

## CANNABIS ESTABLISHMENT LICENSE

2023 | 2024 Application Checklist

Name of Business: \_\_\_\_\_

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

*All documentation must be complete prior to submission to the Town Clerk and for Town Council Approval.*

- Completed License Application and \$350.00 fee
- Copy of By-laws/Articles
- Copy of Driver's License or Government Issued Identification
- Copy of Floor/Sketch Plan
- Copy of Odor Control Plan
- Copy of Operations Plan Manual (clearly mark what is confidential)
- Copy of Scarborough Food Handlers License, if applicable
- Copy of State License
- Copy of Tax Map
- Copy of the establishment's Certificate of Occupancy
- Evidence of Insurance
- Odor Mitigation System Specifications for Cultivation Licenses - Appendix A (if applicable)
- Proof of Cannabis Facility Building Permit
- Proof of Entitlement to Possession of the Property
- Proof of Land Use Approval from Codes & Planning
- Proof there are no fees due the Town, pursuant to Chapter 1000A – Licensing Ordinance
- Security Plan (clearly mark what is confidential)
- Waiver of Confidentiality

*Once approved and all fees have been paid, the Town Clerk's will mail your license to the address indicated on your license application. Once fully licenses, you will be able to operate your business. The license will need to be displayed on premise.*



**CANNABIS ESTABLISHMENT LICENSE**  
2023 | 2024 Application

**TYPE OF LICENSE**

- Adult Cultivation Facility
- Medical Cultivation Facility
- Adult Products Manufacturing Facility
- Medical Products Manufacturing Facility
- Adult Testing Facility
- Medical Testing Facility

**PASSPORT PHOTO**

*Taken within 30 days of application*

*Attach Here*

- Individual       Corporation       Partnership       Other: \_\_\_\_\_

*Corporations, partnerships, and other will need to completed a supplemental questionnaire.*

NAME OF BUSINESS: \_\_\_\_\_

Physical Address of Business: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Email: \_\_\_\_\_

NAME OF BUSINESS OWNER: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Aliases Used: \_\_\_\_\_

*Applicant must be twenty-one (21) years if age or older and documentation of age is required.*

Physical Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

EMERGENCY CONTACT (must be available 24/7): \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

DAYS AND HOURS OF OPERATION: \_\_\_\_\_

**DESCRIPTION OF PREMISES (attach copies):**

Pursuant to Chapter 1018 of the Cannabis 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.

**ANY PREVIOUS PERMITS/LICENSES:**

Have you ever held a previous Cannabis Establishments License in another municipality, the Town of Scarborough, or State, that was denied, suspended or revoked?  YES  NO

If yes, please list the name and location of the Cannabis Establishment for which the permit/license was denied, suspended or revoked, as follows:

Name of Establishment: \_\_\_\_\_

Location: \_\_\_\_\_

Date of denial, suspension or revocation: \_\_\_\_\_

If the applicant has been a partner, officer, director or principle stakeholder of a corporation that is permitted/licensed under this ordinance, whose license has been denied, suspended or revoked, list the name and location of the Cannabis Establishment for which the permit/license was denied, suspended or revoked, as follows:

Name of Establishment: \_\_\_\_\_

Location: \_\_\_\_\_

Date of denial, suspension or revocation: \_\_\_\_\_

**CURRENT PERMITS/LICENSES:**

Do you have a current permit/license under the ordinance or other similar Cannabis Establishment licenses from another municipality, the Town of Scarborough, or State?  YES  NO

If yes, please list the name and location of the Cannabis Establishment and the status of the permit/license and whether it has been denied, suspended, or revoked:

Name of Establishment: \_\_\_\_\_

Location: \_\_\_\_\_

Status of Permit/License (active or non-active): \_\_\_\_\_

Date of denial, suspension or revocation: \_\_\_\_\_

**FOOD HANDLERS:**

Any person who operates any place where food or drink is prepared and/or processed or served to the public for consumption on or off the premise shall require a Food Handler License annually in order to operate within the Town of Scarborough.

Does your Cannabis Establishment require a Food Handler License?       YES       NO

If yes, please provide a copy of your current Town of Scarborough’s Food Handler License.

**CERTIFICATION OF INFORMATION**

*This document must be signed in the presence of a Notary Public.*

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 license and further agreed that any misstatement of material facts may result in refusal of licenses, 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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Printed Name

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public/Attorney

Date Notary Commission expires: \_\_\_\_\_

**LICNESE FEES**      *Local license fees are set forth below and shall be paid annually.*

\$350.00 due at the time upon submission of applications.

Medical Cultivation: \$750.00

Adult Use Cultivation Facility:

Tier 1: \$750.00      Tier 3: \$7,500.00

Tier 2: \$3,000.00      Tier 4: \$10,000.00

Adult Use or Medical Testing Facility: \$1,000.00

Adult Use or Medical Products Manufacturing Facility: \$2,500.00

**FOR TOWN USE ONLY**

Application:

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

Received by: \_\_\_\_\_

Cash \_\_\_\_\_ Check No \_\_\_\_\_

Fee: \$350.00

License:

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

Approved by: \_\_\_\_\_

Cash \_\_\_\_\_ Check No \_\_\_\_\_

Fee: \_\_\_\_\_



**SUPPLEMENTARY QUESTIONNAIRE FOR CORPORATE APPLICANTS**

*This document must be signed in the presence of a Notary Public.*

Exact Corporate Name: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

State Incorporated: \_\_\_\_\_

If not a Maine corporation, date the corporation was authorized to transact business in the State of Maine:

\_\_\_\_\_

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

<u>Name</u>	<u>Address</u>	<u>DOB</u>	<u>% of Stock</u>	<u>Title</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is the amount of authorized stock? \_\_\_\_\_

Is any principle officer of the corporation a law enforcement official?  YES  NO

If yes, name: \_\_\_\_\_

Have applicant(s) or manager(s) ever been convicted of any violation, other than minor traffic violations, in the United States within the past five (5) years?

<u>Name</u>	<u>Date of Conviction</u>	<u>Offense</u>	<u>Location</u>	<u>Disposition</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Printed Name

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public/Attorney

Date Notary Commission expires: \_\_\_\_\_



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**CANNABIS CULTIVATION FACILITY OR PRODUCTS MANUFACTURING FACILITY**

Waiver of Confidentiality

*This document must be signed in the presence of a Notary Public.*

Chapter 1018—Cannabis Establishment Licensing Ordinance, Section 5.R.

Medical cannabis 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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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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Printed Name

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public/Attorney

Date Notary Commission expires: \_\_\_\_\_



**CANNABIS ESTABLISHMENT LICENSE**  
Renewal Application Disclosure

Name of Business: \_\_\_\_\_

I, \_\_\_\_\_, attest that my Cannabis Establishment License renewal application does not contain substantives changes from the current approved application in the areas of floor plan (expansion), order 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 *non-substantive or de minimis*):

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Printed Name

Town of Scarborough  
Office of the Town Clerk

207-730-4020

CANNABIS ESTABLISHMENT LICENSE

APPENDIX A - ODOR CONTROL SYSTEM SPECIFICATIONS

Name of Applicant: [Redacted]

Room #1

Type of Room:  Flower  Trim  Cure  Other [Redacted]

Odor Control Filtration System:  Carbon  Other\* [Redacted]

*\*Per Chapter 1018; Section 10; 7; a - cultivation applicants must have carbon filtration or equivalent. If an alternative technology is being used, evidence/support must also be provided.*

Brand Name (e.g. Clean Leaf, Common Culture, etc.): [Redacted]

Total Room Fan Capacity - Cubic Feet Per Minute (per manufacturer specifications): [Redacted] cubic feet per minute (cfm)

Room Dimensions:  $\text{Width [Redacted] Ft.} \times \text{Length [Redacted] Ft.} \times \text{Height [Redacted] Ft.} = \text{Volume [Redacted] Cu.Ft.}$

Time to Exchange One Cycle of Air [Redacted]

Air Exchange Rate Per Hour (60 Minutes / Air Exchange Rate) [Redacted]

*\*Per Chapter 1018; Section 10; 7; a - cultivation applicants must have a minimum of ten (10) air exchanges per hour.*

Room #2

Type of Room:  Flower  Trim  Cure  Other [Redacted]

Odor Control Filtration System:  Carbon  Other [Redacted]

*\*Per Chapter 1018; Section 10; 7; a - cultivation applicants must have carbon filtration or equivalent.*

Brand Name (e.g. Clean Leaf, Common Culture, etc.): [Redacted]

Room Fan Capacity - Cubic Feet Per Minute (per manufacturer specifications): [Redacted] cubic feet per minute (cfm)

Room Dimensions:  $\text{Width [Redacted] Ft.} \times \text{Length [Redacted] Ft.} \times \text{Height [Redacted] Ft.} = \text{Volume [Redacted] Cu.Ft.}$

Time to Exchange One Cycle of Air [Redacted]

Air Exchange Rate Per Hour (60 Minutes / Air Exchange Rate) [Redacted]

*\*Per Chapter 1018; Section 10; 7; a - cultivation applicants must have a minimum of ten (10) air exchanges per hour.*

Room #3

Type of Room:  Flower  Trim  Cure  Other [Redacted]

Odor Control Filtration System:  Carbon  Other [Redacted]

*\*Per Chapter 1018; Section 10; 7; a - cultivation applicants must have carbon filtration or equivalent.*

Brand Name (e.g. Clean Leaf, Common Culture, etc.): [Redacted]

Room Fan Capacity - Cubic Feet Per Minute (per manufacturer specifications): [Redacted] cubic feet per minute (cfm)

Room Dimensions:  $\text{Width [Redacted] Ft.} \times \text{Length [Redacted] Ft.} \times \text{Height [Redacted] Ft.} = \text{Volume [Redacted] Cu.Ft.}$

Time to Exchange One Cycle of Air [Redacted]

Air Exchange Rate Per Hour (60 Minutes / Air Exchange Rate) [Redacted]

*\*Per Chapter 1018; Section 10; 7; a - cultivation applicants must have a minimum of ten (10) air exchanges per hour.*

**Room #4**

Type of Room:  Flower  Trim  Cure  Other

[Redacted]

Odor Control Filtration System:  Carbon  Other

[Redacted]

*\*Per Chapter 1018; Section 10; 7; a - cultivation applicants must have carbon filtration or equivalent.*

Brand Name (e.g. Clean Leaf, Common Culture, etc.):

[Redacted]

Total Room Fan Capacity - Cubic Feet Per Minute (per manufacturer specifications): [Redacted] cubic feet per minute (cfm)

Room Dimensions:

Width [Redacted] Ft. x Length [Redacted] Ft. x Height [Redacted] Ft. = Volume [Redacted] Cu.Ft.

Time to Exchange One Cycle of Air

[Redacted]

Air Exchange Rate Per Hour (60 Minutes / Air Exchange Rate)

[Redacted]

*\*Per Chapter 1018; Section 10; 7; a - cultivation applicants must have a minimum of ten (10) air exchanges per hour.*

**Room #5**

Type of Room:  Flower  Trim  Cure  Other

[Redacted]

Odor Control Filtration System:  Carbon  Other

[Redacted]

*\*Per Chapter 1018; Section 10; 7; a - cultivation applicants must have carbon filtration or equivalent.*

Brand Name (e.g. Clean Leaf, Common Culture, etc.):

[Redacted]

Room Fan Capacity - Cubic Feet Per Minute (per manufacturer specifications): [Redacted] cubic feet per minute (cfm)

Room Dimensions:

Width [Redacted] Ft. x Length [Redacted] Ft. x Height [Redacted] Ft. = Volume [Redacted] Cu.Ft.

Time to Exchange One Cycle of Air

[Redacted]

Air Exchange Rate Per Hour (60 Minutes / Air Exchange Rate)

[Redacted]

*\*Per Chapter 1018; Section 10; 7; a - cultivation applicants must have a minimum of ten (10) air exchanges per hour.*

**Room #6**

Type of Room:  Flower  Trim  Cure  Other

[Redacted]

Odor Control Filtration System:  Carbon  Other

[Redacted]

*\*Per Chapter 1018; Section 10; 7; a - cultivation applicants must have carbon filtration or equivalent.*

Brand Name (e.g. Clean Leaf, Common Culture, etc.):

[Redacted]

Room Fan Capacity - Cubic Feet Per Minute (per manufacturer specifications): [Redacted] cubic feet per minute (cfm)

Room Dimensions:

Width [Redacted] Ft. x Length [Redacted] Ft. x Height [Redacted] Ft. = Volume [Redacted] Cu.Ft.

Time to Exchange One Cycle of Air

[Redacted]

Air Exchange Rate Per Hour (60 Minutes / Air Exchange Rate)

[Redacted]

*\*Per Chapter 1018; Section 10; 7; a - cultivation applicants must have a minimum of ten (10) air exchanges per hour.*