



**Town of Brunswick Maine
Town Clerk's Office
85 Union Street
Brunswick, ME 04011
Marijuana Establishment Checklist**

Date: _____ Applicant Name: _____

Cultivation Facility: A facility licensed under M.R.S.A. 28-B, Subchapter 2 to purchase marijuana plants and seeds from other cultivation facilities; to cultivate, prepare and package marijuana; to sell marijuana to products manufacturing facilities, to marijuana stores and to other cultivation facilities; and to sell marijuana plants and seeds to other cultivation facilities and immature marijuana plants and seedlings to marijuana stores. (Annual fee is \$600.00)

Product Manufacturing Facility: A facility licensed under M.R.S.A. 28-B, Subchapter 2 to purchase marijuana from a cultivation facility or another products manufacturing facility; to manufacture, label and package marijuana and marijuana products; and to sell marijuana and marijuana products to marijuana stores and to other products manufacturing facilities. (Annual fee is \$300.00)

Marijuana Retail Store includes both Marijuana Store and Medical Marijuana Storefront (Annual fee for each is \$1,400.00)

Marijuana Store: A facility licensed under M.R.S.A. 28-B, Subchapter 2 to purchase adult use marijuana, immature marijuana plants and seedlings from a cultivation facility, to purchase adult use marijuana and adult use marijuana products from a products manufacturing facility and to sell adult use marijuana, adult use marijuana products, immature marijuana plants and seedlings to consumers.

Medical Marijuana Storefront: An establishment which resembles a retail storefront in terms of signage, hours of operation and accessibility to patrons, and which is operated by one or more registered Primary Caregivers as defined by 22 M.R.S.A. § 2422(8-A) for the sale of marijuana and marijuana products to Qualifying Patients as defined by 22 M.R.S.A § 2422(9).

Medical marijuana testing facilities – A facility licensed under M.R.S.A. 28-B, Subchapter 2, to develop, research and test marijuana, marijuana products and other substances. They do not require a town license.

Marijuana Caregiver: A Registered Caregiver as defined by 22 M.R.S. § 2422 (11) whose facility does not qualify as a home occupation as established in Section 3.4.2.C of this Ordinance. Cultivation conducted on site annual fee of \$600 and cultivation not conducted on site annual fee \$300.00

Social clubs are prohibited.

_____ Proof of Land Use Approval (from Codes/Planning & Development)

_____ Complete License Application (with fee)

_____ Copy of State License/Caregiver registration attached (May be a temporary license as state will not issue without town license)

_____ If not included in the Applicant's State License application, 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 Marijuana Establishment

_____ Signed Background Check Release form (with \$25 fee per individual)

_____ Floor plan attached

_____ Personal Property taxes paid to date



**Town of Brunswick Maine
Town Clerk's Office
85 Union Street
Brunswick, ME 04011**

Marijuana Establishment Application

Valid _____ to _____

State Law references: 30-A M.R.S.A. §3001, 22 M.R.S.A. §2423(14) and 28-B M.R.S.A. §402, 22 M.R.S. § 2422 (11)

Type of Establishment: (Check One)

- Marijuana Cultivation Facility (\$600.00 annual fee)
- Marijuana Products Manufacturing Facility (\$300.00 annual fee)
- Marijuana Retail Store includes both Marijuana Store and Medical Marijuana Storefront (\$1,400.00 annual fee)
- Marijuana Caregiver - Cultivation conducted on site annual fee of \$600 and cultivation not conducted on site annual fee \$300.00

Any advertising fee is paid by applicant prior to issuance of license There is also a \$25 fee per background check.

Name of Business: _____

Name of Corporation/LLC (If different): _____

| | |
|--|--|
| Physical Address of Business: | |
| Mailing Address of Business: | |
| | |
| Applicant's Name (Owner of Business) : | |
| Owner Mailing Address (if different from above): | |
| Owner Contact Number: | Owner Email Address: |
| Emergency Contact (must be available 24/7): | Emergency Contact Telephone Number: Emergency Contact E-mail Address: |

Days & Hours of Operation:

A description of the premises for which the Local License is sought (attach description and floor plan):

**Corporate Officer List
Town of Brunswick
Town Clerk's Office**

Name of Corporation/LLC: _____

If applicant is a partnership, Limited Liability Company, or corporation, list names, residences, and birth dates as well as title of each member/manager/officer/partner. A background check is required and a \$25 fee per name applies for the required background check. (Check may be made out to the Town of Brunswick.)

| Name full name, including middle initial and maiden name, if applicable | Date of Birth |
|--|---------------|
| | |
| Address | Title |
| | |

| Name full name, including middle initial and maiden name, if applicable | Date of Birth |
|--|---------------|
| | |
| Address | Title |
| | |

| Name full name, including middle initial and maiden name, if applicable | Date of Birth |
|--|---------------|
| | |
| Address | Title |
| | |

| Name full name, including middle initial and maiden name, if applicable | Date of Birth |
|--|---------------|
| | |
| Address | Title |
| | |

Signature of Authorized Officer

Applicant, by signature below, acknowledges having read all applicable laws and ordinances and agrees to comply with all laws, orders, ordinances, rules and regulations governing the above license and further agrees that any misstatement of material fact may result in refusal of license, suspension or revocation if one has been issued. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license. Applicant understands that the license is not transferable, expires annually, and, in the case of store fronts, applicant is limited by State Law to the operation of one storefront, that being for the application above.

Authorized Signature _____ Date: _____

Print Name and Title: _____

Once approvals are granted, the Town Clerk's office will mail your license to the address indicated on your license application to display on premises. You are then fully licensed to operate your business.

For Town Use Only

Date of Application: _____

TOWN CLERK'S USE

_____ Proof of Land Use Approval (from Code/Planning & Development)

_____ Complete License Application (with fee)

_____ Signed Background Check Release form (with \$25 fee per individual)

_____ Floor plan attached

_____ Copy of State License attached (May be a temporary license as state will not issue without town license)

_____ If not included in the Applicant's State License application, attested copies any articles of incorporation, bylaws, operating agreement, partnership agreement or articles of association with establishment

_____ Personal Property taxes paid to date

_____ Notice published in newspaper at least 7 days prior to action by Clerk (date: _____)

_____ Notice posted at facility at least 7 days prior to action by Clerk (date: _____)

_____ Renewals must be submitted 90 days prior to expiration (Expiration date: _____)

90 days' date: _____)

_____ Applicant paid bill for advertising fee

TOWN OFFICE USE

Planning Offices Approved Yes No Approved By: _____

Comments/Conditions to be met:

Code Enforcement Officer Approved Yes No Approved By: _____

Comments/Conditions to be met:

Police Chief Approved Yes No Approved By: _____

Comments/Conditions to be met:

Health Inspector Approved Yes No Approved By: _____

Comments/Conditions to be met:

Fire Chief Approved Yes No Approved By: _____

Comments: