



## Town of Winthrop

17 Highland Ave  
Winthrop, Maine 04364  
(207) 377-7200

### Cannabis Business License Application

Date: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

For Office Use Only

Date Received \_\_\_\_\_ Amount Received \_\_\_\_\_ Clerk's Initials \_\_\_\_\_

**Type of Cannabis Establishment (Check All That Apply):**

**New**

**Renewal**

**Adult Use Cannabis Store:** A "cannabis store" as that term is defined in 28-B M.R.S. § 102(34), as amended, and its successor provisions.

**Adult Use Cannabis Cultivation Facility:** A "cultivation facility" as that term is defined in 28-B M.R.S. § 102(13), as amended, and its successor provisions. Select one:

Tier 1 Cannabis Cultivation Facility. Not more than 500 square feet of plant canopy.

Tier 2 Cannabis Cultivation Facility. Not more than 2,000 square feet of plant canopy.

Tier 3 Cannabis Cultivation Facility. Not more than 7,000 square feet of plant canopy.

Tier 4 Cannabis Cultivation Facility. Not more than 20,000 square feet of plant canopy.

**Adult Use Cannabis Testing Facility:** A "testing facility" as that term is defined in 28-B M.R.S. § 102(54), as amended, and its successor provisions.

**Medical Cannabis Registered Dispensary:** A building or facility operated by a person or entity registered under 22 M.R.S. § 2425-A that acquires, possesses, cultivates, manufactures, delivers, transfers, transports, sells, supplies or dispenses Medical Cannabis or related supplies and educational materials to qualifying patients and the caregivers of those patients as defined in 22 M.R.S. § 2422(6), as amended, and its successor provisions.

**Medical Cannabis Caregiver Retail Store:** A location, building, or facility operated by a Medical Cannabis Registered Caregiver that is used to sell medical Cannabis to qualifying patients and that has attributes generally associated with retail stores, including, but not limited to, a fixed location, a sign, regular business hours, accessibility to the public and sales of goods or services directly to a consumer.

**Medical Cannabis Large-scale Caregiver Operation:** Any commercial or non-commercial use by a Medical Cannabis Registered Caregiver other than: (i) a medical Cannabis Retail Store, (ii) a Medical Cannabis Multiple Caregiver Facility, (iii) a Medical Cannabis inherently Hazardous Substances Extraction Operation, (iv) a Cannabis Home Cultivation by a Qualifying Patient or Exempt Caregiver or (v) a medical Cannabis Small-scale Caregiver Operation.

**Medical Cannabis Multiple Registered Caregiver Facility:** A building or facility housing more than one (1)

Medical Cannabis Registered Caregiver.

- Medical Cannabis Testing Facility:** A public or private laboratory that: (a) is authorized in accordance 22 M.R.S. § 2423-A(10) to analyze contaminants in the potency and cannabinoid profile of samples; and (b) is accredited pursuant to standard ISO/IEC 17025 of the International Organization for Standardization by a third-party accrediting body or is certified, registered or accredited by an organization approved by the Maine Department of Health and Human Services.
  
- Cannabis Manufacturing Facility: (check all that apply)**
  - Medical Cannabis Manufacturing Facility:** A registered tier 1 or tier 2 manufacturing facility, as defined in 22 M.R.S. § 2422 as amended, and its successor provisions.
  - Medical Cannabis Inherently Hazardous Substances Extraction Operation:** “Cannabis extraction” using “inherently hazardous substances” by a “qualifying patient,” the “caregiver” of a qualifying patient, or any other person authorized under 22 M.R.S. § 2423-F(3), as may be amended, to engage in “cannabis extraction” using “inherently hazardous substances,” as those terms are defined in 22 M.R.S. § 2422, as amended, and its successor provisions.
  - Adult Use Cannabis Products Manufacturing Facility:** A “products manufacturing facility” as that term is defined in 28-B M.R.S. § 102(43), as amended, and its successor provisions.

**Business Entity Information:**

Name of Cannabis Establishment: \_\_\_\_\_

Physical Address of Cannabis Establishment (must be in Winthrop): \_\_\_\_\_

Proposed Days & Hours of Operation: \_\_\_\_\_

**Applicant and Co-Applicant Information:** Provide the following information for each Applicant and Co-Applicant. The Applicant is the owner of the Cannabis Establishment; if the owner is a business entity, provide the following information for every officer, director, member, manager, and general partner of the business entity. A Co-Applicant is any person (other than the Applicant) that is primarily responsible for the actual operation of Cannabis Establishment; provide the following information for every Co-Applicant.

1. Name of Each Applicant and Co-Applicant:  
\_\_\_\_\_
  
2. Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Phone Number(s): \_\_\_\_\_
4. Email Address:  
\_\_\_\_\_
  
5. Over Age 21? (Yes/No): \_\_\_\_\_
6. Each Applicant’s ownership interest in the Cannabis Establishment:  
\_\_\_\_\_  
\_\_\_\_\_
  
7. 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 Cannabis Establishment (attach).

8. Emergency Contact Person (must be available 24/7): \_\_\_\_\_

9. Emergency Contact Telephone Numbers: \_\_\_\_\_

10. Emergency Contact Email Address: \_\_\_\_\_

**Review Criteria:**

Has any Applicant or Co-Applicant ever failed any part of a state inspection or local health inspection relating to the Cannabis Establishment?

Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Has any Applicant or Co-Applicant ever failed to pay an outstanding fine, penalty, or tax owed to the Town of Winthrop?

Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Has any Applicant or Co-Applicant ever had a license required for any Cannabis Establishment suspended or revoked by the Town of Winthrop, by another Maine municipality, or by the State of Maine?

Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Has any Applicant or Co-Applicant ever been issued a notice of violation related to any Cannabis Establishment by the Town of Winthrop, by another Maine municipality, or by the State of Maine?

Yes  No If yes, explain and attach the notice of violation and proof that the violation has been resolved:

\_\_\_\_\_  
\_\_\_\_\_

Has any Applicant or Co-Applicant ever been convicted of a Class D or more serious crime, whether or not arising out of the operation of a Cannabis Establishment?

Yes  No If yes, explain and provide the date, jurisdiction, nature of the offense and any penalty assessed:

\_\_\_\_\_  
\_\_\_\_\_

What right, title, or interest does the Applicant have in the business premises for which Cannabis Establishment licensure is sought (e.g. deed, lease, purchase and sale agreement)? Attach a copy of the source of the right, title, or interest.

\_\_\_\_\_  
\_\_\_\_\_

**Application Submissions Requirements Checklist**

**FOR  
OFFICE  
USE**

<input type="checkbox"/> Complete license application form, including affidavits for each Applicant and Co-Applicant signed before a Notary.	
<input type="checkbox"/> The application fee (nonrefundable) and background check costs. All applications \$250.	
<input type="checkbox"/> Copy of State License / Conditional License / Caregiver registration. If an application for a state license is pending as of the filing of this application, submit a copy of the state licensing application.	
<input type="checkbox"/> Applicant and Co-Applicant Information (see page 2).	
<input type="checkbox"/> Background Check Release form (must be signed by each Applicant and Co-Applicant). <i>Note: The Applicant must pay the cost to the Town of conducting criminal history background checks. This cost is in addition to the application fee (contact Winthrop Police Department).</i>	
<input type="checkbox"/> Evidence of all local land use approvals (Planning and/or Code Enforcement).	
<input type="checkbox"/> Evidence of all other local approvals, including food or victualer's license.	
<input type="checkbox"/> A description and a floor plan of premises for which license is sought.	
<input type="checkbox"/> Copy of licenses held by any Applicant or Co-Applicant for other Cannabis Establishments in Maine.	
<input type="checkbox"/> Operations Plan (Adult Use Cannabis Stores and Medical Cannabis Caregiver Retail Stores only).	

**Annual License Fee for all categories of Cannabis Establishments = \$250**

<b>Dispensary</b> · Medical Cannabis Registered Dispensary	\$250
<b>Retail Store</b> · Medical Cannabis Caregiver Retail Store · Adult Use Cannabis Store	\$250
<b>Medical Cannabis Caregiver Facility</b> · Medical Cannabis Multiple Registered Caregiver Facility	\$250
<b>Adult Use Cultivation Facility</b> · Tier 1 (canopy up to 500 sf) · Tier 2 (canopy up to 2,000 sf) · Tier 3 (canopy up to 7,000 sf) · Tier 4 (canopy up to 20,000 sf)	\$250
<b>Manufacturing Facility</b> · Medical Cannabis Manufacturing Facility · Medical Cannabis Inherently Hazardous Substances Extraction Operation · Adult Use Cannabis Products Manufacturing Facility	\$250
<b>Testing Facility</b> · Medical Cannabis Testing Facility · Adult Use Cannabis Testing Facility	\$250

**Affidavit of Applicants and Co-Applicants**

*Each Applicant and Co-Applicant must read and certify to the statements below before a notary public.*

I certify that:

1. I have never failed any part of a state inspection or local health inspection relating to the Cannabis Establishment for which a license is being sought;
2. I have never failed to pay an outstanding fine, penalty, or tax owed to the Town of Winthrop;
3. I have never had a license required for any Cannabis Establishment suspended or revoked by the Town of Winthrop, by another Maine municipality, or by the State of Maine;
4. I have never been issued a notice of violation related to any Cannabis Establishment by the Town of Winthrop, by another Maine municipality, or by the State of Maine; or, if I have been issued such a notice of violation, that the violation has been fully resolved; and
5. I have never been convicted of a Class D or more serious crime, whether or not arising out of the operation of a Cannabis Establishment.

If you cannot certify to all of above statements, check this box:

I understand that if I provide misleading or false information in this license application, any license issued to me by the Town of Winthrop may be suspended or revoked.

**I do swear or affirm under penalty of perjury\* that all statements made and all information provided as part of this application are true and correct to the best of my knowledge.**

Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Applicant or Co-Applicant

Print name: \_\_\_\_\_

*\* Under Maine law, intentional falsehoods made under oath or affirmation before a person qualified to take oaths or affirmations may be punishable as false swearing, a Class D crime.*

Date: \_\_\_\_\_, 20\_\_\_\_

Personally appeared the above-named \_\_\_\_\_ and made oath or affirmation that the foregoing statements are true.

Notary Public, State of Maine

Print name: \_\_\_\_\_

My commission expires: \_\_\_\_\_