



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 OMISSION 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: _____

Comments:

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: _____ **Mike Iveson** **Date:** _____

Signature: _____ **Azalea Cormier** **Date:** _____

Signature: _____ **Janet Iveson** **Date:** _____

Signature: _____ **Sandra Fickett** **Date:** _____