



Town of Windham, Maine
 Town Clerk's Office
 8 School Road
 Windham, ME 04062
 (207) 892-1900

Marijuana Business License Application

Chapter 160 Town of Windham Marijuana Licensing Ordinance

State Law references: 30-A M.R.S.A. §3001, 22 M.R.S.A. §2429-D and 28-B M.R.S.A. §402

Date: _____ Applicant Name: _____

<i>For Office Use Only</i>		
Date Received _____	Amount Received _____	Clerk's Initials _____

Type of Business (Check All That Apply):

New Renewal

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.

Marijuana Cultivation Facility: A facility used to purchase marijuana plants and seeds from other cultivation facilities; to cultivate, prepare and package adult use marijuana; to cultivate medical marijuana that exceeds 1,000 square feet floor area; to sell marijuana to products manufacturing facilities, stores and to other cultivation facilities; and to sell marijuana plants and seeds to other cultivation facilities and immature marijuana plants and seedlings to marijuana stores. Cultivation facilities may be of the following types:

- (1) Tier 1 Marijuana Cultivation Facility. Not more than 500 square feet of plant canopy.
- (2) Tier 2 Marijuana Cultivation Facility. Not more than 2,000 square feet of plant canopy.
- (3) Tier 3 Marijuana Cultivation Facility. Not more than 7,000 square feet of plant canopy
- (4) Tier 4 Marijuana Cultivation Facility. Not more than 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. (Annual fee \$300.00)

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.

Medical Marijuana 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.

Medical Marijuana Registered Caregiver (Home Occupation): Medical Marijuana 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 permitting and operational standards of this ordinance.

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Medical Marijuana 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.

Name of Business: _____

Name of Corporation/LLC (if different): _____

Physical Address of Business (Must be in Windham): _____

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:

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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:

Have you, within 10 years of the date of this application, been convicted of selling marijuana, alcohol or scheduled drugs to a minor? If so, provide the date, jurisdiction, nature of the offense and any penalty(ies) assessed:

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.

I certify all the information in this application form and accompanying materials is true and accurate to the best of my knowledge.

Signature

Date

The original signed copy of this application must be accompanied by:

- The required application and education fees.
- Two (2) collated submission packets, which must include the required information found in Section 160-6 of the Marijuana Business Licensing Ordinance.
 - The checklist below offers a brief description of these requirements for the purpose of determining the completeness of a submission. Please use the Ordinance for assembling the submission packets.
- Electronic submission in PDF format of all application submission requirements.

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Application Submission Requirements		Applicant	Staff
1	Complete license application form		
2	Payment of the application and education fees		
3	Copy of State License/ Conditional License / Caregiver registration (if received)		
4	Copy of State License Application (for Businesses other than Caregiver / Caregiver (home occupation)		
5	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.		
6	Ownership affidavit		
7	Signed Background Check Release form		
8	Evidence of all land use approvals (Planning and/or Code Enforcement)		
9	Evidence of all other local approvals, including food or victualer's license		
10	A description and a floor plan of premises for which license is sought		
11	Copy of license(s) held for other Marijuana Business(es)		
12	Operations Plan (Adult Use Marijuana Stores and Medical Marijuana Caregiver Retail Stores only)		

License Fee: _____

- Adult Use Marijuana Store - \$2,500
- Marijuana Cultivation Facility - \$1,000
- Marijuana Manufacturing Facility - \$1,000
- Medical Marijuana Registered Caregiver - Cultivation conducted on site - \$300
- Medical Marijuana Registered Caregiver (Home Occupation) - Cultivation not conducted on site - \$150
- Medical Marijuana Caregiver Retail Store - \$2,500
- Marijuana Testing Facility - \$1,000

Education fee: _____

40% of the license fee (minimum \$100)

Total: _____

TOWN OF WINDHAM

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 (1) convicted of a crime arising from the operation of a Marijuana Business; or (2) convicted of selling marijuana, alcohol or any scheduled drug to a minor, please attach a document describing the date and nature of the offense as well as any penalties adjudged.

TOWN OF WINDHAM

OWNERSHIP AFFIDAVIT FOR MARIJUANA BUSINESS LICENSE

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: _____