



**CITY OF AUBURN**

**Adult Use and Medical Marijuana Stores,  
Cultivation Facilities, Manufacturing  
Facilities and Testing Facilities Application**

NEW     RENEWAL Expires: \_\_\_\_\_

**EXISTING FACILITY AS OF 12/13/18**

**Application Fee: \*\$500**

\*Initial or exchange-not upon renewal

Regular Application

Exchange/Conversion Application

(Changing to include Retail (Adult Use))

**ADULT USE MARIJUANA BUSINESS:**

**Marijuana Store \$5,000**

**Cultivation Facility**

- 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: 2,001-7,000SF 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

**Business Name:**

Office of the City Clerk  
60 Court St, Auburn, ME 04210  
207.333.6600  
[www.auburnmaine.gov](http://www.auburnmaine.gov)  
Kelsey Earle - License Specialist- [kearle@auburnmaine.gov](mailto:kearle@auburnmaine.gov)  
**Please Note:** All real estate and personal property taxes related to the business must be current before a license can be issued.

**MEDICAL MARIJUANA BUSINESS:**

**Marijuana Store \$5,000**

**Cultivation Facility** Medical Marijuana: \$1,000

**Manufacturing Facility \$2,500**

**Testing Facility \$2,500**

Hours of Operation: Mon: \_\_\_\_\_ Tues: \_\_\_\_\_  
Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_  
Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

**Attach a copy of all current State Marijuana License(s) if any-If a State of Maine application for a Medical Marijuana Business and/or Adult Use Marijuana Business has been filed, but not yet granted, attached complete copies. Date(s) filed: \_\_\_\_\_**

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 3 days prior to submission of application. This can be done on-line here: <http://www5.informe.org/online/pcr>

Application Fee: \$500

License Type Fee (Payable upon approval): \_\_\_\_\_

LICENSING FEE(S) TOTAL DUE: \$ \_\_\_\_\_

**Please note:** If constructing or renovating a building, contact Economic & Community Development (207) 333-6601 ext 1133

Marijuana Stores, Cultivation Facilities, Manufacturing Facilities and Testing Facilities are restricted to certain areas under the City's Zoning Ordinance and are subject to specific setbacks in the City's Adult Use and Medical Marijuana Stores, Cultivation Facilities and Testing Facilities Ordinance. **You must check with the City's Economic and Community Development Office for this information before filling an application for a license.**

All applicants for any Adult Use Marijuana Business license (except Adult Use Marijuana Testing Facilities) are required to have lived in Maine and paid taxes in Maine for a period of not less than four (4) years immediately preceding the date of application per 28-B M.R.R. c. 1. (This requirement expires on June 1, 2021).

**Map & Lot of Subject Property:** Map: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

**Physical Address of Subject Property:** \_\_\_\_\_

OWNER OF BUILDING/UNIT (if different from applicant): \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_ Phone #: \_\_\_\_\_

PLEASE ATTACH A COPY OF LEASE (if applicable)

**Property owner signature:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_ BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_

OWNER'S NAME (For additional individual(s), attach sheet listing name(s) with the following information)

DOB & SSN: \_\_\_\_\_

STATE OF MAINE DRIVER'S LICENSE #: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Owner's Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name of Authorized Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

DESCRIPTION OF BUSINESS: \_\_\_\_\_

Type of previous business at address (if known): \_\_\_\_\_

Form of business organization:  Corporation  Partnership  Sole Proprietorship  LLC  Other

*If an applicant is a corporation, partnership, or limited liability company, every officer, director, and/or managing partner must be a person who is a resident, and a majority of the shares, partnership interests, membership interests, and/or other equity interests must be held or owned by persons who are residents. This residency requirement does not apply to applicants for testing facility licenses.*

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

Name	<i>Print Clearly</i> Address Previous 5 years	Birth Date	% 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: \_\_\_\_\_

Offense: \_\_\_\_\_ Location: \_\_\_\_\_

Disposition: \_\_\_\_\_

Include additional pages if needed.

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.

Attach recent passport-style photo(s) of applicant(s) here:

·Is the applicant proposing to surrender their Medical Marijuana Business license and entirely convert to an Adult Use Marijuana Business on their currently licensed premises?  No  Yes *If Yes, attach proof of surrendered 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.*

·Is there currently a Medical Marijuana Business on the subject property that began operating before the enactment of the Maine Marijuana Legalization Act?  No  Yes *If Yes, attach evidence that a Medical Marijuana Business had commenced on the property prior to December 13, 2018.*

·Is the proposed Marijuana Business located within 750 feet of a public or preexisting private school?  
 No  Yes *If Yes, you can only submit an application for an Adult Use Marijuana Business if exempt under §14-659.A.6 in the Adult Use and Medical Marijuana Stores, Cultivation Facilities, Manufacturing Facilities, and Testing Facilities Ordinance.*

·Description summary of plan for developing and operating a Marijuana Store, Cultivation Facility, Manufacturing Facility, or Testing Facility:  
(Attach plan) \_\_\_\_\_

·Anticipated date for project commencement: \_\_\_\_\_ Anticipated date for project completion: \_\_\_\_\_

Attach a sketch showing the subject premises, including building footprint, interior layout with floor space to be occupied by the business, and parking plan. The sketch must be drawn to scale with marked dimensions.

·State the estimated average number of vehicles per day anticipated on or using the site: (Include owner(s), employee(s), landlord(s), contractor(s), and staff). \_\_\_\_\_

·State the number of parking spaces planned for the site: \_\_\_\_\_

*Note: The nominal parking dimension is 9'x18'. For more information regarding accessible parking standards, contact the City's Economic & Community Development Office at 333-6601 ext 1133.*

·Describe method of sewage disposal for proposed site: \_\_\_\_\_  
*(Please check with the Auburn Sewer District if connected to public sewer – 784-6469)*

·Describe method of water supply to proposed site: \_\_\_\_\_  
*(Please check with the Auburn Water District if connected to public water – 784-6469)*

·Are there additional federal, State or local permits or approvals required?

No  Yes *If yes, please list:* \_\_\_\_\_



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, a Marijuana Cultivation Facility, or a 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 \_\_\_\_\_ 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 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: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

APPLICATION #: \_\_\_\_\_

REPORT OF INSPECTING OFFICERS:

\_\_\_\_ Approved \_\_\_\_\_ Denied FIRE INSPECTOR \_\_\_\_\_
\_\_\_\_ Approved \_\_\_\_\_ Denied E&C DEVELOPMENT OFFICER \_\_\_\_\_
\_\_\_\_ Approved \_\_\_\_\_ Denied POLICE \_\_\_\_\_
\_\_\_\_ Approved \_\_\_\_\_ Denied FINANCE \_\_\_\_\_

Comments: \_\_\_\_\_

Application date & Time: \_\_\_\_\_ License issued on: \_\_\_\_\_
Fees paid:
Application fee: \$ \_\_\_\_\_ License type fee: \$ \_\_\_\_\_ Background fee: \$ \_\_\_\_\_ Late fee: \$ \_\_\_\_\_
Total amount paid = \$ \_\_\_\_\_