



CITY OF PRESQUE ISLE
12 SECOND STREET
PRESQUE ISLE, ME 04769
TEL: (207) 760-2703 OR (207) 760-2770
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E-MAIL: panderson@presqueisleme.us or tstpeter@presqueisleme.us

APPLICATION FOR ADULT USE AND MEDICAL MARIJUANA BUSINESS

PLEASE FILL-OUT APPLICATION COMPLETELY

Date: _____ **Permit No:** _____

1. **Owner of Business:** (If more than one attach a separate page listing all owner's information, see section G.C., must be a Maine Resident) _____

Physical Location (number of street or road): _____

Mailing Address (if different from above): _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

E-Mail: _____

2. **Contractor:** _____ **Phone:** _____ **Cell Phone:** _____

3. **Zone** _____ **Map No.** _____ **Street No.** _____ **Lot No.** _____ **Lot Size.** _____ **Acre(s)** _____

4. **Existing use of Property:** _____

5. **Marijuana Business Classification:** _____

6. **Maine License Certification #:** _____

7. **Registered Business Name to be used:** _____

8. **PRIOR Criminal Conviction History of all Owners, Officers, Members, or Employee's. :** (attach separate Pg. if necessary)

Criminal Activity: _____

Date: _____

Place: _____

Jurisdiction: _____

9. **Proof of Right, Title, or Interest Documentation:** (Attach as necessary) _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING APPLICATION

"I hereby apply for a permit for a marijuana business. I agree, prior to starting any electrical or plumbing work, to secure permits from the electrical and plumbing inspector. I understand that there may be other permits required from other agencies that I must obtain before being allowed to operate. Under MRSA 25, Section 2357 and the City of Presque Isle's Land Use and Development Code a Certificate of Occupancy ***MUST*** be obtained before the business hereby permitted is used or occupied. I understand that this permit application may be denied if not complete. A complete application may include construction documents as required by the City of Presque Isle. ***I understand that if the above information is not accurate this application will be invalid, a Stop Work Order issued, and the City of Presque Isle could levy fines against me for giving false information.***"

Signature of Applicant

Date

CHECKLIST

All lines must be completed

	YES	NO	Not Applicable	CEO Initials
Application Fee Submitted:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
All Owners / Partners Listed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
Contractor Listed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
License Type Listed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
Me License Certified:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
Criminal History Listed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
Right, Title, Interest Verified:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
Photo's Attached:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
Driver's License Attached:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
Sketch Attached:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
City Map Attached:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>

Standards

School Setback:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
Marijuana Business Setback:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
Security Standards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
Odor Plan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
Operating Plan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
Notices:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
Police Dept. Approval:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>
Fire Dept. Approval:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 60px; height: 15px;" type="text"/>

*****Office Use Only*****

Date Application Received: _____ **Date CEO / Planning Bd. Review:** _____ Approved _____ Denied _____

Reason for Denial: _____

CEO Signature: _____



Town of Poland – Adult Use Marijuana Establishment Application Form

Please pick one:

- Adult Use Marijuana Cultivation Facilities (Tier 2 & 3 needs lottery application also)
 - Adult Use Marijuana Manufacturing Facility (Products Production in the CLUC)
 - Adult Use Marijuana Testing Facility
 - Adult Use Retail Store (needs lottery application also)
-

Name: _____

Physical Address of Property where establishment will be located:

Mailing Address (if different): _____

Phone Number: _____

Email Address: _____

Business Name: _____

Please attach the following:

- Proof of Poland residency, if applicable, for the last six months. This could be by copy of a voter registration card, a motor vehicle registration, a mortgage or rent statement, or a driver's license.
 - Proof of property interest, either by deed that you own or by owner's letter stating they are allowing marijuana establishments on their property
 - Evidence of State Conditional Approval
 - Applicable licensing fee of \$500 annually, except for Cultivation Facilities Tier 2 & 3 and Retail Stores (see lottery application)
-

FOR OFFICE USE ONLY

Date Received: _____ Poland Resident: YES NO Check Number: _____

Reviewed By: _____ Date: _____



of Turner, Maine

Center Rd. Turner, Maine 04282 – 207-225-3414 - www.turnermaine.com

Marijuana Business License Application

Section 1 – Applicant

Applicant is (check one): ___ Individual¹ ___ Partnership² ___ Corporation³ ___ LLC⁴

1. Applicant Name/Address (physical and mailing): _____

2. Aliases (if any): _____

3. Applicant Telephone Number (home/cell): _____

4. Business Name/Address (physical and mailing): _____

5. Business Telephone Number: _____

6. Has the applicant ever had a state or local (any town) permit or license for a Marijuana Business denied, suspended or revoked? ___Yes ___No. If yes, please provide the name and location of the business and date of denial, suspension or revocation.

7. Does the applicant hold any other permits/licenses under this Ordinance or other similar Marijuana Business ordinance from another Town, City or State and, if so, provide the names and locations of those other businesses. ___Yes (provide information below) ___No

Use additional sheets, if necessary.

8. Has the applicant ever been convicted of a crime under State or Federal law? Please list the specific criminal activity involved, and the date, place and jurisdiction of each conviction. ___Yes (provide information below) ___No

Use additional sheets, if necessary.

Section 2 – Purpose

Application is for (check one): New Establishment Existing Establishment* Renewal
 New Use at Existing Establishment

*Existing Establishment means a Registered Caregiver operating a licensed Medical Marijuana Establishment in compliance with state law and town ordinances prior to May 22, 2021.

Category (check one only): Adult Use Medical

Use(s) to be Licensed (check all that apply):

Retail Store Cultivation Facility Manufacturing Facility Testing Facility

Section 3 – Required Attachments

- A. Copy of photo identification (driver's license or passport) for each individual covered by this application.
- B. Copy of permit/license issued by State of Maine for the Marijuana Business.
- C. A signed Criminal Background Check form from all officers, owners, managers, members or partners affiliated with the Marijuana Business.
- D. Evidence of all land use approvals required to operate the Marijuana Business (Findings of Fact).

Footnotes – from Page 1

¹ Individuals must also submit proof that they are at least twenty-one (21) years of age.

² Attach a statement of the partnership's complete name and the names of all partners, whether the partnership is general or limited, submit a copy of the partnership agreement, if any, and submit proof that all partners are at least twenty-one (21) years of age.

³ Attach a statement of the corporation's complete name, the date of its incorporation, 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.

⁴ Attach a statement of the LLC's complete name, the date of its establishment, 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.

Applicant Certification

I hereby certify that the information provided in this application is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in my disqualification for or revocation of a Town of Turner Marijuana Business License. I also certify that I have read and understand the Town of Turner ***Adult Use and Medical Marijuana Stores, Cultivation Facilities, Manufacturing Facilities, and Testing Facilities Ordinance***.

Authorized Signature: _____ Date: _____

Printed Name: _____

Title: _____

Telephone: _____

License Fees

Conversion – Medical to Adult Use	\$150.00
Medical Marijuana Business License – Initial	\$500.00
Medical Marijuana Business License – Renewal	\$250.00
Adult Use Marijuana Business License – Initial	\$500.00
Adult Use Marijuana Business License – Renew	\$250.00



of Turner, Maine

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Criminal Background Check Authorization Form

Name: _____
(Last) (First) (Middle)

Other Names Used: _____

Current Address: _____

City, State, ZIP: _____

Social Security Number: _____ Date of Birth: _____

There is a potential that the resultant data will indicate an individual's prior felony and/or misdemeanor convictions. Prior convictions will be reviewed on a case-by-case basis, but some convictions are cause for immediate disqualification from obtaining a Marijuana Business License from the Town of Turner.

In connection with my application for a Marijuana Business License, I hereby authorize the Town of Turner to conduct a criminal background check on my behalf. I understand that this check will cover a search of law enforcement and court records. I understand that my ability to obtain a Town of Turner Marijuana Business License is contingent upon the results of the background check. I understand that failure on my part to consent to the criminal background check will disqualify me from obtaining a license. I acknowledge that the criminal background check may be shared with the town's Board of Selectmen and used for licensing purposes only. The applicant is entitled to receive and review the information obtained, upon request.

I certify that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in my disqualification for or revocation of a Town of Turner Marijuana Business License.

Applicant signature: _____

Date: _____