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: Lisbon Cannabis Company Business Phone: (207) 353.5001

Location of Business: 5 Canal Street

Business Email Address: lisboncannabis@gmail.com

Business Mailing Address: 5 Canal Street, Lisbon, ME 04252

Owner's Name: Jason Smith

Home Phone: N/A Cell Phone: [redacted]

Owner's Home Address: [redacted] Lisbon, ME [redacted]

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

Name: Jason Smith Phone Number: same as above

Street Addr: same as above Birth Date: [redacted]

Town/State/Zip: _____

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.

Attach the following (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 a Medical marijuana establishment, including, but not limited to,
   - state registry identification card
   - state registration certificate
   - state application for registration or renewal manufacturing facility tier 1 or 2 along with approval certification, and
   - state application for registration or renewal testing facility and dispensary facility 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 medical or medical 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 medical marijuana establishment.
8. Evidence of an interest in the premises in which the medical 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 medical 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 medical marijuana establishment, including any applicable state food or local victualer's license as applicable.
11. Copies of compliance with the requirements of sections 10-611 including, but not limited to State Department licensing, registration, and certification and evidence that the standards listed in section 10-610 have been met including but not limited to copies of State Department 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 w/in 30 days of the request or the application may be denied.

I, Jason Smith (name) President (title) is 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 authorized a public records check to be conducted on all individuals listed under Questions 1 & 3 above.

Signature: _____ Date: 12 February 2025

*The Council is the Municipal Licensing Board. Applications require a public hearing and an **ad to appear in newspaper 7-days prior** to the scheduled Public Hearing, cost included in Fees. Public records checks can take up to three weeks to process. Complete applications contain the Police Chiefs, Fire Chiefs, CEO and Health Officer's signatures and attachments. The Council meets on the first and third Tuesdays of the month at 7PM at Town Hall. Application fees must be paid prior to the Council meeting. Other helpful contacts are:*

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 Dept.

287-2336 .....State Sales Tax Division
287-4190.....Bureau of Corporations
624-8745.....Bureau of Alcohol Beverages
287-3841.....Agriculture Dept– Bakery Licenses
624-6550.....Marine Resources
287-2338.....Dept of Labor (Seller's Certificates)