

Town of Damariscotta
Application for License for Adult Use and Medical Marijuana Stores,
Manufacturing Facilities and Testing Facilities
and Adult Use Cultivation Facilities

APPLICANTS SHOULD READ THE DAMARISCOTTA ADULT USE AND MEDICAL MARIJUANA LICENSING ORDINANCES BEFORE COMPLETING THIS APPLICATION.

ALL DOCUMENTS REQUIRED BY ORDINANCE UNDER 902.5 OF THE MEDICAL MARIJUANA LICENSING ORDINANCES AND 903.5 OF THE ADULT USE MARIJUANA MUST BE ATTACHED

Each applicant for a license shall provide a copy of a criminal background check (to include all present and former names) dated not more than three days prior to submission of application. This can be done on-line here: <http://www5.informe.org/online/per>

NAME OF BUSINESS (Please print): _____

BUSINESS ADDRESS: _____

BUSINESS MAILING ADDRESS: _____

OWNER'S NAME: _____

NEW APPLICATION Fee: \$500

EXISTING FACILITY AS OF 12/13/18 Fee: \$500

RENEWAL APPLICATION Expires: _____ - No Fee (Renewal Applicants need only complete those sections where information has changed since the new application or most recent renewal application was submitted but must provide a copy of their current State license for adult use and caregiver registration for medical marijuana.)

TYPE OF BUSINESS:

ADULT USE MARIJUANA BUSINESS:

- Retail Store
- Manufacturing Facility
- Cultivation Facility:
 - Nursery
 - Tier I Cultivation (up to 500 SF of mature plant canopy)
 - Tier II Cultivation (500-2,000 SF of mature plant canopy)
 - Tier III Cultivation (2,001-7,000 SF of mature plant canopy)

MEDICAL MARIJUANA BUSINESS:

- Caregiver Retail Store
- Manufacturing Facility
- Testing Facility

DAYS OF THE WEEK AND HOURS OF OPERATION:

Attach a copy of all current State Marijuana License(s) as follows:

- Medical Marijuana Business: State of Maine caregiver registration application and registration certificate
- Adult Use Marijuana Business: State License application and Conditional license or current license in the case of a renewal

MAP & LOT OF SUBJECT PROPERTY:

Map: _____ Lot: _____ Zone: _____

Physical Address of Subject Property:

OWNER OF BULDING/UNIT (if different from applicant):

PRINTED NAME: _____

OWNER'S ADDRESS: _____ Phone No.: _____

PLEASE ATTACH A COPY OF LEASE (if applicable)

Property owner Signature: _____ Date: _____

Has applicant been denied an application for an adult use or medical marijuana license by another jurisdiction?

No Yes (If yes, explain on a separate sheet)

Has applicant had an adult use or medical marijuana license suspended or revoked by another jurisdiction?

No Yes (If yes, explain on a separate sheet)

Has applicant(s) or any officer, partner, director, stockholder, or member ever been convicted of any violation of the law, other than minor traffic violations in a federal, State or other court? No Yes (If yes, complete the following)

Name: _____ Date of conviction: _____

Offense: _____

Location: _____

Disposition: _____

For Marijuana Store, a Marijuana Cultivation Facility, or a Marijuana Products Manufacturing Facility license applicant:

I certify that I do not have an ownership in, or a direct or indirect financial interest in a Marijuana Testing Facility License.

Applicant Signature _____

Applicant Printed Name _____ Date _____

For Marijuana Testing Facility license applicants:

I certify that I do not have an ownership in, or a direct or indirect financial interest in a Marijuana Store, a Marijuana Cultivation Facility, or a Marijuana Manufacturing Facility.

Applicant Signature _____

Applicant Printed Name _____ Date _____

CERTIFICATE OF APPLICANT AND WAIVER OF CONFIDENTIALITY

I, _____ Owner/Operator/Agent of the business, hereby authorize the release of any criminal history record information to the Town Clerk. I understand that this information shall become public record, and I hereby waive any rights of privacy with respect hereto. I further stipulate that I am aware that deliberate falsification of the information herein shall be sufficient cause for denial of a license to operate the business. The application is accurate and true to the best of my knowledge.

Applicant Signature: _____ Date: _____

THE OMISSION OF FACTS OR ANY MISREPRESENTATION OF ANY OF THE INFORMATION ON THIS APPLICATION SHALL BE SUFFICIENT GROUNDS FOR THE REFUSAL OF SUCH LICENSE.

Town Office to complete the following:

Application date & time: _____ License issued on: _____

Application fee: \$_____ Annual License fee (payable when Town License is issued): \$_____

Initial fee and annual fees for both adult use medical commercial facilities:

<i>Adult Use Retail or Registered Caregiver Store</i>	<i>\$5,000</i>
<i>Manufacturing</i>	<i>\$2,500</i>
<i>Testing</i>	<i>\$2,500</i>
<i>Cultivation (Adult-Use only)</i>	
<i>Nursery</i>	<i>\$1,000</i>
<i>Tier I</i>	<i>\$1,000</i>
<i>Tier II</i>	<i>\$1,500</i>
<i>Tier III</i>	<i>\$2,500</i>