

DATE RECEIVED

COMMERCIAL CANNABIS OPERATIONS APPLICATION

PLEASE COMPLETE ALL SECTIONS. ATTACH ADDITIONAL PAGES AS NECESSARY. INCLUDE \$250 NON-REFUNDABLE APPLICATION FEE.

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The proposed Commercial Cannab	ois Oper	ation is: 🗆 Ac	lult Use				
The proposed type of operation is:	□ Cultivation						
		□ Nursery	□ Tier 1	□ Tier 2	□ Tier 3	☐ Tier 4	
	□Ма	nufacturing					
	☐ Utilizing "inherently hazardous" substances						
		□ NOT utilizing "inherently hazardous" substances					
	☐ Test	ting					
****************	******	*******	*******	*******	*******	**	
State of Maine Adult Use Marijuana (The conditional license must be prolicensing requirements for the purpo	ovided t	o prove the a	pplicant has r	net the State of M			
	APPLICA	ANT & OPERATI	ONS INFORMA	ATION			
The applicant is: ☐ Sole Proprietor	/ DBA*	□ Corporation	on/LLC**	□ Partnership	□ Ot	iher	
Business Name							
Owner/Operator Name							
(Please attach a copy of yo	ur Main	e Driver's Lice	nse)		_		
Mailing Address							
Telephone		Emo	ail				
Physical Address in Georgetown							

(If the applicant is also the property owner, please provide a copy of a deed showing proof of ownership.)

(Please include a copy of a signed lease agreement if buildings are leased for the business. Please also include a signed statement from the property owner who is not the applicant giving permission for the premises to be used in the manner indicated by this application.) Shoreland Zone? ☐ YES ☐ NO (Please include a copy of a Town tax map indicating the lot of the proposed business.) Is the business erecting new buildings or altering existing buildings on the property? ☐ YES ☐ NO If YES – Please attach a copy of an approved Building Permit *Any business license approved for a DBA company will incur an additional \$10 fee at the time of licensing. ** Any corporation should please include a copy of the company articles of incorporation. **OPERATIONS QUESTIONNAIRE** Anticipated opening date: _____ Proposed Hours of Operation: SUN ______ MON _____ TUE _____ WED _____ THU _____ FRI _____ SAT _____ Has the applicant been denied an application for an Adult Use or Medical Marijuana license by another jurisdiction? ☐ YES \square NO If yes, please explain on separate sheet. Has the applicant had an Adult use or Medical Marijuana license suspended or revoked by another jurisdiction? ☐ YES If yes, please explain on separate sheet. Is the applicant proposing to surrender a Medical Marijuana license and entirely convert to an Adult Use Marijuana license on a currently State licensed premise? ☐ YES If yes, please attach proof of surrendered license. Is there currently a Medical Marijuana business on the subject property that began operating before the enactment of MSRS 28-B Chapter 1? ☐ YES If yes, please attach proof that business commenced prior to 12/31/2016. Is the proposed Adult Use Marijuana business within 1,000 feet of a public, or pre-existing private, school and/or within 500 feet of a college, daycare, hospital, religious institution, designated recreation area for children up to 18 years of age, or a municipal "safe zone" per MSRS Title 30-A §3253? ☐ YES Has the applicant ever been convicted of a felony or controlled substances violation(s) in a federal, state or other court? ☐ YES If yes, please explain on separate sheet. If you are applying for a Cultivation Facility or Manufacturing Facility License, please certify that you do not currently have ownership in, or a direct or indirect financial interest in a Marijuana Testing Facility. ☐ YES I am applying for a Cultivation or Manufacturing Facility and certify the above is true: _____initial □ NO I am not applying for a Cultivation or Manufacturing Facility If you are applying for a Marijuana Testing Facility License, please certify that you do not currently have ownership in, or a direct or indirect financial interest in a Marijuana Cultivation or Manufacturing Facility. ☐ YES I am applying for a Testing Facility and certify the above is true: _____ initial

Property Owner (if different from applicant)

□ NO I am not applying for a Testing Facility

Please provide a sketch showing the subject premises, including building footprints. If a building permit for new approved structures is included, disregard this section. Please attach additional sheets as necessary.

Application, completed and signed																	
\$250 non-refundable application fee, check made payable to the Town of Georgetown																	
Copy of State of Maine Adult Use Marijuana Program Conditional License Articles of incorporation, if a CORP or LLC Copy of your Maine state driver's license If applicant and property owner are one in the same, a copy of the deed proving ownership If applicable, a signed lease agreement (if buildings are not owned by you)																	
					If applicable, a signed statement from the property owner, who is not the applicant, giving permission for use Copy of the Town tax map indicating the parcel where business will be conducted If applicable, a copy of an approved building permit (for new structures only) Any explanations required by "yes" answers to the Operations Questionnaire on page 2 of this application												
											THE ORIGINAL SIGNED COPY OF THIS APPLICATION MUST BE ACCOMPANIED BY THE REQUIRED APPLICATION FEE AND OTHER NECESSARY SUBMISSIONS.						
												n of Georgetown for approval of the proposed Commercial Cannabis nformation to be true and accurate to the best of his/her knowledge.					
											APPLICANT SIGNATURE	DATE					
PERMIT FEES (Payable to the Town of Georgetown upon	Select Board approval and license issuance)																
Initial application fee: \$250.00																	
DBA One-time fee: \$10																	
Annual License fees:																	
Cultivation (tiers in accordance with state law): Nursery - \$150.00 Tier 1 - \$250.00 Tier 2 - \$750.00 Tier 3 - \$2,000.00 Tier 4 - \$4,000.00																	
Manufacturing: Utilizing substances not categorized under Maine	law as "inherently hazardous" - \$250.00																

Utilizing substances categorized under Maine law as "inherently hazardous" - \$750.00

Testing:

APPLICANT SUBMISSION CHECKLIST

\$500.00