TOWN OF BUCKFIELD

34 TURNER STREET
PO BOX 179
BUCKFIELD, ME 04220

MARIJUANA BUSINESS APPLICATION
FEE: $250.00

_____ **NEW** _____ **RENEWAL** _____ **EXCHANGE/CONVERSION** (i.e., Medical to Adult Use)

_____ **ADULT USE MARIJUANA BUSINESS** _____ **MEDICAL MARIJUANA BUSINESS**

FEES (check all that apply, payable upon approval of Marijuana Business License):

_____ **Adult Use Marijuana Retail Store - $1,500**
_____ **Medical Marijuana Retail Store - $1,200**
_____ **Cultivation Facility: Enter Square Footage** _____
- _____ **Tier 1 Cultivation: up to 500 SF of mature plant canopy - $750**
- _____ **Tier 2 Cultivation: up to 2,000 SF of mature plant canopy - $1,500**
- _____ **Tier 3 Cultivation: up to 7,000 SF of mature plant canopy - $3,000**
- _____ **Tier 4 Cultivation: over 7,000 SF of mature plant canopy - $10,000**

_____ **Adult Use Marijuana Products Manufacturing Facility - $1,500**
_____ **Medical Marijuana Product Manufacturing Facility - $1,200**
_____ **Adult Use Marijuana Testing Facility - $1,500**
_____ **Medical Marijuana Testing Facility - $1,200**

TOTAL FEES: _____

Business Name: _____ **Phone #:** _____
Business Address: _____
Map & Lot of Property: _____
Physical Address of Property: _____

Owner of Property (if different from applicant)**:** _____
Phone #: _____
Owner's Address: _____
Please attach a copy of Lease or Purchase and Sale Agreement if applicable

Property Owner Signature: _____ **Date:** _____
Applicant Signature: _____ **Date:** _____

Has the applicant been denied an application for an adult use or medical marijuana license by any 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 the applicant 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, complete the following)

Name: _____ Date of Conviction: _____
Offence: _____ Location: _____
Disposition: _____

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

Is the application 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 the proposed Marijuana Business located within 500 Feet of a public or preexisting school, or a licensed daycare? _____ NO _____ YES

Will you be manufacturing edibles on the premises? _____ NO _____ YES

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' x 18.'

Describe the method of sewage disposal for proposed site: _____

Describe the method of water supply to proposed site: _____

Are there additional Federal, State, or Local permits or approvals required? _____ NO _____ YES
NOTE: If yes please list.

Anticipated date for project commencement: _____
Anticipated date for project completion: _____

Description summary of plan for developing and operating a Marijuana Store, Cultivation Facility, Manufacturing Facility, or Testing Facility:

_____ Attach Plan

_____ 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.

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.

No person may establish, operate or maintain and Adult Use or Medical Marijuana business without first obtaining a license from the licensing authority (Buckfield Select Board). To operate without a license is a violation of this Ordinance. (Town of Buckfield, Adult Use and Medical Marijuana Ordinance: Article 8 Section B)

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 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 alcohol, inhalants, or other controlled substance: (Attach additional sheets if necessary)

_____

_____

_____

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 to be used in store and on signage.

FOR A 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 Printed Name: _____ Date: _____
Applicant Signature: _____

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 ownership in, or a direct or indirect financial interest in a Marijuana Store, a Marijuana Cultivation Facility, or a Marijuana Manufacturing Facility.

Applicant Printed Name: _____ Date: _____
Applicant Signature: _____

CERTIFICATE OF APPLICANT AND WAIVER OF CONFIDENTIALITY

I/we the undersigned, Owner(s)/Operator(s)/Agent(s) of the business, herby authorize the release of any criminal history record information to the Town Office or Licensing Authority. I/we understand that this information shall become public record, and I hereby waive any rights of privacy with respect hereto. I/we further stipulate 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/our knowledge.

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

Comments:

_____

_____

_____

_____

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_____

Application Received Date: _____ Time: _____

_____ Application Fee - $250 Paid Date: _____

Planning Board Approval Date: _____

Fire/Code Inspection Date: _____

Town of Buckfield Municipal Officer's Approval:

Signature: _____ Selectman Date: _____

Signature: _____ Selectman Date: _____

Signature: _____ Selectman Date: _____

Signature: _____ Selectman Date: _____

Signature: _____ Selectman Date: _____