



**City of South Portland
Office of the City Clerk**
25 Cottage Road
South Portland, ME 04106
207-767-7628

Medical Marijuana Establishment – Application Checklist

Applicant Name: _____

Date: _____

A Class I license is required for all medical marijuana products manufacturing facilities. For all Class I applications, the City Clerk is authorized to issue new and renewal licenses following public notice of the application and positive recommendations from the Police Department, Fire Department, Health Officer, and Code Enforcement Officer.

A Class II license is required for medical marijuana cultivation facilities, medical marijuana dispensaries and medical marijuana retail stores. For all Class II applications, the process for Class I license applies, with the additional requirement that initial City Council approval is required. The City Clerk is authorized to process all renewal applications.

Medical marijuana testing facilities are not required to be licensed, per City Ordinance Sec. 14-775(b).

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

____ Complete License Application (with fee)

____ Real Estate taxes paid to date

____ Copy of State registration (valid Maine medical marijuana registered caregiver registry identification card)

____ Attested copies of By-laws/Articles attached

____ Waiver of confidentiality for Medical Marijuana Cultivation Facilities, Retail Stores and Products Manufacturing Facilities (*optional*)

____ Floor plan attached

____ Security plan and operations manual (please mark clearly what is confidential)

____ Odor control plan attached

***** All of the above must be received and complete to the satisfaction of the City Clerk prior to submission to City staff/City Council for approvals*****

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



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Application for Medical Marijuana Establishment

Valid _____ to _____

22 MRS § 2421 et seq; Ordinance § 14-770 et seq.

New
Renewal

Type of Establishment: (Check One)

- Class I – Medical Marijuana Products Manufacturing Facility
- Class II – Medical Marijuana Cultivation Facility
- Class II – Medical Marijuana Dispensary, with or without associated Cultivation Facility
- Class II – Medical Marijuana Retail Store

Name of Business:	
Physical Address of Business:	
Mailing Address of Business:	
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 floor plan):

**Corporate Officer List
 City of South Portland
 Office of City Clerk
 25 Cottage Road
 South Portland, ME 04106**

Name of Company: _____

If applicant is a business entity, list names, residences, and birth dates as well as title of each officer, director, member, manager and general partner. If the applicant is new and/or City ordinance requires a background check to be conducted on all such persons, a \$25 fee per name applies. (Check may be made out to the City of South Portland).

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 Agent

License Fee:	<p>\$1,400.00 – Medical Marijuana Dispensary \$1,400.00 – Medical Marijuana Retail Store \$600.00 – Medical Marijuana Cultivation Facility \$300.00 – Medical Marijuana Products Manufacturing Facility</p>
Background Check Fee:	\$25.00 x _____ (Number of officers, directors, members, managers and general partners)
Legal Ad Fee:	\$79.40
Processing Fee:	\$20.00
Total: _____	

Applicant, by signing 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 a retail store, applicant is limited by State law to the operation of one retail store, that being for the application above.

 Authorized Signature

 Print Name and Title

 Date

PLEASE ALLOW TWO WEEKS FOR PROCESSING

Return completed application and copies of all required materialsto:

**City Clerk’s Office
 25 Cottage Road
 South Portland, ME 04106
 Attn: Licensing Administrator
 kmorrill@southportland.org**

FOR CITY USE ONLY

Date of Application: _____ Date Application Fee Paid: _____

Fire Chief Approved Yes No Approved By: __

Comments:

Police Chief Approved Yes No Approved By: __

Comments:

Health Inspector Approved Yes No Approved By: __

Comments:

Code Enforcement Officer Approved Yes No Approved By: __

Comments:

City Council (for Class II) Approved Yes No Date: __



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**Medical Marijuana Cultivation Facility, Medical Marijuana Retail
Store or Medical Marijuana Products Manufacturing Facility –
Waiver of Confidentiality**

City Code of Ordinances Sec. 14-777(d) regarding confidentiality:

Medical marijuana registered caregivers and other medical providers operating in compliance with the Maine Medical Use of Marijuana Act submitting applications and supporting information that is confidential under 22 M.R.S.A. § 2425-A(12), as may be amended, and the Maine Freedom of Access Act, 1 M.R.S.A. § 403(3)(F), shall mark such information as confidential.

An individual who possesses a valid Maine medical marijuana registered caregiver registry identification card need not identify himself or herself in an application for a license for a medical marijuana establishment. The cardholder must identify himself or herself and provide the relevant cards to the City Clerk for examination, but the identity of the cardholder shall not be a public record and the City Clerk shall not share the identity of the cardholder, except as necessary by law in the performance of his or her duties. At the time of application, the cardholder may appoint a representative to appear before the Licensing Authority on his or her behalf. Advertisements for public hearing shall contain the location of the proposed medical marijuana production facility and the identity of the owner of the real estate and the identity of the designated representative. The City Clerk may certify to the City Council that the applicant meets the necessary legal requirements as a cardholder(s).



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**Medical Marijuana Cultivation Facility, Medical Marijuana
Retail Store or Medical Marijuana Products Manufacturing
Facility – Waiver of Confidentiality**

I understand that my application and supporting information are confidential under State law. By my signature below, I agree to waive my right to the confidentiality of my application and supporting information under 22 M.R.S.A. § 2425. I understand that signature of this form is voluntary and may not be retroactively revoked.

Applicant Signature

Printed Name of Applicant

Date

State of Maine
County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, at _____, Maine, by _____ to be his/her free act and deed.

Signature of Notary Public

Name of Notary Public
Notary Public, State of Maine
My commission expires: _____

(SEAL)