\_

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<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: \_\_\_\_\_

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Name	Date of Conviction
------	--------------------

Offense	Location	Disposition
---------	----------	-------------

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  
Office of the Town Clerk**

**207-730-4020**

**MARIJUANA ESTABLISHMENT LICENSE**

**Renewal Application Disclosure**

Name of Business/Owner: \_\_\_\_\_

I, \_\_\_\_\_, attest that my Marijuana Establishment License renewal application does not contain substantive changes from the current approved application in the areas of floor plan (expansion), odor mitigation and security plans (unless enhanced or improved), or a change in ownership or officers greater than 50%.

Furthermore, I understand that the renewal application must otherwise comply with all standards and requirements of the original application as reflected in Chapter 1018.

Please list any and all changes from your current application on file (even if *nonsubstantive or de minimis*);

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I acknowledge that the Town Manager, or designee, retains the exclusive right to refer renewal applications to the Town Council for approval.

_____	_____
Name (Print)	Date
_____	
Signature	

**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: \_\_\_\_\_

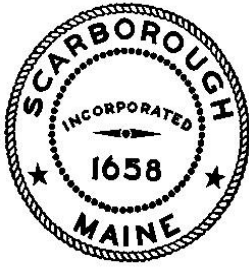
Building Permit Number: \_\_\_\_\_

Building Permit Fee: \$ \_\_\_\_\_

Fire Dept Permit Number: \_\_\_\_\_

Fire Dept Permit Fee: \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_



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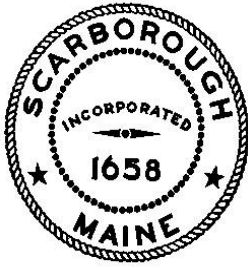
**207-730-4020**

## **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.



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

**207-730-4020**

**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: \_\_\_\_\_