

Application Date: _____

Application Number: _____ (Office Use)

TOWN OF ANSON
Adult Use and Medical Marijuana Stores, Cultivation Facilities, Manufacturing Facilities,
and Testing Facilities Application

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 Cultivation Facility Manufacturing Facility Testing Facility

REGULAR APPLICATION FEE: \$250

Note: If constructing a new building, contact the Code/Planning Office.

Note: Marijuana Stores, Cultivation Facilities, Manufacturing Facilities, and Testing facilities are restricted to certain areas under the Table of Uses in the Town's Zoning Ordinance and are subject to specific setbacks in the Town's Adult Use and Medical Marijuana Stores, Cultivation Facilities, Manufacturing Facilities, and Testing Facilities Ordinance. You must check with the Town's Code/Planning Office for this information before filing an application for a permit/license.

Note: All applicants for any Adult Use Marijuana Business permit/license (except Adult Use Marijuana Testing Facilities) are required to have lived in Maine and paid taxes in Maine for a period of not less than four (4) years immediately preceding the date of application per 28-B M.R.S. c. 1.

Map and Lot of Subject Property: Map _____ Lot _____ Zone: _____

Physical Address of Subject Property: _____

If an applicant is a corporation, partnership, or limited liability company, every officer, director, and/or managing partner must be a person who is a resident, and a majority of the shares, partnership interests, membership interests, and/or other equity interests must be held or owned by persons who are residents. This residency requirement does not apply to applicants for testing facility licenses.

- Corporation Partnership Limited Liability Company

Name of Applicant: (For additional individual(s), attach sheet listing name(s) with the following information):

Mailing Address:

Telephone:

Email Address:

State of Maine Driver's License Number:

Date of Birth:

Social Security Number:

Federal Tax Identification Number:

Attach a recent passport-style photo(s) of applicant(s) here:

Has the applicant or any officer, partner, director, stockholder, or member of the applicant ever been convicted of a felony in a federal, State, or other court? Yes No If Yes, please provide the following:

Name and Location of Court	Charge Convicted of	Sentence	Date of Sentencing	Last Date of Incarceration/Parole/Probation

Has the applicant been denied an application for an Adult Use or a Medical Marijuana license by another jurisdiction?

Yes No If yes, explain on a separate sheet.

Has the applicant had an Adult Use or a Medical Marijuana license suspended or revoked by another jurisdiction?

Yes No If yes, explain on a separate sheet.

Name of Authorized Agent: (Attach notarized statement designating agent(s) if applicable)

Mailing Address:

Telephone:

Email Address:

State of Maine Driver's License:

Date of Birth:

Social Security Number:

Name of Property Owner (If different than applicant):

Mailing Address:

Telephone:

Email Address:

Attach copy of lease of subject property

Property Owner Signature

Property Owner Printed Name

Date

Attach copy of all current State Marijuana License(s) if any.

If a State of Maine application for an Adult Use Marijuana Business and/or Medical Marijuana Business has been filed, but has not yet been granted, attach complete copies. Date(s) filed: _____

Is the applicant proposing to surrender their Medical Marijuana Business license and entirely convert to an Adult Use Marijuana Business on their currently licensed premises? Yes No

If Yes, attach proof of surrendered license.

NOTE: Adult Use and Medical Marijuana businesses cannot be co-located in the same facility or building by the same licensee. Co-location with cultivation and manufacturing facilities is allowed with restrictions per 28-B M.R.S. §501.

Is there currently a Medical Marijuana Business on the subject property that began operating before the enactment of 28-B M.R.S. c. 1? Yes No

If Yes, attach evidence if a Medical Marijuana Business had commenced on the property prior to December 31, 2017.

Is the proposed Marijuana Business within 1,000 feet of a public or preexisting private school, and/or designated recreation area for children up to 18 years in age, or municipal "safe zone" per 30-A M.R.S. §3253? Yes No

If Yes, you cannot submit an application for an Adult Use Marijuana Business, but you can submit an application for a Medical Marijuana Business if exempt under §11-14.10.A.9 in the Adult Use and Medical Marijuana Stores, Cultivation Facilities, Manufacturing Facilities, and Testing Facilities Ordinance.

Note: The holder of a permit/license for a Medical Marijuana Store located in the following districts - General Purpose, Residential/Light Commercial, or Village Business outside of Village Business Historic – may apply to exchange their permit/license for an Adult Use Marijuana Store permit/license in the same location.

Description of Plan for developing and operating a Marijuana Store, Cultivation Facility, Manufacturing Facility, or Testing Facility: (Attach additional information if necessary)

Anticipated date for project commencement: _____ Anticipated date for project completion: _____

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

Attach a copy of a Town Tax Map depicting the subject's property lines and any structures containing existing Marijuana Businesses within 1,000 feet of the subject property; the property lines of any public or preexisting private school within 1,000 of the subject's property lines; and the property lines of any established college, daycare, hospital, religious institution, designated recreational area for children up to 18 years, or municipal "safe zone" per 30-A M.R.S. §3253 within 500 feet of the subject's property lines.

State the estimated average number of vehicles per day anticipated on or using the site: (Include owner(s), employee(s), landlord(s), contractor(s), and staff).

State the number of parking spaces planned for the site:

Note: The nominal parking dimension is 9'x18'. For more information regarding accessible parking standards, contact the Town's Code/Planning Office at 207-431-1575

Describe method of sewage disposal for proposed site:
(Please check with the Sewer Clerk if connected to public sewer 207-696-3979)

Describe method of water supply to proposed site:
(Please check with the Farmington Village Corporation if connected to public water – 207-696*-4221)

Are there additional federal, State, or local permits or approvals required? Yes No
If yes, please list:

State the hours and days of operation: (Note: Maximum open hours are between 9 AM to 9 PM)
Sun _____ Mon _____ Tues _____ Wed _____ Thu _____ Fri _____ Sat _____

List below the names and addresses of the owners of abutting properties and those with property on the opposite side of the street or public way. (Attach a separate sheet if necessary)

Name	Address	Map/Lot
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR ADULT USE AND MEDICAL MARIJUANA STORES ONLY:

Describe how you will ensure that the Marijuana Store will not sell, give, distribute, or deliver marijuana or marijuana products to persons who are under the age of twenty-one (21), or to persons who appear to be under the influence of an alcohol, inhalants, or other controlled substance: (Attach additional sheets if necessary)

Describe how marijuana and marijuana products at the Marijuana Store will be displayed and sold: (Attach additional sheets if necessary)

- Attach samples of the logo and labeling that will be used in the store, and the sign to be attached to the store.
- Attach the Security Plan for this location. (Include location of Knox Box)

Attach the Odor Control Plan for this location.

- The Code/Planning Office shall notify the following Department Heads, and request a letter regarding whether there is adequate traffic safety and emergency vehicle access: Fire Rescue Chief; Police Chief; Director of Public Works.
- The Code/Planning Office shall notify the Administrative Assistant for their review and any recommendations.
- The Code/Planning Officer shall submit a letter regarding whether the applicant is in violation of any Town land use ordinance on the subject parcel, and notify all abutting property owners through certified mail. The applicant will be invoiced for postage if the application has been deemed complete.
- The Wastewater Treatment Facility Superintendent shall submit a letter regarding whether the project will cause an unreasonable burden on the municipal sewer system.
- If applicable, the application shall be reviewed under the Americans with Disabilities Act (ADA) for ADA accessibility and compliance with ADA regulations by the Code/Planning Office.

Upon Planning Board approval, the application shall be forwarded to the Board of Selectmen for a Public Hearing for consideration of approval of a permit/license. All advertising fees for the public hearing will be invoiced to the applicant.

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

- Marijuana Store: \$1,250
- 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 plant count: \$10/plant indoor or indoor/outdoor \$5/plant outdoor
 - Permit/License by SF: \$250/indoor or indoor/outdoor \$125/outdoor
 - Tier II Cultivation: 501-2,000 SF of mature plant canopy:
 - \$1,500/indoor or indoor/outdoor \$750/outdoor
 - Tier III Cultivation: 2,001-7,000 SF of mature plant canopy:
 - \$5,000/indoor or indoor/outdoor \$2,500/outdoor
 - Tier IV Cultivation: 7,001-20,000 SF of mature plant canopy:
 - \$15,000/indoor or indoor/outdoor \$7,500/outdoor
- Adult Use Marijuana Manufacturing Facility: \$1,250
- Marijuana Testing Facility: \$500
- Tier I Medical Marijuana Manufacturing Facility (\leq 40 lbs.): \$300
- Tier II Medical Marijuana Manufacturing Facility (\leq 200 lbs.): \$500

Tier I or Tier II Medical Marijuana Manufacturing Facility Using Inherently Hazardous Substances: \$700

I'm applying for a Marijuana Store, a Marijuana Cultivation Facility, or a Marijuana Products Manufacturing Facility license, and I certify that I do not have an ownership in, or a direct or indirect financial interest in a Marijuana Testing Facility license.

I'm applying for a Marijuana Testing Facility license, and I certify that I do not have an ownership in, or a direct or indirect financial interest in a Marijuana Store, a Marijuana Cultivation Facility, or a Marijuana Manufacturing Facility.

Applicant Signature

Applicant Printed Name

Date