



Town of Windham, Maine
Town Clerk's Office
8 School Road
Windham, ME 04062
Marijuana Business License Application

Date: _____ Applicant Name: _____

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.

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.

- _____ Proof of Land Use Approval or Proof of Site Plan Application (from Code/Planning & Development)
- _____ Complete License Application (with all fees)
- _____ Copy of State License/ Conditional License / Caregiver registration attached
- _____ Copy of State License Application (for Businesses other than Caregiver / Caregiver (home occupation))
- _____ 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.
- _____ Copy of license(s) held for other Marijuana Business(es)
- _____ Signed Background Check Release form
- _____ Ownership affidavit
- _____ Floor Plan attached

For Office Use Only

Date Received _____ Amount Received _____ Clerk's Initials _____



Town of Windham, Maine
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 8 School Road
 Windham, ME 04062
 Marijuana Business Application
 Chapter 160 Town of Windham Marijuana Licensing Ordinance

Valid _____ to _____

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

Type of Business: (Check All That Apply)

- _____ Adult Use Marijuana Store (\$2,500 annual fee)
- _____ Marijuana Cultivation Facility (\$1,000 annual fee)
- _____ Marijuana Manufacturing Facility (\$1,000.00 annual fee)
- _____ Medical Marijuana Registered Caregiver - Cultivation conducted on site (\$300 annual fee)
- _____ Medical Marijuana Registered Caregiver (Home Occupation) - Cultivation not conducted on site (\$150.00 annual fee)
- _____ Medical Marijuana Caregiver Retail Store (\$2,500.00 annual fee)
- _____ Marijuana Testing Facility (\$1,000.00 annual fee)

There is also a \$ _____ education fee payable for each type of license sought.

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:

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.

A description and floor plan of the premises for which the local license is sought must be attached.

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.

Evidence of current residency is attached for each of the above-named individuals.

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:_____