



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

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 and personal property taxes related to the business must be current before a license can be issued

- Application (New & Renewals) Fee: \$500 Regular Application Exchange/Conversion Application
(Changing to include Retail (Adult Use))

ADULT USE MARIJUANA BUSINESS:

- Marijuana Store \$5,000
- Cultivation Facility (Enter 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: 2,001-7,000SF 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

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: _____

License Type Fee (Payable Upon Approval of Marijuana Business License)

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>

Please note: If constructing or renovating a building, contact Planning & Permitting at (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 Planning & Permitting Office for this information before completing an application for a license.**

BUSINESS NAME: _____ **BUSINESS ADDRESS** _____

Map & Lot of Subject Property: Map: _____ Lot: _____ Zone: _____

Physical Address of Subject Property: _____

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

OWNER'S ADDRESS: _____

PLEASE ATTACH A COPY OF LEASE: (if applicable)

Property owner signature: _____

Printed name: _____ **Date:** _____

NAME OF BUSINESS: _____ BUSINESS ADDRESS: _____

BUSINESS MAILING ADDRESS (if different from above): _____

OWNER'S NAME: _____ OWNER'S DOB & SSN: _____

OWNER'S STATE OF MAINE DRIVER'S LICENSE #: _____

Owner's Residence Address (include city and zip code): _____

Owner's Phone #: _____ Owner's Email: _____

Preferred Contact's Name: _____ Preferred Contact's Phone #: _____

Preferred Contact's Address: _____ Preferred Contact's Email: _____

Name of Authorized Agent: _____ Authorized Agent's Phone #: _____

Manager's Name: _____ Manager's Phone #: _____ Manager's DOB: _____

DESCRIPTION OF BUSINESS: _____

Type of previous business at location (if known): _____

Form of business organization: Corporation Partnership Sole Proprietorship LLC Other

***** Attach Verification of the Business Organization*****

***** If a Corporation, Partnership or LLC, complete the following information for each owner (additional names may be listed on an attached sheet) ALL OWNERS OF BUSINESS MUST SIGN PAGE 5 OF THIS APPLICATION & INCLUDE A BACKGROUND**

CHECK & COPY OF DRIVER'S LICENSE ***

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, provide an explanation 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, provide an explanation 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 federal, State or other court?

No Yes (if yes, please complete the following)

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____

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-stype photo(s) of applicant(s) and identify photos*****

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 has 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 is 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. *****

Will you be manufacturing edibles on the premises? _____

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 the method of sewage disposal for proposed site: _____

(Please check with the Auburn Sewer District if connected to public sewer - 207-784-6469)

Describe the method of water supply to proposed site: _____

(Please check with the Auburn Water District if connected to public water - 207-784-6469)

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

If yes, please list: _____

FOR MARIJUANA STORES ONLY

Describe how you will ensure that the Marijuana Store will not sell, give, distribute, or deliver marijuana or marijuana products to persons who are under the age of twenty-one (21), or to persons who appear to be under the influence of an alcohol, inhalants, or other controlled substance: (Attach additional sheets if necessary) _____

FOR MARIJUANA STORES ONLY

Describe how marijuana and marijuana products at the Marijuana Store will be displayed and sold: (Attach additional sheets if necessary) _____

***** Attach samples of the logo and labeling that will be used in the store, and the sign to be attached to the store. *****

ALL APPLICANTS:

- *Attach the Security Plan for this location. (location of Knox Box – contact Fire Department if a box is needed)
- *Attach the Odor Control Plan for this location
- *If Outside Grow Area, attach Site Plan

PLEASE MAKE YOURSELF FAMILIAR WITH THE CITY OF AUBURN ADULT USE AND MEDICAL MARIJUANA BUSINESSES

ORDINANCES 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 _____

Additional Applicant Signatures:

Signature: _____ Print: _____ Date: _____

Signature: _____ Print: _____ Date: _____

Signature: _____ Print: _____ Date: _____

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 _____

CERTIFICATE OF APPLICANT AND WAIVER OF CONFIDENTIALITY

I, _____ Owner/Operator/Agent of the business, hereby authorize the release of any criminal
(print name)
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.

Additional Applicant Signatures:

Signature: _____ Print: _____ Date: _____
Signature: _____ Print: _____ Date: _____
Signature: _____ Print: _____ Date: _____
Signature: _____ Print: _____ Date: _____

Comments:

Application date & Time: _____	License issued on: _____
<u>Fees paid:</u>	
Application fee: \$ _____	License type fee: \$ _____
Background fee: \$ _____	Late fee: \$ _____
Total amount paid = \$ _____	