



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 (if received)
- \_\_\_\_\_ 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
- \_\_\_\_\_ Operations Plan attached

*For Office Use Only*

Date Received \_\_\_\_\_ Amount Received \_\_\_\_\_ Clerk's Initials \_\_\_\_\_



Town of Windham, Maine  
 Town Clerk's Office  
 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 an education fee of 40% of the license fee (minimum \$100) 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:

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Have you ever had a license for Marijuana Business suspended or revoked? If so, explain:

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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:

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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:

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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.

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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.

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.

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:\_\_\_\_\_