



Town of Whitefield

Tier 1 Medical Marijuana Growing Facility Annual License Application

Please Print Clearly

Is this license application for a: New _____ Renewal _____

Name of proposed facility: _____

Physical location of facility (i.e. E-911 address): _____

Map _____ Lot _____ (Attach a copy of the town tax map with the lot highlighted)

Name of operator(s) of proposed facility: _____

Daytime phone number of operator: _____

Name of applicant(s): (For additional individuals attach a sheet listing names with the same information)

Mailing Address of applicant: _____

Daytime phone number of applicant: _____

Email of applicant: _____

Type of Ownership: (Provide copies of any articles of incorporation, bylaws, operating agreement, partnership agreement, articles of association, etc)

LLC: _____ Corporation: _____ Sole Proprietor: _____ Other: _____

Mailing address of business enterprise: _____

Daytime phone number of business enterprise: _____

Email of business enterprise: _____

Number of owners of business enterprise: _____

Describe the exact nature of your proposed facility:

The following exhibits must be included with application (initial to verify the following are attached)
Please Note: If all Exhibits are not attached, application could be delayed or denied.

EXHIBIT 1: On page 4 of this application, **All** owners, officers, members, partners, applicants and operators must complete and sign their authorization for the Town of Whitefield to conduct a background check.

_____ Initials of Applicant

EXHIBIT 2: Copy of application and license from the State of Maine to own and operate a Tier 1 Medical Marijuana Growing Facility at this location including, but not limited to, a state registry identification card or registration certificate.

_____ Initials of Applicant

EXHIBIT 3: Provide a plan, to scale, of the interior layout of the proposed facility showing locations of all grow rooms, processing rooms, storage rooms, access points and lock box locations.

_____ Initials of Applicant

EXHIBIT 4: Copy of deed, lease, purchase and sale agreement or other legal document indicating you have the legal right to conduct a Tier 1 Medical Marijuana Growing Facility at the premises.

_____ Initials of Applicant

EXHIBIT 5: Copy of all land use approvals and the permit from the Town of Whitefield Planning Board authorizing use at this facility of a Tier 1 Medical Marijuana Growing Facility.

_____ Initials of Applicant

Signature:

I certify that all the information provided on this application and attached is accurate and complete.

Signature of Applicant: _____ Date: _____

Print Name of Applicant: _____

Office Use Only

Date application received: _____ Received by whom: _____

Date fee received: _____

Amount Received: _____ Check _____ Cash _____ CC _____

Town Clerk verification of complete application: _____ Complete _____ Incomplete

Notified Applicant: _____ Date: _____ If incomplete, 30 days of notification: _____

Town Clerk signature: _____ Date: _____

Date Select Board took action: _____

Action taken: Approved _____ Denied _____ License suspended _____ License revoked _____

Select Board signature: _____ Date: _____

License Expiration: _____

EXHIBIT 1: Authorization Form

*Name and background check authorizations for ALL owners, officers, members, partners, applicants and operators of the proposed facility.

Name of Property Owner: _____

Mailing Address of property owner: _____

Physical address of current residence (if different from above): _____

List additional permanent residences over the past 3 years: (supporting documents may be requested)

Daytime phone number: _____

Email: _____

I, _____ (printed legal name), with a permanent residence at

_____, _____ authorize the

Town of Whitefield to conduct a background check of me for the purpose of securing a license to own and/or operate a Tier 1 Medical Marijuana Growing Facility. I recognize that the Town of Whitefield might request that I provide a copy of a motor vehicle registration, driver’s license, voter registration card or utility bill to substantiate my address of legal residence.

Signed: _____ Date: _____

*Copy and attach additional sheets of this page if needed