

CITY OF LEWISTON, MAINE
Marijuana License Application

Application date _____ Opening date _____ New _____ Renewal _____

Change in ownership or location _____

ALL QUESTIONS MUST BE ANSWERED IN FULL

<u>Business</u>	<u>Applicant</u>
Business name _____	Applicant FULL name _____
Business address _____	Maiden name or A/K/A _____
City _____ State _____ Zip _____	Date of birth _____
Business mailing address _____	Home address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Business phone _____	Home phone _____
Cell phone _____	Driver's License no. & State issued _____
Email _____	Email _____

Is applicant a corporation? Yes ___ No ___ (If yes, complete Supplement Questionnaire and attach to application)

Is applicant a LLC? Yes ___ No ___ (If yes, complete Supplement Questionnaire and attach to application)

Is applicant a partnership? Yes ___ No ___ (If yes, please provide a copy of your agreement)

Has applicant, an officer, principal shareholder, member, manager or employee ever been convicted of criminal activity under any state or federal law? Yes ___ No ___ (If yes, complete the following) **If more than one please attach a separate sheet with information in same format as below.

Name _____ Date of conviction _____

Offense _____ Location _____

Disposition _____

Has applicant, as an individual, partner, officer, principal shareholder of a corporation engaged in a Marijuana Business, or the partner of a partnership, or a member or manager of a limited liability company had a previous license application denied or had such a license suspended or revoked under this ordinance or in any other governmental jurisdiction? Yes ___ No ___ (If yes, complete the following)
**If more than one please attach a separate sheet with information in same format as below.

Name of business _____ Name of individual _____

Location _____ Reason _____

Position held by individual _____ Date offense was entered _____

If a manager is to be employed, complete the following:

Name _____ Maiden name or A/K/A _____

Home address _____ Location _____

City _____ State _____ Zip _____ Contact number _____

If operating as a corporation or LLC, have you provided evidence that you are in good standing with the State of Maine? Yes ___ No ___

If operating as a LLC, have you provided a copy of your operating agreement? Yes ___ No ___

Do you have a current State of Maine Marijuana License(s)? Yes ___ No ___ If yes please attach copies

Do you have a State of Maine application filed, but not granted? Yes ___ No ___ If yes please attach copies

Do you have any City of Lewiston permits or licenses for a marijuana business? Yes ___ No ___ If yes please provide the names and locations of other permitted/licensed business on a separate paper.

Location of Premise for License

Physical address of property _____ Map and lot number _____

City _____ State _____ Zip _____ Zoning District _____

Owner of the property _____ Dimension of Property _____

Owner's address _____ Acreage of Property _____

City _____ State _____ Zip _____ Hours of Operation _____

Description of Security Provisions

CITY OF LEWISTON

MARIJUANA BUSINESS APPLICATION

No person shall engage, operate or maintain a Marijuana Business in the city unless such person has first acquired a license in accordance with [Chapter 22, Article XV of the Lewiston Code of Ordinances](#). A separate license is required for each type of Marijuana Business, whether located on the same premise, building, or property. License application and fee is due annually.

Marijuana Businesses are restricted to certain areas under the City’s [Zoning and Code, Article XI, Section 22\(c\)](#) and [Chapter 22, Article XV of the Lewiston Code of Ordinances](#). You must check with the City’s Planning and Code Enforcement Department before filing an application for a license.

CHECK ALL BOXES THAT APPLY TO YOUR BUSINESS

Type of License	Type of Use	Price
Marijuana Store	<input type="checkbox"/> Adult Use <input type="checkbox"/> Medical Use	\$5000
Marijuana Cultivation Facility	<input type="checkbox"/> Adult Use <input type="checkbox"/> Medical Use	<input type="checkbox"/> Tier 1: 0 to 500 SF of plant canopy \$1000 <input type="checkbox"/> Tier 2: 501-2,000 SF of plant canopy \$1500 <input type="checkbox"/> Tier 3: 2,001-7,000 SF of plant canopy \$2500 <input type="checkbox"/> Tier 4: 7,001-20,000 SF of plant canopy \$5000
Marijuana Manufacturing Facility (this includes, but not limited to, facilities that prepare goods containing medical use marijuana intended for ingestion, including tinctures)	<input type="checkbox"/> Adult Use (manufacturing is prohibited out of a residence) <input type="checkbox"/> Medical Use <input type="checkbox"/> Commercial Location <input type="checkbox"/> Residential Location	\$2500
Marijuana Testing Facility	<input type="checkbox"/> Adult Use <input type="checkbox"/> Medical Use	\$2500
Marijuana Nursery Cultivation Facility— Cultivation of not more than 1,000SF of plant canopy in compliance with 28-B M.R.S. §501.3	<input type="checkbox"/> Adult Use <input type="checkbox"/> Medical Use	\$1000
Registered Dispensary		\$5000
SBI (Background check)	Per applicant	\$21.00
		Total Licensing Fees Due: \$_____

Attachments that need to be included with application:

- Sketch showing the subject premises, including building footprint, interior layout with floor space to be occupied by the business and a parking plan. The sketch must be drawn to scale with marked dimensions

**All activities of marijuana businesses, including and without limitation cultivating, growing, manufacturing, processing, displaying, selling and storage, shall be conducted indoors. The cultivation of marijuana within or on the property of multi--family dwelling is prohibited.

- A copy of a City Tax Map or similar map to scale depicting the property lines of the premises and the property lines of other properties containing any existing Marijuana Businesses within five hundred (500) feet of the subject property and the property lines of any pre-existing schools or child care facilities and public parks, playgrounds or recreational facilities owned by the city within seven hundred and fifty (750) feet of the subject property, measured in accordance with Section 22-430 (3) and (4)

**Is the proposed Marijuana Business located within 750 feet of the lot lines of pre-existing schools or child care facilities and public parks, playgrounds or recreational facilities owned by the city public or pre-existing private school? Yes___ No___

If the answer is YES, a license will NOT be issued.

**Is the proposed Marijuana Business located within 300 feet as measured along the ordinary course of travel between the main entrance of the business and main entrance of a legally established dwelling in a residential zoning district? Yes___ No___

If the answer is YES, a license will NOT be issued.

- A description of the proposed Marijuana Business's odor control and security measurers
- A copy of any proposed signs for the Marijuana Business
- Corporation, Partnership or LLC paperwork
- A copy of Property deed and demonstration of right, title or interest for use of the property as a marijuana business
- A copy of current valid ID

**Is the applicant 21 years or older? Yes___ No___

If the answer is NO, a license will NOT be issued.

- A list of all states applicant(s) has lived in since the age of 18.

**Has applicant always lived in Maine? Yes___ No___

- A copy of caregiver ID card issued by the State of Maine

NOTE: Permits are needed for any construction or renovation to a building, including but not limited to building, electrical, plumbing and sign permits.

Permits may be applied for with the Planning and Code Enforcement Department.

City Hall, 27 Pine Street, Lewiston, Maine 04240. Phone: 207-513-3125

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.

Required Applicant Signatures:

If the applicant is an individual:

_____	_____	_____
Applicant's signature	Applicant's printed name	Date

If the applicant is a partnership, each general partner must sign the application. Each general partner as well as the partnership shall be considered a licensee:

_____	_____	_____
Partner's signature	Partner's printed name	Date

_____	_____	_____
Partner's signature	Partner's printed name	Date

_____	_____	_____
Partner's signature	Partner's printed name	Date

If the applicant is a corporation, a corporate officer must sign the application. Each of the corporations and corporate officers shall be considered a licensee:

_____	_____	_____
Officer's signature	Officer's printed name	Date

_____	_____	_____
Officer's signature	Officer's printed name	Date

_____	_____	_____
Officer's signature	Officer's printed name	Date

If the applicant is a LLC, a duly authorized manager must sign the application. Each LLC and member shall be considered a licensee:

_____	_____	_____
Member's signature	Member's printed name	Date

_____	_____	_____
Member's signature	Member's printed name	Date

Certificate of Applicant and Waiver of Confidentiality

I, _____ (Print Name), Owner/Operator/Agent of the business, hereby authorize the release of any criminal 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.***

_____	_____	_____
Applicant's signature	Applicant's printed name	Date

CITY OF LEWISTON, MAINE

Supplementary Questionnaire for Corporate Applicants or LLC

1. Exact corporate or LLC name: _____
2. D/B/A if any: _____
3. Date of corporation or LLC filed with State: _____
4. State in which corporation or LLC is filed: _____
5. If not a Maine corporation or LLC, date corporation or LLC was authorized to transact business within the State of Maine:

6. List the names, addresses, dates of birth and titles of partners, officers, directors and principal stockholders:
May attach additional pages if needed **PLEASE PRINT CLEARLY

<u>Name</u>	<u>Address previous 5 years</u>	<u>Date of birth</u>	<u>Title</u>	<u>% of Stock</u>

7. Is any principal officer of the corporation or LLC a law enforcement official? Yes___ No___
If yes, please list information:

Dated at _____ on _____
City of Town Date

Signature of duly authorized officer