

TOWN OF PARSONSFIELD

ADULT USE AND MEDICAL CANNABIS BUSINESS APPLICATION

**Type of Application**:

* Adult Use Cannabis Cultivation Facility - (Circle one) Tier 1 Tier 2
* Adult Use Cannabis Store
* Adult Use Cannabis Products Manufacturing Facility
* Adult Use Cannabis Testing Facility
* Medical Cannabis Caregiver Facility

**$100.00 APPLICATION FEE PAID \_\_\_\_\_\_**

**Applicant Information**

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

Registered Business Name to be Used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Property Owner Information**:

Property Owner Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Notice**:

Complete applications containing the information covered in Sec 5 C 1-13 of the Cannabis Facility Licensing Ordinance on the Application Checklist will be reviewed in the order that they are received.

Time and Date Received by Town Clerk: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | A green and white logo  AI-generated content may be incorrect.Cannabis Application Check List |  |  |  |  |
|  |  |  |  |  |  |
| Letters of Approval: | |  | Applicant |  | Staff |
|  | CEO |  |  |  |  |
|  | Fire Chief |  |  |  |  |
|  | SRCC (If necessary) |  |  |  |  |
|  | Planning Board - including PB Conditional Use Permit |  |  |  |  |
|  |  |  |  |  |  |
| Evidence of commercial general liability insurance as required in Sec 8 A of the CFLO | |  |  |  |  |
|  |  |  |  |  |  |
| Section 5 C 1 -13 of the CFLO | |  | Applicant |  | Staff |
|  | 1. Copy of Driver’s License |  |  |  |  |
|  | Name, Address, and proof of age of all business partners |  |  |
|  | 2. Evidence of State registration, caregiver registration card and/or a conditional license for Adult Use Cannabis Facilities from the Maine Office of Cannabis Policy | |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | 3. For a business entity evidence of incorporation, bylaws, operating agreement, articles of |  |  |  |  |
|  | incorporation and proof that the business is authorized to do business in the State of Maine |  |  |
|  | 4. Identities of all owners, partners, members, managers, their ownership |  |  |  |  |
|  | interests and places of residence at the time of the application and immediate |  |  |
|  | 3 yrs preceding and if any such person has been convicted of a crime under |  |  |
|  | State or Federal law - listing the specified criminal activity, date, place and |  |  |
|  | jurisdiction of each conviction. |  |  |
|  | 5. Location and legal description of the property |  |  |  |  |
|  | 6. Evidence of sufficient right, title or interest demonstrating possession or entitlement |  |  |  |  |
|  | to possession of the proposed Licensed Premises or a signed letter of approval from |  |  |
|  | the proposed licensed premises owner |  |  |
|  | 7. Detailed depiction of the proposed Licensed Premises including footprint, interior |  |  |  |  |
|  | layout and parking plan |  |  |
|  | 8. Explanation of how the store will not sell, give, distribute or deliver cannabis or |  |  |  |  |
|  | cannabis products to persons under the age of 21 or those appearing to be |  |  |
|  | under the influence of alcohol, or controlled substances |  |  |
|  | 9. For stores - explain how cannabis and cannabis products will be displayed and sold. |  |  |  |  |
|  | 10. Tax map depicting property lines of the facility, preexisting public, private schools |  |  |  |  |
|  | licensed daycares or other Cannabis Facilities within 750 feet |  |  |
|  | 11. An operations plan addressing (at minimum) hours of operation; safety/security; wastewater; | |  |  |  |
|  | disposal of waste; ventilation and odor; and parking. |  |  |
|  | 12. Other licenses and permits under this ordinance or other cannabis-related licenses from other | |  |  |  |
|  | towns/states- providing names and locations of such |  |  |
|  | 13. Revocation of any previous licenses by this town or any other town |  |  |  |  |
|  | describing circumstances and grounds for denial or suspension and the date. |  |  |