

Received by Town Clerk;
Date: _____ Time: _____

**Town of Brownfield, Maine
207-935-2007**

APPLICATION FOR MARIJUANA ESTABLISHMENT LICENSE

Valid from _____ to _____

***Town of Brownfield Commercial and Industrial Business Application
REQUIRED Prior to Submission of this License***

Maine State Conditional Permit
_____ Received: _____
Local Authorization # _____

Town Document # _____
Date Submitted: _____

Passport Photo; License or Photo ID



This space for office use only:

Non-Refundable \$500 Fee
Date Application/Fee Received: _____
Cash _____ Credit _____ Check# _____

***The Local License fee schedule shall be set by the Select Board
and shall be paid by the licensee annually:***

TYPE OF LICENSE APPLIED FOR:

Check One: **Adult** _____ **Medical** _____

- _____ Tier 1; (0-500 sq. ft. canopy) \$ 5000.00 Fee
- _____ Tier 2; (501-2000 sq. ft. canopy) \$10,000.00 Fee
- _____ Tier 3; (2001-7000 sq. ft. canopy) \$20,000.00 Fee
- _____ Medical Marijuana Cultivation Facility \$ 300.00 Fee
- _____ Marijuana Products Manufacturing Facility \$25,000.00 Fee
- _____ Marijuana Testing Facility \$ 3000.00 Fee

Check One:

_____ New Application _____ Renewal Application

PLEASE CHECK THE APPROPRIATE BOX

Individual () Corporation* () Partnership () LLC () Other ()**

1. Name of Business: _____

If the applicant intends to operate the Marijuana Establishment under a name other than that of the applicant, they must state the Marijuana Establishment's name and submit the required registration documents.

Physical Address of Business: _____

Mailing Address (if different from above): _____

Business Telephone: _____ Fax Number: _____

Date of Incorporation if corporation: _____

*Applicant shall provide evidence that the corporation is in good standing under State Law, the names and capacity of all officers, directors and principal stockholders, the name of the registered corporate agent, the address of the registered office for service of process, and submit proof that all officers, directors and principal stockholders are at least twenty-one (21) years of age. Please attach all to this application.

Date of Establishment if LLC: _____

**Applicant shall provide evidence that the LLC is in good standing under State Law, the names and capacity of all members, a copy of its operating agreement, if any, the address of its registered office for service of process, and submit proof that all members are at least twenty-one (21) years of age. Please attach all to this application.

2. Owner Information:

Name of Business Owner: _____

Note: If more than one owner, list all additional owners separately and attach to this application

List of any Aliases Used: _____

Proof that Applicant is at least twenty-one (21) years of age (list type of proof provided):

Physical Address: _____

Mailing Address (if different from above) _____

Owner Contact Number: _____

Owner Email Address: _____

Note: If Applicant is not the property owner of record, provide a notarized signed statement from the property owner stating that Applicant has permission to utilize the premises for marijuana business. If the property is leased or rented the Applicant must provide a signed notarized letter from the lessor stating they are aware of the proposed use of the property.

Statement Provided: Yes _____ No _____

Owner Information Continued:

Emergency Contact (Must be available 24/7): _____

Emergency Contact Telephone Number: _____

Emergency Contact Email Address _____

3. Days and Hours of Operation:

Explain any special circumstances the Town should be aware of: _____

4. Description of Premises (attach copies):

Pursuant to the Town of Brownfield Marijuana Ordinance, Section 2, D, the applicant must include the following: a copy of the appropriate tax map demonstrating that the property meets Land Use requirements for the proposed use.

5. Any Previous Permits/Licenses:

Have you ever held a previous Marijuana Establishment License in another municipality, the Town of Brownfield, or the State of Maine or any other state, that was denied suspended or revoked? (Please circle) Yes / No

If Yes, please list the name and location of the Marijuana Establishment for which the license was denied, suspended or revoked as follows:

Name of Establishment: _____

Location: _____ Date of denial, suspension or revocation: _____

If Applicant has been a partner or an officer or director, or principal stockholder of a corporation that is permitted/licensed under this Ordinance, whose license has previously been denied, suspended or revoked, list the name and location of the Marijuana Establishment for which the permit was denied, suspended or revoked as follows:

Name of Establishment: _____

Location: _____ Date of denial, suspension or revocation: _____

6. Current Permits/Licenses:

Do you have a current permit/license under this Ordinance or other similar Marijuana Establishment license from another municipality, the Town of Brownfield, or the State of Maine? (Please Circle) Yes / No Date current license was issued: _____

If Yes, please list the name and location of the Marijuana Establishment and the status of the permit/license and whether it has been denied, suspended or revoked:

Name of Establishment: _____

Location: _____ Date of denial, suspension or revocation: _____

Copies of all required state authorizations, including evidence of a caregiver registration in good standing, a conditional license pursuant to Title 28-B, food license, and any required state authorizations. Documents submitted: Yes _____ No _____

7. Security Plan:

Pursuant to Ordinance Article IV A (6): A copy of the security plan has been submitted: Yes _____ No _____

1. Marijuana facility has lockable doors and windows with intrusion alarms with audible and police notification components sending notification directly to or through a second party to the Oxford County Sheriff Department. Yes _____ No _____

2. Outdoor cultivation operations are enclosed with secure, locked fencing. Yes _____ No _____

3. Marijuana facility has video surveillance capable of covering the exterior and interior of the operation. The video system continuously records 24 hours per day, 7 days per week, and these recordings are retained for a minimum duration of 30 days and are available to law enforcement agencies when investigating a criminal complaint. Yes _____ No _____

4. All useable marijuana, marijuana product, and cash are stored in a safe or cabinet that is securely attached to the structure (or is incorporated as part of the structure). For marijuana products that must be kept refrigerated or frozen, these products are stored in a locked refrigerator or freezer container provided the container is affixed to the building structure. Yes _____ No _____

I understand that the Brownfield Code Enforcement Officer (“CEO”) and the Chief of the Brownfield Fire Department (BFD) can enter the premises at reasonable times for the purpose of checking compliance with all applicable State Laws and the Town of Brownfield Marijuana Establishments Licensing Ordinance. Yes _____ No _____

I agree to have my facility inspected annually by the Chief of the Brownfield Fire Department or designee and there is a Knox Box installed at the structure's exterior entrance for emergency access. Yes _____ No _____

8. Odor and Ventilation Mitigation Plan:

Pursuant to Ordinance Article IV A (7): A copy of the odor and ventilation mitigation plan has been submitted: Yes _____ No _____

9. Evidence of Insurance:

Pursuant to Ordinance Article IV C (1): A copy of insurance has been submitted: Yes _____ No _____

10. If Escrow Fee Requested; Date Request Made: _____ Amount of Fee: _____
Date Received: _____

CERTIFICATE OF INFORMATION

Please read and sign

STATEMENT: Applicant, by signature below, acknowledges having read all the applicable laws and the Town of Brownfield’s Marijuana Establishments Licensing Ordinance and agrees to comply 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, suspension 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. Applicant understands that the license is not transferable and expires annually.

This must be signed in front of a Notary Public.

Signature of Applicant

Date

Printed Name

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public or Attorney

Date Notary Commission expires: _____

License Fee: Local License fees are set forth below and shall be paid annually:

\$_____ Due at the time of submission of application. *Applicants are also responsible for the Town’s expenses associated with the review of an application, including the cost of any third-party review if necessary.*

1. Adult Use Marijuana Cultivation Facility:
 - (a) Tier 1: 0- 500 SF canopy: \$ _____
 - (b) Tier 2: 501- 2000 SF canopy: \$ _____
 - (c) Tier 3: 2001- 7000 SF canopy \$ _____
2. Adult Use or Medical Marijuana Testing Facility: \$ _____
3. Adult Use or Medical Marijuana Products Manufacturing Facility: \$ _____
4. Medical Marijuana Cultivation Facility: \$ _____

FOR TOWN USE ONLY

Date of Application: _____ Date Application Fee Paid: _____

Fire Department: Approved _____ Denied _____ Approved by _____
Date Signed _____

Code Enforcement: Approved _____ Denied _____ Approved by _____
Date Signed _____

Planning Board: Approved _____ Denied _____ Approved by _____
Date Signed _____

In Accordance with the Town of Brownfield Marijuana Establishments Licensing Ordinance, all materials required by this ordinance must be submitted with the application.