Town of Lisbon
Adult Use Marijuana Establishment Application

Non-refundable Fees

Adult Use Marijuana Retail Store	$5,000.00
Adult Use Marijuana Manufacturing Facility	$5,000.00
Adult Use Marijuana Cultivation Facility	$5,000.00
Adult Use Marijuana Testing Facility	$10,000.00

Name of Business: _____Business Phone: _____

Location of Business: _____

Business Email Address: _____

Business Mailing Address:_____

Owner's Name: _____

Home Phone: _____ Cell Phone: _____

Owner's Home Address: _____

List Owners/Members/Partners/Officers/Directors/Stockholders/Managers/Supervisory Personnel/or other participants:

Name: _____ Phone Number: _____

Street Address: _____Birth Date: _____

Town/State/Zip:_____

Name: _____ Phone Number: _____

Street Address: _____Birth Date: _____

Town/State/Zip:_____

Name: _____ Phone Number: _____

Street Address: _____Birth Date: _____

Town/State/Zip:_____

Attach a list on a separate piece of paper of names or additional names that apply.

Business Name:_____

Attach the following, as required by ordinance:

1. A copy of the applicant's state registration application and supporting documentation, as submitted to the state registration authority.
2. Copies of all state approvals or conditional approvals required to operate an adult use marijuana establishment, including, but not limited to,
   - state registry identification card
   - state registration certificate
   - state application for registration or renewal along with approval certifications as applicable
3. If not included in the applicant's state registration application, a description of the form of ownership of the business enterprise together with 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 adult use marijuana establishment.
4. If not included in the applicant's state registration application, an **affidavit** (notarized sworn statement**)** 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 shall be provided, including but not limited to:
   - motor vehicle operator's license
   - motor vehicle registration,
   - voter registration or utility bills shall be provided
5. A release for each applicant and for each officer, owner, member, manager, or partner of the applicant seeking a license allowing the Town of Lisbon to obtain criminal records and other background information related to the individual.
6. A statement as to the precise nature of the business with a description of the nature of all products and services offered to its customers.
7. A description of the premises for which the license is sought, including a plan of the premises and a list of all equipment, parts, and inventory used in the operation of the adult use marijuana establishment.
8. Evidence of an interest in the premises in which the adult use marijuana establishment will be located, together with the form of interest, along with the written consent of the owner of the premises for such use if the applicant is not the owner.
9. Evidence of all land use approvals or conditional land use approvals required to operate the adult use marijuana establishment, or applications that have been filed and are pending for the required approvals, including, but not limited to building permit, conditional or special use approval, change of use permit, and/or certificate of occupancy.
10. Copies of all other approvals or conditional approvals required to operate the adult use marijuana establishment, including any applicable state food or local victualer's licenses, as applicable.
11. Copies of compliance with the requirements of sections 10-711 including, but not limited to, Department of Administrative and Financial Services licensing, registration, and certification; and evidence that the standards listed in section 10-710 have been met, including but not limited to, copies of Administrative and Services licensing, registration, and certification, as applicable.

NOTE: If application is not complete, the Town Clerk will notify the applicant and applicant must submit additional information within 30 days of the request or the application may be denied.

I, _____(name), _____(title), am authorized to sign on behalf of said business, and further declare that the foregoing information is accurate and true to the best of my knowledge and belief, and that the applicant does hereby acknowledge and authorize the conduction of a public records check on all individuals listed under Questions 1 and 3 of this application.

Signature: _____Date: _____

Town Council is the Municipal Licensing Board. Applications require a public hearing, which will need to be scheduled during the previous Council Meeting and be announced ***in a newspaper ad that runs at least seven days prior to the scheduled Public Hearing (ad costs are included with the application's fees).*** *Public records checks can take up to three weeks to process. Complete applications will contain all required signatures from the Police Chief, Fire Chief, Code Enforcement Officer, and Health Officer; all required attachments; and all application fees. An application must be considered complete before it is able to go before council. Other helpful contacts:*

353-3000 Ext 112.... Town Clerk
353-3007…… Town Office Fax
353-3000 Ext 111….. Code Enforcement Officer
353-2500…… Police Department
353-3000 Ext 121…. Health Officer
287-5671……. Health Engineering Department

287-2336 ……State Sales Tax Division
287-4190……Bureau of Corporations
624-8745……Bureau of Alcohol Beverages
287-3841……Agriculture Department: Bakery Licenses
624-6550……Marine Resources
287-2338……Department of Labor: Seller's Certificates

Fire Chief Inspection

The Fire Chief or their agent shall inspect the location or proposed location to determine if all town ordinances and any other applicable regulations concerning fire and safety have been satisfied, and shall report their findings in writing to the town clerk.

YES NO State Fire Marshall inspection has been completed

YES NO Hazardous Chemicals will be used for processing

YES NO Sprinklers required and in compliance

Report all findings here: _____

_____

_____

Dated:_____ Adult Use Marijuana Retail Store Approved: YES NO

Dated:_____ Adult Use Marijuana Cultivation Facility Approved: YES NO

Dated:_____ Adult Use Marijuana Manufacturing Facility Approved: YES NO

Dated:_____ Adult Use Marijuana Testing Facility Approved: YES NO

Approved for categories above: _____

Craig Bouchard, Fire Chief

Health Officer Inspection

The health officer shall inspect the location or proposed location to determine whether all applicable ordinances relating to health and safety have been satisfied and shall report their findings in writing to the town clerk.

_____ This establishment **does not** sell prepared food; a Victualer's License is **not required**.

_____ This establishment **does** sell prepared food; a Victualer's License **is required**.

Report all findings here

_____

_____

_____

Dated:_____ Adult Use Marijuana Retail Store	Approved: YES NO
Dated:_____ Adult Use Marijuana Cultivation Facility	Approved: YES NO
Dated:_____ Adult Use Marijuana Manufacturing Facility	Approved: YES NO
Dated:_____ Adult Use Marijuana Testing Facility	Approved: YES NO

Approved for categories above: _____

Craig Bouchard, Health Officer

Building Inspection
Code Enforcement Inspection

The building inspector verifies that the premises at which the establishment will be located complies with all applicable Town Ordinances, including Building Codes, Electrical Codes, Plumbing Codes, and the following:

- *Security (check if complied with):*
  - — The licensed premises shall have lockable doors and windows, and shall be served by an alarm system that includes automatic notification to the Lisbon Police Department.
  - — The licensed premises shall have video surveillance capable of covering the exterior and interior of the facility. The video surveillance system shall be operated with continuous recording, twenty-four hours per day, seven days per week, and video shall be retained for a minimum duration of thirty (30) days. Such records shall be made available to law enforcement agencies when investigating a criminal complaint.
  - — The licensed premises shall have exterior spotlights with motion sensors covering the full perimeter of the building(s).
- *Ventilation (check if complied with):*
  - — The licensed premises shall comply with all odor and air pollution standards established by ordinance.
  - — All adult use marijuana establishments that cultivate, manufacture, or extract marijuana shall have an odor mitigation system installed that has been approved by a Maine Licensed Engineer, indicating that the system will provide odor control sufficient to ensure that no odors are perceptible off the premises.

The code officer inspected the location or the proposed location to determine whether the applicable ordinances relating to land use issues and building and safety codes issues have been satisfied. See report of findings in writing to the town clerk below.

- ___YES ___NO Is the establishment engaging any "preparation" of food items, whether sealed or not?

Report all findings here: _____

_____

_____

Dated:_____ Adult Use Marijuana Retail Store Approved: YES NO

Dated:_____ Adult Use Marijuana Cultivation Facility Approved: YES NO

Dated:_____ Adult Use Marijuana Manufacturing Facility Approved: YES NO

Dated:_____ Adult Use Marijuana Testing Facility Approved: YES NO

Approved: YES NO Dated: _____ Approved by: _____

Mark Stambach, Building Inspector

Police Chief Inspection

The police chief or their agent shall investigate the application, including the criminal history record information authorized under subsection 10-605 (5), and shall report findings in writing to the town clerk. The following application has been investigated, including criminal history and the following:

10-705 APPLICATION (investigated)

YES NO (5) Was a release for each applicant and for each officer, owner, member, manager, or partner of the applicant seeking a license allowing the Town of Lisbon to obtain criminal records and other background information related to the individual(s) included with the application; and were the records reviewed?

10-710 STANDARDS FOR APPROVAL, DENIAL, REVOCATION

YES NO (4) Has the applicant(s)/business had a license for a marijuana establishment revoked by a municipality or by the state?

YES NO (6) Has the applicant(s) been convicted of a disqualifying drug offense?

YES NO (7) Has the applicant(s) provided false or misleading information in connection with the license application?

10-711 OPERATING REQUIREMENTS

YES NO (4) Loitering. The facility owner/operator shall make adequate provisions to prevent patrons or other persons from loitering on the premises. It shall be the licensee's obligation to ensure that anyone found to be loitering or using marijuana or marijuana products in the parking lot or other outdoor areas of a licensed premises is ordered to leave. Has the applicant(s)/business complied with this requirement?

Report all findings here _____

_____

Dated:_____ Adult Use Marijuana Retail Store Approved: YES NO

Dated:_____ Adult Use Marijuana Cultivation Facility Approved: YES NO

Dated:_____ Adult Use Marijuana Manufacturing Facility Approved: YES NO

Dated:_____ Adult Use Marijuana Testing Facility Approved: YES NO

Dated: _____ Approved: YES NO Approved by: _____

Ryan McGee, Police Chief

Background Investigation Authorization Form

I,_____, understand and agree that, as a condition of this application, and in order to assess my qualifications for this process, a full investigation of my background is necessry, including verfication of all information submitted on my application

I have read, understand and agree to the following:

I hereby authorize the Town of Lisbon, or a third party acting on its behalf, to conduct a thorough inquiry into all areas deemed necessary to assess my qualifications for this business. I understand and agree that the Town of Lisbon may contact or contract with private information centers, consumer reporting agencies, government agencies, mutual associations, educational institutions, former employers and other third parties to assess my qualifications and verify that the information I provide is accurate in every way. This may include, without being limited to: verification of my employment, education, and personal history; verification of information provided on my application; contact with current and former employers, clients, business associates, professional organizations, or other institutions regarding my history and character; inquiry into my credit history, driving record, and criminal history; as well as public record information relating to my application.

I hereby specifically release from liability and authorize employers; local, state, and federal administrators; credit bureaus; institutions; mutual associations; consumer reporting agencies; or any persons to freely and completely respond to any inquiry made by or on behalf of the Town of Lisbon.

A copy of this document shall be, for all intents and purposes, as valid as the original

Applicant Legal Last Name:_____First: _____ Middle Initial: ___

Other Names Used: _____ Date of Birth: _____

Drivers License Number: _____ Issuing State:_____

Legal Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize the background investigation discussed herein, and I affirm that all answers given to the Town of Lisbon are true and complete. I understand that my application may be void at any time if it is discovered that I withheld or falsified any information.

Signature:_____ Date:_____

Affidavit of Residency

I, _____, hereby state that my current residence located at the time of the application is:

Street:_____

City: _____

State: _____ Zip Code: _____

For the preceding three (3) years I have resided at this location:

Street: _____

City: _____

State: _____ Zip Code: _____

Dated:_____ _____

Business Owner/Officer/Member/Manager/Partner Signature

State of Maine

_____, ss

Personally appeared the above named _____

who signed before me this _____ day of _____, 20___.

Notary Public Signature: _____

Seal

Printed Name: _____

Commission Expiration: _____

Affidavit

I, _____, give the Lisbon Police Department permission to approach, identify, and remove persons who are loitering on the premises after normal business hours at _____ in Lisbon.

Dated: _____ _____

Business Owner

State of Maine

_____, ss

Personally appeared the above named _____

who signed before me this _____ day of _____, 20_____.

Notary Public Signature: _____

Seal

Printed Name: _____

Commission Expiration: _____