



### Marijuana Business Application Process

The application must be complete in order to be accepted and processed.

**What is needed to apply: See Article II 7. Of the Marijuana Ordinance for detail.**

- Town application for marijuana business.
- Sufficient documentation demonstrating right, title and interest to the proposed licensed premises of the Marijuana Establishment pursuant to a lease, rental agreement, purchase and sale agreement deed, or other arrangement for possession and use of the premises.
- Recent passport-style photograph(s) of the applicant(s).
- A copy of the applicant's driver's license, and in the case of an application made by a partnership, limited liability company, or corporation, the drivers' licenses of all partners, members, and officers.
- Where a state license is required for the proposed Marijuana Establishment, a copy of the applicant's state license application and supporting documentation as filed with the State Licensing Authority.
- Diagram of Premises. Diagrams should be submitted either as a sketch or as a computer-generated drawing attached to the application. The diagram should be as accurate as possible. Label the areas of your diagram including entrances, office area, kitchen, storage areas, restrooms, and all areas for which you are requesting approval.
- Operations plan.
  1. Overview of policies and procedures such as policies and procedures to prevent sale to minors
- Security plan. Details to include: (See Performance Standards for details)
  1. Lighting
  2. Alarm system
  3. Security cameras interior & exterior
  4. Securing of cash and marijuana products
  5. Policies to discourage loitering
- Waste Disposal Plan. Details to include:

1. Containers to store marijuana waste
2. Procedures for modifying waste so that it is no longer useable

- Odor mitigation plan.
- Distance from school. Distance from nearest public school, private school and/or public preschool.
- Payment of application fee
- Copy of State license (medical) and/or conditional approval (adult use)

**After you submit your application to the Business Licensing Office:**

- The Select Board will determine if your application is complete. If your application is incomplete, you will have ten days from notification to supplement your application with all required materials.
- If you are eligible for a license, you will receive tentative approval from the Town to proceed with the Licensing and Site Review process.
- You must separately apply for all Town of Southwest Harbor permits (building, plumbing, change of use, etc.) after being issued a license from the Select Board.
- When the Town has received all licenses and/or approvals from the required departments and/or Boards, we will sign off on your local authorization form (adult use), or issue your license (medical).
- You may contact the Town Office for a license status update, but please note that we must receive approvals directly from all department and/or Boards.

TOWN OF SOUTHWEST HARBOR



Town of Southwest Harbor

## Application for Marijuana License

<input type="checkbox"/> Application Fee \$200				<input type="checkbox"/> Background Check Fee \$21.00			
<b>BUSINESS</b>							
Business name (d/b/a):				Phone:			
Location address:							
If new, what was formerly at this location:							
Mailing address:							
Additional contact information (website, fax, email, etc.)							
<b>APPLICANT (if entity, complete corporate disclosure)</b>							
Name:				Phone:			
Email:							
Mailing Address:							
<b>EMERGENCY CONTACT</b>							
Name:				Phone:			
Email:							
Mailing Address:							
<b>ADDITIONAL CONTACT</b>							
Name:				Phone:			
Email:							
Mailing Address:							
<b>LOCAL AUTHORIZED AGENT FOR SERVICE (A natural person who has the ability to legally bind the business)</b>							
Name:				Phone:			
Email:							
Mailing Address:							



Town of Southwest Harbor

Check the Classification of the Adult Use Marijuana Business:

- Marijuana Store       Cultivation Facility       Manufacturing Facility       Testing Facility

Check the Classification of the Medical Marijuana Business:

- Marijuana Store       Manufacturing Facility       Testing Facility

**Permit/License Fees** (Payable upon Board of Selectmen permit/license issuance):

- Marijuana Store: \$500
- Marijuana Cultivation:
- Tier I Cultivation: Up to 30 mature plants (and an unlimited number of immature plants and seedlings) or up to 500 SF of mature plant canopy:  
Permit/License by SF:  \$500
  - Tier II Cultivation: 501-2,000 SF of mature plant canopy:  
 \$500
  - Nursery Cultivation: Cultivation of not more than 1,000 SF of plant canopy per 28-B M.R.S. §501.3  
\$500
- Adult Use Marijuana Manufacturing Facility: \$500
- Marijuana Testing Facility: \$500



**Town of Southwest Harbor**

General description of business, including hours and days of operation:	
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Applicant, by signing below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto. I/We, hereby authorize the release of any criminal history record information to the licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

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

Title: \_\_\_\_\_ Printed name: \_\_\_\_\_



Town of Southwest Harbor

**CORPORATE DISCLOSURE**

The answers to questions 1-4 must match the information on file with the Maine Secretary of State's office. Your certification must be in good standing. If you have questions regarding this information, please call the Secretary of State's office at (207) 624-7752. Please clearly complete this form in its entirety. Thank you.

1. Exact legal name: \_\_\_\_\_
2. Doing Business As, if any: \_\_\_\_\_
3. Date of filing with Maine Secretary of State: \_\_\_\_\_
4. If not a Maine business entity:
  - (a) State in which you were formed: \_\_\_\_\_
  - (b) date on which you were authorized to transact business in the State of Maine: \_\_\_\_\_
5. List the names, phone numbers, mailing addresses, email addresses, and titles of the owners, officers, and directors and list the percentage of ownership (attach additional sheets as needed):

<b>OWNER/OFFICER/DIRECTOR 1</b>			
Name:		Title:	
Mailing address:			
Email:		Percent ownership:	
<b>OWNER/OFFICER/DIRECTOR 2</b>			
Name:		Title:	
Mailing address:			
Email:		Percent ownership:	
<b>OWNER/OFFICER/DIRECTOR 3</b>			
Name:		Title:	
Mailing address:			
Email:		Percent ownership:	

(Stock ownership in non-publicly traded companies must add up to 100%.)

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

Title: \_\_\_\_\_ Printed name: \_\_\_\_\_



Town of Southwest Harbor

**CRIMINAL BACKGROUND AND DISQUALIFICATIONS SUPPLEMENT**

Must be completed by each owner, officer, director, manager, and general partner.

Name:		DOB:	
Aliases/ former names:		SSN:	

**CRIMINAL BACKGROUND:**

- I certify that I have not been convicted of a felony crime where the conviction or completion of any sentence, whichever is more recent, has been completed within the last ten years.
- I certify that I have not been convicted of a drug related crime other than a felony, but not including convictions for marijuana related crimes, where the conviction or completion of any sentence, whichever is more recent, has been completed within the last five years.

**DISQUALIFYING VIOLATIONS:**

List all corporate entities in which you have been an owner, officer, director, manager, general partner, shareholder, or other responsible party, IF 1) that corporate entity has ever held a marijuana-related license, permit, certificate, or registration in any jurisdiction; AND/OR 2) that corporate entity has owned property in the Town of Southwest Harbor or done business in the Town of Southwest Harbor. Please list the entity name, your position/interest in that entity, and whether

ENTITY 1			
Name:		Interest:	
Marijuana-related	Y / N	Nature of license, etc. and jurisdiction:	
Southwest Harbor based	Y / N	Nature of interest and address(es):	
ENTITY 2			
Name:		Interest:	
Marijuana-related	Y / N	Nature of license, etc. and jurisdiction:	
Southwest Harbor based	Y / N	Nature of interest and address(es):	



Town of Southwest Harbor

ENTITY 3			
Name:			Interest:
Marijuana-related	Y / N	Nature of license, etc. and jurisdiction:	
Portland based	Y / N	Nature of interest and address(es):	

- I certify that neither I nor any corporate entity in which I have ever had an interest has had any marijuana-related license, permit, certificate, or registration revoked or suspended.
- I certify that, within the previous five years, neither I nor any corporate entity listed above has engaged in the non-payment or late payment greater than 30 days of any tax or fee.
- I certify that, within the previous five years, neither I nor any corporate entity listed above has had any suspension, revocation, or denial of any license or permit.
- I certify that, within the previous five years, neither I nor any corporate entity listed above has made any false statement on a Town form or application.
- I certify that, within the previous five years, the following are the only citations for licensing, land use, life safety, building fire, health, or similar requirements that either I or any corporate entity listed above has received, all of which were corrected within the timeframe required by the Town.
- I certify that, within the previous five years, neither I nor any corporate entity listed above has any other significant failure to comply with Town ordinances.

**CONFLICT OF INTEREST**

- I certify that I am not employed by any state agency or Town department with regulatory authority over the marijuana business, including the Administration Office, Police Department, Code Enforcement & Planning Board, Fire Department, and the Select Board.
- I certify that I am not a law enforcement officer.

I certify that these disclosures are true and accurate. I hereby authorize the release of any criminal history record information to the Town of Southwest Harbor. I understand that this supplement, and any responsive criminal history information may be considered a public record and I waive any rights to privacy with respect thereto.

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

Title: \_\_\_\_\_ Printed name: \_\_\_\_\_





Town of Southwest Harbor

LANDLORD STATEMENT OF PERMISSION

I, \_\_\_\_\_, am the (authorized agent of the record owner/record owner) of the property at \_\_\_\_\_, Southwest Harbor, Maine.

\_\_\_\_\_ (the "Property").

\_\_\_\_\_ ("Tenant"), is a lawful tenant at (unit/apartment) at the Property (the "Rented Unit"). I give Tenant permission to operate a Retail Marijuana Establishment pursuant to the Town of Southwest Harbor Marijuana Ordinance ("Town Ordinance") at the Rented Unit.

I have reviewed the relevant portions of the Town Ordinance and understand the potential consequences of Tenant's use of the Rented Unit as a Retail Marijuana Establishment. I also understand and agree that I am responsible for maintaining the Property in full compliance with state laws and local ordinances.

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

Title: \_\_\_\_\_ Printed name: \_\_\_\_\_

Personally appeared before me the above-named affiant and made oath that the foregoing affidavit is true and correct to his/her personal knowledge.

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

Notary Public/Attorney at Law



Town of Southwest Harbor

**MERIT BASED POINT QUALIFICATIONS**

Please check all factors that you believe apply to the business applying for licensure. Provide 1) a summary of the reasons why you believe that the business is eligible for those points; and 2) a description of the evidence supporting your position. All supporting evidence must be attached.

Business Experience – at least 5 years of relevant business experience (1 Point)

Description of qualification :	
Supporting evidence attached:	
<b>Staff Use Only:</b> <input type="checkbox"/> Qualifies <input type="checkbox"/> Does not qualify Notes:	

At least 51% owned by individual(s) who is a Maine resident. (1 point)

Description of qualification :	
Supporting evidence attached:	
<b>Staff Use Only:</b> <input type="checkbox"/> Qualifies <input type="checkbox"/> Does not qualify Notes:	

At least 51% owned by individual(s) who is a Hancock County resident. (1 point)

Description of qualification :	
Supporting evidence Attached:	
<b>Staff Use Only:</b> <input type="checkbox"/> Qualifies <input type="checkbox"/> Does not qualify Notes:	



Town of Southwest Harbor

- At least 51% owned by individual(s) who has been a Southwest Harbor resident for the last 4 consecutive years. (1 point)

Description of qualification:	
Supporting evidence attached:	
<b>Staff Use Only:</b> <input type="checkbox"/> Qualifies <input type="checkbox"/> Does not qualify Notes:	

- Marijuana Education – Applicants that provide proof of successful completion of marijuana educational classes recognized by the State of Maine. 0.25 points for each different certification class up to a maximum of 3 points.

Description of qualification:	
Supporting evidence attached:	
<b>Staff Use Only:</b> <input type="checkbox"/> Qualifies <input type="checkbox"/> Does not qualify Notes:	

- No outstanding taxes or liens due to the Town of Southwest Harbor (1 Point)

Description of qualification:	
Supporting evidence attached:	
<b>Staff Use Only:</b> <input type="checkbox"/> Qualifies <input type="checkbox"/> Does not qualify Notes:	



Town of Southwest Harbor

Approved

Denied

Date \_\_\_\_\_

\_\_\_\_\_  
Kristin Hutchins, Chair

\_\_\_\_\_  
Chad Terry, Vice Chair

\_\_\_\_\_  
Allen Willey

\_\_\_\_\_  
George Jellison, Jr.

\_\_\_\_\_  
Carolyn Ball