
CANNABIS ESTABLISHMENT LICENSE
2025-2026 Application

TYPE OF LICENSE

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

-
- 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: _____

COMPLIANCE CONTACT: _____

Phone Number: _____ Email: _____

LICENSE CONTACT: _____

Phone Number: _____ Email: _____

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 al 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: _____

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: _____

Town Use Only

Application Fee: \$350.00

License Fee: Medical Cultivation: \$750.00

Adult Use Cultivation Facility:

Tier 1: \$750.00

Tier 2: \$3,000.00

Tier 3: \$7,500.00

Tier 4: \$10,000.00

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

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

Date Received: _____ Amount Paid: _____ Payment Type: _____ Initials: _____

- Approved by:
- | | |
|--|---|
| <input type="checkbox"/> Town Clerk | <input type="checkbox"/> Code Enforcement Officer |
| <input type="checkbox"/> Police Chief | <input type="checkbox"/> Fire Chief |
| <input type="checkbox"/> Tax Collector | <input type="checkbox"/> Town Council (if applicable) |