

## Marijuana Business License Application

Date: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

**Adult Use Marijuana Store:** A facility licensed under 28-B MRS Chapter 1 to purchase adult use marijuana, immature marijuana plants and seedlings from a cultivation facility, to purchase adult use marijuana and adult use marijuana products from a manufacturing facility and to sell adult use marijuana, adult use marijuana products, immature marijuana plants and seedlings to consumers.

**Caregiver 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 by a registered caregiver to offer marijuana plants or harvested marijuana for sale to qualifying patients.

**Marijuana Cultivation Facility:** A facility used to purchase marijuana plants and seeds from other cultivation facilities; to cultivate, prepare and package marijuana; to sell marijuana to products manufacturing facilities, stores and other cultivation facilities; and to sell marijuana plants and seeds to other cultivation facilities and immature marijuana plants and seedlings to marijuana stores. It shall not include a facility used for cultivation of marijuana for personal use pursuant to 28-B M.R.S. § 1502, or an area of less than 1,000 square feet used for cultivation of medical marijuana by a Caregiver or Qualifying Patient pursuant to 22 M.R.S. § 2423-A.

- \_\_\_ Tier 1: Up to 500 square feet of plant canopy
- \_\_\_ Tier 2: Up to 2,000 square feet of plant canopy
- \_\_\_ Tier 3: Up to 7,000 square feet of plant canopy
- \_\_\_ Tier 4: Up to 20,000 square feet of plant canopy

**Marijuana Manufacturing Facility:** (1) a registered tier 1 or tier 2 manufacturing facility, as designated by state law, or a person authorized to engage in marijuana extraction under 22 MRS §2423- F; or (2) a facility licensed under M.R.S. 28-B, Subchapter 2 to purchase marijuana from a cultivation facility or another products manufacturing facility; to manufacture, label and package marijuana and marijuana products; and to sell marijuana and marijuana products to marijuana stores and to other products manufacturing facilities.

**Marijuana Testing Facility:** A public or private laboratory that is authorized and accredited in accordance with state law for the research and analysis of marijuana, marijuana products or other substances for contaminants, safety or potency.

- \_\_\_ Proof of Land Use Approval from Code Enforcement Officer / Planning Board
- \_\_\_ Complete License Application (with all fees)
- \_\_\_ Copy of State License/ Conditional License / Caregiver registration attached (if received)
- \_\_\_ Copy of State License Application
- \_\_\_ 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 Marijuana Business.
- \_\_\_ Signed Background Check Release form
- \_\_\_ Completed and notarized Ownership affidavit
- \_\_\_ Floor Plan attached
- \_\_\_ Odor Mitigation Plan
- \_\_\_ Electrician's certification

*For Office Use Only*

Date Received \_\_\_\_\_ Amount Received \_\_\_\_\_ Clerk's Initials \_\_\_\_\_

**Type of Business: (Check All That Apply)**

- Adult Use Marijuana Store (\$2,000 annual fee)
- Caregiver Retail Store (\$1,500 annual fee)
- Marijuana Cultivation Facility
  - Tier 1 (\$750 annual fee)
  - Tier 2 (\$1,150 annual fee)
  - Tier 3 (\$2,000 annual fee)
  - Tier 4 (\$3,000 annual fee)
- Marijuana Manufacturing Facility (\$1,250 annual fee)
- Marijuana Testing Facility (\$750 annual fee)

Name of Business: \_\_\_\_\_

Name of Corporation/LLC (if different): \_\_\_\_\_

Physical Address of Business (Must be in Chelsea): \_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_

President or Individual Owner of Business (if a corporation, please provide a completed Management Affidavit, attached): \_\_\_\_\_

Owner's Mailing Address (if different from above): \_\_\_\_\_

Owner's Contact Numbers: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Emergency Contact Person (must be available 24/7): \_\_\_\_\_

Emergency Contact Telephone Numbers: \_\_\_\_\_

Emergency Contact Email Address: \_\_\_\_\_

Days & Hours of Operation:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a license for Marijuana Business suspended or revoked? If so, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been issued a notice of violation by any state or municipality related to a Marijuana Business? If so, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a criminal violation arising out of the operation of a Marijuana Business? If so, provide the date, jurisdiction, nature of the offense and any penalty(ies) assessed:

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What interest do you have in the business premises for which licensure is sought (e.g. deed, lease, purchase and sale agreement, etc.)? Attach deed or lease if that is the source of your interest.

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A description and floor plan of the premises for which the local license is sought must be attached.

TOWN OF CHELSEA

OWNERSHIP AFFIDAVIT FOR MARIJUANA BUSINESS LICENSE

I, \_\_\_\_\_, hereby state and affirm to the best of my knowledge, that the following individuals represent all owners, officers, members, managers, or partners of the Applicant, \_\_\_\_\_:

1. Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Current residence address: \_\_\_\_\_  
Other residence addresses held in last three years (list address and dates of residency):  
\_\_\_\_\_  
\_\_\_\_\_  
This person is over age 21.

2. Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Current residence address: \_\_\_\_\_  
Other residence addresses held in last three years (list address and dates of residency):  
\_\_\_\_\_  
\_\_\_\_\_  
This person is over age 21.

3. Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Current residence address: \_\_\_\_\_  
Other residence addresses held in last three years (list address and dates of residency):  
This person is over age 21.

4. Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Current residence address: \_\_\_\_\_  
Other residence addresses held in last three years (list address and dates of residency):  
This person is over age 21.

If any of the individuals named in this Affidavit have been convicted of a crime arising from the operation of a Marijuana Business, please attach a document describing the date and nature of the offense as well as any penalties adjudged.

I hereby swear that the above information is true and correct to the best of my knowledge.

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

Date: \_\_\_\_\_

Personally appeared the above-named \_\_\_\_\_ and made oath that the foregoing statements are true.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_