TOWN OF LISBON

MEDICAL MARIJUANA ESTABLISHMENTS APPLICATION

Non-refundable Fees

Medical Marijuana Retail Store	$250.00
Medical Marijuana Dispensary	$250.00
Medical Marijuana Testing Facility	$250.00
→ Medical Marijuana Manufacturing Facility	$250.00

Name of Business: 207 edibles Business Phone: 353-4279

Location of Business: 5 canal st. Lisbon Falls, me 04222

Business Email Address: 207edibles@gmail.com

Business Mailing Address: [redacted]

Owner's Name: Lorelei Hilliker

Home Phone: _____ Cell Phone: 522-0074

Owner's Home Address: [redacted]

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

Name: Lorelei Hilliker Phone Number: 522-0074

Street Addr: [redacted] Birth Date: [redacted]

Town/State/Zi[redacted]

Name: _____ Phone Number: _____

Street Addr: _____ Birth Date: _____

Town/State/Zip: _____

Name: _____ Phone Number: _____

Street Addr: _____ Birth Date: _____

Town/State/Zip: _____

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

LISBON – VICTUALER APPLICATION

License Type: ____ $ 100 Restaurants & Others

Name of Business: 207edibles Business Phone: 353-4279

Business Location in town (street address): 5 canal st

Mailing Address: _____

Business Email Address: 207edibles@gmail.com

Owner's Name: Loreli Hilliker

Home Phone: _____ Owner's Cell Phone: 522-0074

Owner's Home Address: [redacted]

Residence(s) for last five years (Street/Town/Zip): [redacted]

List Applicant / Partners / Corporate Officers:

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Applicant must have a valid State of Maine Food License. State ID License No: _____

X If Yes, attached a copy of your **STATE FOOD LICENSE** to this application.

_____ IF NONE, date submitted: _____

Has applicant's business license ever been revoked? no If so, why? _____

Has any applicant / partner / corporate officer ever been convicted of a felony? no

If so, describe specific circumstances _____

Does the establishment have a valid liquor license? no If so, when does it expire? _____

I, Lorelei L Hilliker (owner's name), owner (title) am authorized to sign on behalf of said business, and further declare that the forgoing information is accurate and true to the best of my knowledge and belief, and that the applicant does hereby acknowledge a public records check may be conducted. **All licenses expire annually May 31st.**
Re-inspection fees are $150 per visit after the ~~first~~ visit.

Signature: Lorelei L Hilliker Date: 11/7/24

Rv2023