



## City of Waterville

### Marijuana License Application

This application is a  New License  Renewal  Change in Ownership or Location

Type of License:  Medical  Adult Use

Type of Activity:  Cultivation  Manufacturing/Extraction  Manufacturing/Consumable  
 Testing Facility  Retail Store  Registered Caregiver

Does applicant have all the necessary permits/licenses required by the pertinent State licensing agency?  
 Yes  No

If Yes, please attach. If no, indicate date applied: \_\_\_\_\_

Applicant Information			Business Information		
Applicant Name	DOB		Business Name (DBA)		
Applicant's Address			Business Location		
City/Town	State	Zip	City	State	Zip
Telephone Number	Fax Number		Business Telephone Number	Fax Number	
Driver's License Number	State of Issue		Seller Certificate # or Sales Tax #		
Federal ID#			Website URL		
Email Address			Email Address		

Is applicant a citizen of the United States?  Yes  No

Is applicant a resident of the State of Maine?  Yes  No

Has applicant formerly held a business license related to Marijuana?  Yes  No

Do you own or have any interest in any other currently operating business related to Marijuana?

Yes  No

If Yes, please complete the information below (use additional sheets, if necessary)

License # \_\_\_\_\_ Name of Business: \_\_\_\_\_

Physical Location of Business: \_\_\_\_\_

Type of Business Operation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**APPLICANTS & MANAGERS**

List name (include maiden names), date of birth, place of birth and residence addresses for all applicants and managers below (attach additional pages, if necessary):

NAME	DOB	PLACE OF BIRTH	RESIDENCE ADDRESS (LIST ALL FOR PREVIOUS 5 YEARS)
<input type="checkbox"/> Applicant <input type="checkbox"/> Manager			
<input type="checkbox"/> Applicant <input type="checkbox"/> Manager			
<input type="checkbox"/> Applicant <input type="checkbox"/> Manager			
<input type="checkbox"/> Applicant <input type="checkbox"/> Manager			

Has/have any applicant(s) or manager(s) ever been convicted on any violation of law, other than minor traffic violations, of any State of the United States?  Yes  No

If Yes, list the offenses below (attach additional sheets, if necessary):

Name: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Offense: \_\_\_\_\_ Location of Court: \_\_\_\_\_

Disposition: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Offense: \_\_\_\_\_ Location of Court: \_\_\_\_\_

Disposition: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Offense: \_\_\_\_\_ Location of Court: \_\_\_\_\_

Disposition: \_\_\_\_\_

Will any law enforcement official benefit financially either directly or indirectly in your license, if issues?

Yes  No If yes, please indicate name: \_\_\_\_\_

**LOCATION OF PREMISE OF BUSINESS**

Does applicant  Own  Lease

Please attach proof of ownership or, if leased, please attach a copy of the lease agreement.

Physical Address of Property: \_\_\_\_\_

Map/Lot \_\_\_\_\_ Zoning District \_\_\_\_\_ Acreage \_\_\_\_\_ Interior Square Ft. \_\_\_\_\_

Name of Owner (if different than applicant) \_\_\_\_\_

Please provide a copy of the appropriate City of Waterville’s Assessor’s tax map or private surveyor’s boundary, indicating, within 500’ from the above subject premise, the lineal distance from the nearest public school, private school, and recreation facility, as measured from the nearest lot line.

Is business subject location located within 500’ of any school or recreational facility?  Yes  No

If yes, please list the type of facility and the location from your business location below:

\_\_\_\_\_  
\_\_\_\_\_

Please provide a description of the security provisions at your facility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a description of the odor control measures at your facility:

\_\_\_\_\_  
\_\_\_\_\_

Please provide a sketch showing the subject premises, including the building footprint and interior layout, to indicate the floor space to be occupied by the business, drawn to scale.

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

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**Signature of Application**

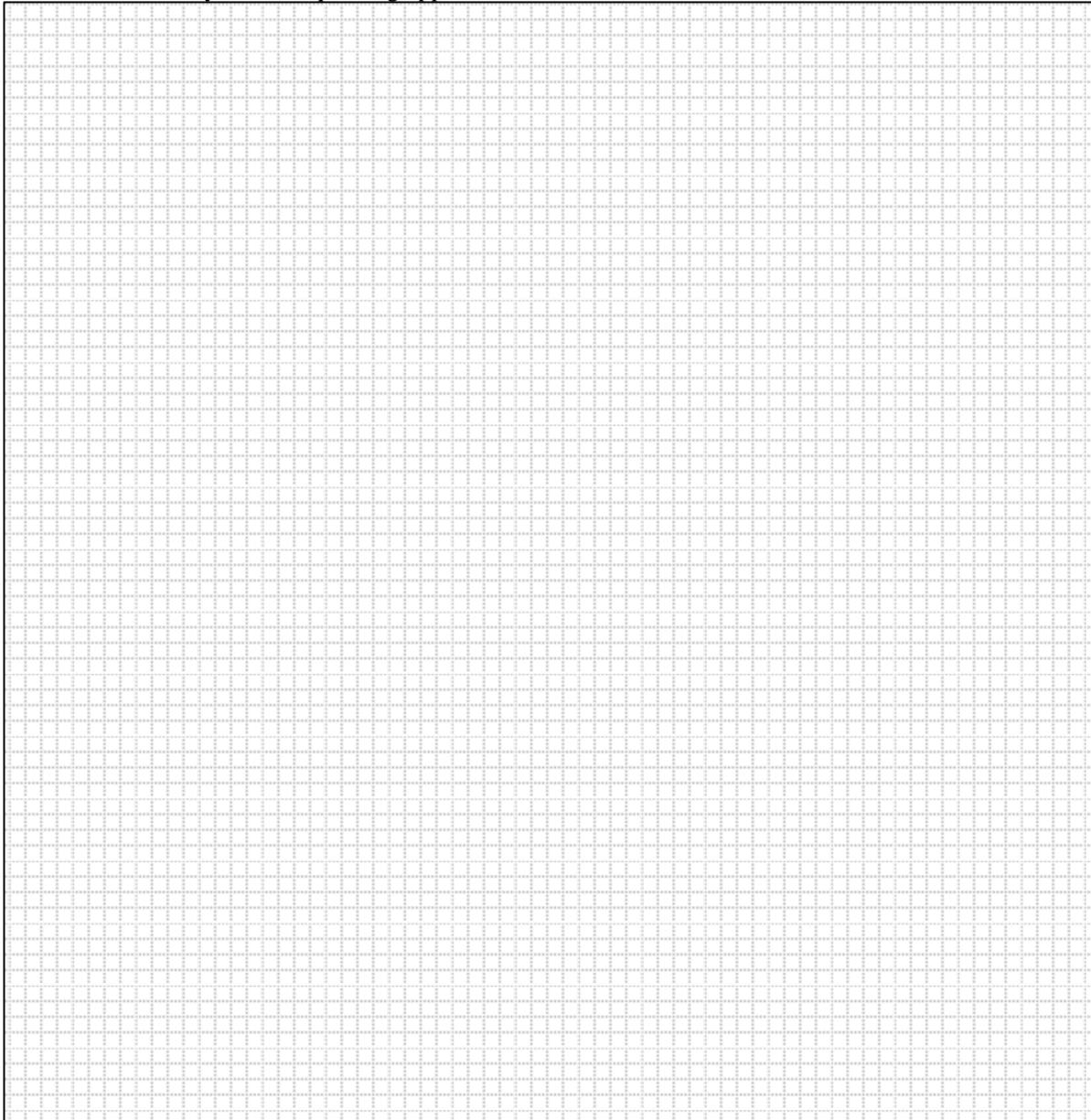
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**Date of Application**

## DIAGRAM OF PREMISES

In an effort to clearly define your license premises and the areas in which the cultivation, storage, sale or consumption of adult-use marijuana is allowed, the City requires all applicants to submit a diagram of the premises to be licensed in addition to a completed license application.

Diagrams should be submitted either as a sketch on this form or as a computer-generated drawing attached to it. The diagram should be as accurate as possible. Be sure to label the areas of your diagram including entrances, office area, kitchen, storage areas, dining rooms, lounges, function rooms, restrooms, decks and all areas for which you are requesting approval.



# Corporate Information Required for Business Entities Who Are Licensees

Questions 1 to 4 must match information on file with the Maine Secretary of State's office. 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.

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

NAME	ADDRESS (5 YEARS)	DOB	TITLE	% OWNERSHIP

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

6. If Co-Op, number of members: \_\_\_\_\_ (list primary officers in the boxes above)
7. Is any principal person involved with the entity a law enforcement official?  
 YES     NO    If Yes, Name: \_\_\_\_\_ Agency: \_\_\_\_\_
8. Has any principal person involved in the entity ever been convicted of any violation of the law, other than minor traffic violations, in the United States?     YES     NO
9. If Yes to Question 8, please complete the following: (attached additional sheets as needed)  
 Name: \_\_\_\_\_  
 Date of Conviction: \_\_\_\_\_  
 Offense: \_\_\_\_\_  
 Location of Conviction: \_\_\_\_\_  
 Disposition: \_\_\_\_\_

**Signature:**

\_\_\_\_\_  
Signature of Duly Authorized Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Duly Authorized Person

**Application Check-List**

- Attach permits/licenses issued from the State of Maine.**
- Attach proof of ownership of subject premises, or a lease agreement.**
- Attach Assessor’s map or Surveyor’s drawing of subject premises, indicating any schools or recreational facilities located within 500’.**
- Attach a sketch or diagram of subject premises, including the building footprint and interior layout, drawn to scale.**
- Payment of \$500 Application Fee.**
- Payment of Appropriate License fees:**

	Marijuana Retail Store	\$5,000
	Marijuana Manufacturing/Extraction Facility	\$1,500
	Marijuana Manufacturing/Consumable Facility	\$ 100
	Marijuana Testing Facility	\$1,500
	Marijuana Cultivation Tier 1	\$ 500
	Marijuana Cultivation Tier 2	\$2,500
	Marijuana Cultivation Tier 3	\$4,000
	Marijuana Cultivation Tier 4	\$7,500
	Tier 4 Square Footage Increase	\$2,000
	Registered Caregiver	\$ 500

- Copies of all Caregiver Certificates (these are classified as confidential and will not be released in response to any FOAA requests)**

**Date of Approval By CEO:** \_\_\_\_\_ **Signature of CEO :** \_\_\_\_\_

**Date Issued by City Clerk:** \_\_\_\_\_