



City of Auburn
 Office of the City Clerk
 60 Court St, Auburn, ME 04210
 207.333.6600
www.auburnmaine.gov
 Cristy Bourget - cbourget@auburnmaine.gov

Please Note: All real estate & personal property taxes related to the business must be current before a license can be issued.

RENEWAL APPLICATION
 Adult Use and Medical Marijuana Stores,
 Cultivation Facilities, Manufacturing
 Facilities, Dispensary and Testing Facilities

Application Renewal Fee \$500

License Type Fee (Payable upon approval of Marijuana Business License)

Business Name: _____ Business Address: _____

ADULT USE MARIJUANA BUSINESS:

- Marijuana Store: \$5,000
 - To include FSE ON/OFF/ Pre packaged foods an additional \$200
- Cultivation Facility (Sq. Ft _____)
 - Tier I Cultivation up to 500 SF of mature plant canopy \$1,000
 - Tier II Cultivation 501 - 2,000 SF of mature plant canopy \$1,500
 - Tier III Cultivation 2,001 - 7,000 SF of mature plant canopy \$2,500
 - Tier IV Cultivation greater than 7,000 SF of mature plant canopy \$5,000
- Manufacturing Facility \$2,500
- Testing Facility \$2,500
- Nursery, Cultivation of not more than 1,000 SF of plant canopy \$1,000

MEDICAL MARIJUANA BUSINESS:

- Marijuana Store: \$5,000
 - To include FSE ON/OFF/ Pre packaged foods an additional \$200
- Cultivation Facility Medical Marijuana: \$1,000
- Manufacturing Facility: \$2,500
- Testing Facility: \$2,500
- Dispensary
 - Cultivation Facility Medical Marijuana: \$1,000
 - Manufacturing Facility: \$2,500

Hours of Operation

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____
 Saturday: _____ Sunday: _____

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

Each applicant, owner, manager and/or officer shall provide a copy of a criminal background check (to include all present and former names) dated not more than three (3) days prior to submission of application. This can be done online <http://www5.informe.org/online/pcr>

PLEASE NOTE: If you have done any construction or renovations within the past year, please contact Planning & Permitting at (207) 333-6601 ext 1133.

NAME OF BUSINESS: _____ BUSINESS ADDRESS: _____

BUSINESS MAILING ADDRESS: _____

OWNER'S NAME: _____ DOB: ___/___/___ SSN: ___-___-_____

** For additional individual please attach a sheet listing Name, DOB and SSN

OWNER'S EMAIL: _____ PHONE: _____

MANAGER'S NAME: _____ PHONE: _____ DOB: ___/___/___

PREFERRED CONTACT NAME: _____ PHONE: _____

EMAIL: _____ ADDRESS: _____

NAME OF AUTHORIZED AGENT: _____ PHONE: _____

DESCRIPTION OF BUSINESS: _____

If a Corporation, Partnership or LLC, complete the following information for each owner (additional names may be listed on an attached sheet)

Name	PRINT CLEARLY Address previous 5 years	DOB	% of Stock	Title

Has the 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 the 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: _____

Location: _____ Offense: _____

Disposition: _____ Include additional pages if needed.

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

NOTE: That Adult Use and Medical Marijuana businesses cannot be co-located in the same store. Co-location with cultivation and manufacturing facilities is allowed with restrictions per 28-B M.R.S. §501.

Are there additional federal, State or local permits or approvals required? ___ No ___ Yes

If Yes, please list: _____

By signing the application, I am verifying there have been no changes from the last marijuana application submitted within the past year. If I answered yes to any of the documents, I have attached an updated copy with this renewal application.

Are there any changes on the documents listed below:

Yes No

1. Lease agreement

Current lease agreement from _____ to _____
MM/DD/YY MM/DD/YY

2. Operation Plan

3. Odor & Ventilation Plan

4. Security Plan

5. Sketch of the premises/ interior/exterior layouts

6. Site Plan for outdoor grow area (cultivation facilities, if applicable)

7. Change of ownership/name of the business

*If any of the above information has changed please submit the updated information with the renewal application

Please attach the following documents with this renewal application:

1. Criminal background history to include (all present and former names) dated not more than 3 days prior to the submission of the application. This can be done online at <http://5.informe.org/online/pcr> for all owners and managers of the business.
2. A copy of the applicant and managers current driver's license/ID and a photo passport like picture.
3. Copy of current OMP ID card
4. Verification that Corporation/ Business is in good standing. This can be done by visiting the State of Maine website: <http://maine.gov/sos/cec/corp/> .Top right of the page click on **Corporate Name Search**
5. Attach a copy of all current State Marijuana license(s)

PLEASE MAKE YOURSELF FAMILIAR WITH THE CITY OF AUBURN ADULT USE AND MEDICAL MARIJUANA BUSINESSES ORDINANCE BEFORE TURNING IN YOUR APPLICATION.

Chapter 14-Business Licenses & Permits-Article II Sec.14-34 Certification from City Officials Before a license is issued the City Clerk shall submit the application for certification to the Code Enforcement Officer, Fire Chief, Chief of Police and City Treasurer.

Sec. 14-657 License Required

No person may establish, operate or maintain a Marijuana Business without first obtaining a license from the City Council. It is a violation of this Ordinance for any person to operate a Marijuana Business without a valid Marijuana Business license issued by the City pursuant to this Ordinance. Pursuant to 28-B M.R.S. § 402, an applicant seeking to operate an Adult Use Marijuana Business may not submit an application for a license unless the applicant has been issued a conditional license by the State of Maine to operate the Adult Use Marijuana Business.

For Marijuana Store, Marijuana Cultivation Facility, or Marijuana Products Manufacturing Facility license applicants:

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: _____ Print: _____ Date: _____
Additional Signature: _____ Print: _____ Date: _____
Additional Signature: _____ Print: _____ Date: _____
Additional Signature: _____ Print: _____ Date: _____
Additional Signature: _____ Print: _____ 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 City Clerk's Office or Licensing Authority. 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. This application is accurate and true to the best of my knowledge.

Applicant Signature: _____ Print: _____ Date: _____
Additional Signature: _____ Print: _____ Date: _____
Additional Signature: _____ Print: _____ Date: _____
Additional Signature: _____ Print: _____ Date: _____
Additional Signature: _____ Print: _____ 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 _____

FOR OFFICE USE ONLY	
COMMENTS: _____ _____ _____	
Application date & time: _____	License issued on: _____
Application fee: _____ License type fee: _____ Background check fee: _____ Late fee: _____ Total amount paid = _____	