



CITY OF AUGUSTA

16 Cony Street, Augusta, Maine 04330

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Medical Marijuana Business License Application

Medical Marijuana Businesses: Includes Medical Marijuana Testing Facility, Medical Marijuana Manufacturing Facility, Medical Marijuana Registered Caregivers, Medical Marijuana Caregiver Retail Store, Medical Marijuana Registered Caregiver (Home Occupation), and Registered Dispensaries.

Medical Marijuana Testing Facility: A public or private laboratory that is authorized and accredited in accordance with state law.

Medical Marijuana Manufacturing Facility: 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

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. A Medical Marijuana Registered Caregiver may operate in a variety of ways including operating one retail store, in accordance with state law and the standards of the Land Use Ordinance.

Medical Marijuana Caregiver Retail Store: A location other than the permanent residence of a registered caregiver or a qualifying patient from which a registered caregiver provides marijuana for medical use to a qualifying patient.

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 standards of this ordinance.

Registered Dispensaries: "Registered Dispensary" or "dispensary" means an entity registered under 22 MRS §2425-A that acquires, possesses, cultivates, manufactures, delivers, transfers, transports, sells, supplies or dispenses marijuana or related supplies and educational materials to qualifying patients and the caregivers of those patients.

Medical Marijuana Business Application Submittal Checklist

The following information must be provided (additional information or documentation may also be required):

_____ Proof of right, title, or interest in the property where the Medical Marijuana Business is proposed to be located.

_____ Copy of Applicant's State License application and supporting documentation as submitted to the State Licensing Authority attached

_____ Evidence of all State approvals or conditional approvals required to operate a Medical Marijuana Business, including, but not limited to, a State license as defined by this ordinance, a State retail certificate, or a State health license.

_____ 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 Medical Marijuana Business.

_____ If not included in the Applicant's State License application, an affidavit that identifies all owners, officers, members, managers or partners of the Applicant, their ownership interests, and their places of residence at the time of the application and for the immediately preceding three (3) years. Supporting documents, including, but not limited to at least one of the following: motor vehicle operator's license, motor vehicle registration, voter registration or utility bills shall be provided.

_____ A release for each Applicant and for each officer, owner, member, manager or partner of the Applicant seeking a license allowing the City of Augusta or its officials to obtain criminal records and other background information related to the individual.

_____ Evidence of all land use approvals or conditional land use approvals required to operate the Medical Marijuana Business, including, but not limited to building permit, conditional use approval, change of use permit and/or certificate of occupancy.

_____ Evidence of all other local approvals or conditional approvals required to operate the Medical Marijuana Business, including any applicable food or victualer's license. Section 199 of the City Code (the "Food Sovereignty Ordinance") does not apply to Medical Marijuana Businesses.

_____ A description of the premises for which the license is sought, including a plan of the premises (a to-scale sketch of the property and floor plan)

_____ Certification from a licensed Master Electrician indicating the electrical system of the Premises is adequate for the use being proposed. That use shall be clearly outlined in detail so that the Master

Electrician's certification is easy to understand.

_____ Completed Augusta Police Department Emergency Notification List form.

_____ Copy of building's most recent sprinkler system and fire alarm inspection reports (if applicable).

_____ Proof that the Premises will be served by an alarm system which includes automatic notification to the City of Augusta Police Department.

_____ Proof that the Premises will have video surveillance capable of covering the exterior and interior of the facility. This system shall be operated 24hours per day, 7 days per week, and all video shall be retained for no less than 30 days. (Not applicable to Registered Caregiver (Home Occupations))

_____ Proof that the premises will have exterior spot lights, that are full cutoff design and comply with the requirements of the City of Augusta Land Use Ordinance §300-511, with motion sensors covering the full perimeter of the building(s).

_____ Proof that an odor mitigation system, that is sufficient to ensure that no odors of marijuana is detectible beyond the area controlled by the business, will be used.

If the City Clerk determines that the submitted application is not complete, he or she shall notify the applicant within ten (10) business days of the additional information required to process the application. If such additional information is not submitted within thirty (30) days of the Clerk's request, the application may be denied.

Medical Marijuana Business License Application

Type of Establishment: (Check One)

- Medical Marijuana Manufacturing Facility
 Medical Marijuana Caregiver Retail Store
 Medical Marijuana Testing Facility
 Medical Marijuana Registered Caregiver (Home Occupation)
 Medical Marijuana Caregiver
 Medical Marijuana Dispensary

Name of Business: _____

Name of Corporation/LLC (If different): _____

Physical Address of Business:	
Mailing Address of Business:	
Primary Contact or Agent for Applicant :	
Mailing Address (if different from above):	
Contact/Agent Phone Number:	Email Address:
Emergency Contact (must be available 24/7):	Emergency Contact Telephone Number: Emergency Contact E-mail Address:

Days & Hours of Operation: _____

A description of the premises for which the Local License is sought (attach description with floor plan and scaled sketch of the property)

Have you been convicted of a crime or other offense, anywhere in the United States, that could disqualify you from obtaining a Medical Marijuana Business License? Yes No

 Applicant's signature Date

Medical Marijuana Business License Background Check Release Form

Name of Corporation/LLC: _____

If applicant is a partnership, Limited Liability Company, or corporation, list names, residences, and birth dates as well as title of each member/manager/officer/partner, if not included in the Applicants State License application. Make one copy of this page for each member/manager/officer/partner. A background check is required and a fee, to be determined at the time of application, per name applies for the required background check. (Check may be made out to the City of Augusta.)

Name (including middle initial, if applicable)

_____/_____/_____
Date of Birth (mm/dd/year)

Any former names, nicknames, or alias'

Title or Office

List all places of residence within the previous 3 years.

Applicant, by signature below, acknowledges having read all applicable laws and ordinances and agrees to comply with all laws, orders, ordinances, rules and regulations governing the above license and further agrees that any misstatement of material fact may result in refusal of license, suspension or revocation if one has been issued. 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, expires annually, and, in the case of store fronts, applicant is limited by State Law to the operation of one storefront, that being for the application above.

Signature of Authorized Member/Manager/Officer/Partner Printed Name Date

Medical Marijuana Business Annual Fee Schedule

Medical Marijuana Manufacturing Facility	\$600.00
Medical Marijuana Caregiver Retail Store	\$1,400.00
Medical Marijuana Testing Facility	\$300.00
Medical Marijuana Registered Caregiver (Home Occupation)	\$200.00
Medical Marijuana Caregiver	\$400.00
Medical Marijuana Dispensary	\$2,000.00

All other fees associated with the licensing review process, including but not limited to, background checks, legal notices, and postage, will be determined at the time of application.