



## **Cannabis Business License Application**

**Cannabis Businesses:** Includes Cannabis Testing Facility, Cannabis Manufacturing Facility, Cannabis Cultivation Facility, Cannabis Registered Caregiver, Cannabis Retail Store, Cannabis Registered Caregiver (Home Occupation), and Cannabis Registered Dispensaries.

**Cannabis Cultivation Facility:** A facility used for the propagation and cultivation of cannabis.

**Cannabis Testing Facility:** A public or private laboratory for testing of cannabis products that is authorized and accredited in accordance with state law.

**Cannabis Manufacturing Facility:** A facility for the production, blending, infusing, compounding or other preparation of cannabis and cannabis products, including but not limited to cannabis extraction or preparation by means of chemical synthesis. Manufacturing does not include cannabis cultivation or testing.

**Cannabis Registered Caregiver:** A person or an assistant of that person that provides care for a qualifying patient in accordance with state law and licensing and is registered with the state in accordance with state law. A Cannabis Registered Caregiver may operate in a variety of ways including operating one retail store, in accordance with state law and the standards of the Land Use Ordinance.

**Cannabis Retail Store:** A store that has attributes generally associated with retail stores, including but not limited to, a fixed location, a sign, regular business hours, accessibility to the public and sales of goods or services directly to a consumer, and that is used to offer cannabis plants harvested cannabis, or cannabis products for sale to qualifying medical cannabis patients or to the general public.

**Cannabis Registered Caregiver (Home Occupation):** A person or an assistant of that person that provides care for a qualifying patient in accordance with state law and licensing and is registered with the state in accordance with state law and in accordance with the Home Occupation standards of this ordinance.

**Cannabis Registered Dispensaries:** "Registered Dispensary" or "dispensary" means an entity registered under 22 MRS §2425-A that acquires, possesses, cultivates, manufactures, delivers, transfers, transports, sells, supplies or dispenses marijuana or related supplies and educational materials to qualifying patients and the caregivers of those patients.



## **Cannabis Business Application Submittal Checklist**

**The following information must be provided (additional information or documentation may also be required):**

- \_\_\_\_\_ Proof of right, title, or interest in the property where the Cannabis Business is proposed to be located.
- \_\_\_\_\_ Copy of Applicant's State License application and supporting documentation as submitted to the State Licensing Authority attached.
- \_\_\_\_\_ Evidence of all State approvals or conditional approvals required to operate a Cannabis Business, including, but not limited to, a State license as defined by this ordinance, a State retail certificate, or a State health license.
- \_\_\_\_\_ If not included in the Applicant's State License application, attested copies of any articles of incorporation, bylaws, operating agreement, partnership agreement or articles of association that govern the entity that will own and/or operate the Cannabis Business.
- \_\_\_\_\_ If not included in the Applicant's State License application, an affidavit that identifies all owners, officers, members, managers or partners of the Applicant, their ownership interests, and their places of residence at the time of the application and for the immediately preceding three (3) years. Supporting documents, including, but not limited to at least one of the following: motor vehicle operator's license, motor vehicle registration, voter registration or utility bills shall be provided.
- \_\_\_\_\_ A release for each Applicant and for each officer, owner, member, manager or partner of the Applicant seeking a license allowing the City of Augusta or its officials to obtain criminal records and other background information related to the individual.
- \_\_\_\_\_ Evidence of all land use approvals or conditional land use approvals required to operate the Cannabis Business, including, but not limited to building permit, conditional use approval, change of use permit and/or certificate of occupancy.
- \_\_\_\_\_ Evidence of all other local approvals or conditional approvals required to operate the Cannabis Business, including any applicable food or victualer's license. Section 199 of the City Code (the "Food Sovereignty Ordinance") does not apply to Cannabis Businesses.
- \_\_\_\_\_ A description of the premises for which the license is sought, including a plan of the premises (a to-scale sketch of the property and floor plan).



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\_\_\_\_ Certification from a licensed Master Electrician indicating the electrical system of the Premises is adequate for the use being proposed. That use shall be clearly outlined in detail so that the Master Electrician’s certification is easy to understand.

\_\_\_\_ Completed Augusta Police Department Emergency Notification List form.

\_\_\_\_ Copy of building’s most recent sprinkler system and fire alarm inspection reports (if applicable).

\_\_\_\_ Proof that the Premises will be served by an alarm system which includes automatic notification to the City of Augusta Police Department.

\_\_\_\_ Proof that the Premises will have video surveillance capable of covering the exterior and interior of the facility. This system shall be operated 24hours per day, 7 days per week, and all video shall be retained for no less than 30 days. (Not applicable to Registered Caregiver (Home Occupations))

\_\_\_\_ Proof that the premises will have exterior spotlights, that are full cutoff design and comply with the requirements of the City of Augusta Land Use Ordinance §300-511, with motion sensors covering the full perimeter of the building(s).

\_\_\_\_ Proof that an odor mitigation system, that is sufficient to ensure that no odors of marijuana is detectible beyond the area controlled by the business, will be used.

**If the City Clerk determines that the submitted application is not complete, he or she shall notify the applicant within ten (10) business days of the additional information required to process the application. If such additional information is not submitted within thirty (30) days of the Clerk’s request, the application may be denied.**

## Cannabis Business Annual Fee Schedule

Cannabis Manufacturing Facility .....	\$600.00
Cannabis Retail Store .....	\$1,400.00
Cannabis Cultivation Facility .....	\$2,000.00
Cannabis Testing Facility .....	\$300.00
Cannabis Registered Caregiver (Home Occupation) .....	\$200.00
Cannabis Caregiver .....	\$400.00
Cannabis Dispensary .....	\$2,000.00

All other fees associated with the licensing review process, including but not limited to, background checks, legal notices, and postage, will be determined at the time of application.



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## Cannabis Business License Application

### **Type of Establishment: (Check One)**

Cannabis Retail Store - Medical Use

Cannabis Testing Facility

Cannabis Retail Store - Adult Use

Cannabis Caregiver

Cannabis Cultivation Facility

Cannabis Registered Dispensary

Cannabis Registered Caregiver (Home Occupation)

Cannabis Manufacturing Facility

<b>Name of Business:</b>	
Name of Corporation/LLC (If different):	
Physical Address of Business:	
Mailing Address of Business:	
Days & Hours of Operation:	
Primary Contact or Agent for Applicant:	
Mailing Address (if different from above):	
Contact/Agent Phone Number:	Contact/Agent Email Address:
Emergency Contact (must be available 24/7):	Emergency Contact Phone Number:
Emergency Contact E-mail Address:	

A description of the premises for which the Local License is sought (attach description with floor plan and scaled sketch of the property)

Have you been convicted of a crime or other offense, anywhere in the United States, that could disqualify you from obtaining a Cannabis Business License?  Yes  No

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date



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## Cannabis Business License Background Check Release Form

Name of Corporation/LLC: \_\_\_\_\_

If applicant is a partnership, limited liability company, or corporation, list names, residences, and birth dates as well as title of each member/manager/officer/partner, if not included in the Applicants State License application. Make one copy of this page for each member/manager/officer/partner. A background check is required and a fee, to be determined at the time of application, per name applies for the required background check. (Check may be made out to the City of Augusta.)

\_\_\_\_\_

Name (including middle initial, if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of Birth (mm/dd/year)

\_\_\_\_\_

Any former names, nicknames, or alias'

\_\_\_\_\_

Title or Office

List all places of residence within the previous 3 years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant, by signature below, acknowledges having read all applicable laws and ordinances and agrees to comply with all laws, orders, ordinances, rules and regulations governing the above license and further agrees that any misstatement of material fact may result in refusal of license, suspension or revocation if one has been issued. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license. Applicant understands that the license is not transferable, expires annually, and, in the case of store fronts, applicant is limited by State Law to the operation of one storefront, that being for the application above.

\_\_\_\_\_  
Signature of Authorized Member/Manager/Officer/Partner                      Printed Name                      Date



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In accordance with Order #273 passed by the Augusta City Council on November 18, 1963, all applicants upon applying for any Municipal business or professional permit or license requiring the approval of the Municipal Officers must indicate in writing whether he/she owes the City any past due taxes or other financial obligations. Such information shall be verified by the City Treasurer who shall state what arrangements for payment have been made thereto. Such information to be made available to the City Council at the time such application is considered.

Date: \_\_\_\_\_ Type of License Requested: \_\_\_\_\_

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Check here if no outstanding taxes or accounts with the City: \_\_\_\_\_

	Real Estate Taxes	Personal Tax
Present Year (past due)	_____	_____
Prior Years Total (list years) _____ _____	_____	_____
Accounts Receivables Date: _____	_____	_____
Other	_____	_____
TOTAL:	=====	=====

Signature of Applicant

Print Name

This is to certify that the above statement is correct. Arrangements have been made with the City Treasurer as follows:

\_\_\_\_\_  
\_\_\_\_\_

Verified: \_\_\_\_\_ Date: \_\_\_\_\_  
City Treasurer/Tax Collector Staff (Deputy and Assistants)