



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

Adult Use Marijuana Establishment – Application Checklist

Applicant Name: _____ Date: _____

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

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

Refer to Sec. 14-779(a) for Application details for each of the items below.

- _____ State of Maine Office of Marijuana Policy Request for Local Authorization form (**DO NOT SUBMIT THIS UNTIL YOU ARE READY TO SCHEDULE FINAL INSPECTION**)
- _____ State of Maine Office of Marijuana Policy license application and supporting documents
- _____ State of Maine Office of Marijuana Policy Conditional License
- _____ Proof of Land Use Approvals (from Code/Planning & Development)
- _____ Complete City License Application (with fee)
- _____ Real Estate taxes paid to date
- _____ Attested copies of By-laws/Articles of Incorporation attached (if not included with State license)
- _____ Floor plan
- _____ Security plan
- _____ Operations manual
- _____ Odor control plan

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

Once approvals are granted, the City Clerk's office will mail your local license to the address indicated on your license application to display on premise and return the local authorization form to the State of Maine Office of Marijuana Policy



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Application for Adult Use Marijuana Establishment
 Valid _____ to _____

(must be same date as issued State license)
 28-B MRS § 101 et seq, Ordinance § 14-770 et seq.

All applicants require a **State License issued from the Office of Marijuana Policy**. Failure to do this may result in your City License not being issued. It is illegal to operate your business without *all applicable licenses*. Please fill out this application completely even if this is a renewal.

New
 Renewal

Type of Establishment: (Check One)

- Class I – Adult Use Marijuana Products Manufacturing Facility
- Class II – Adult Use Marijuana Cultivation Facility
- Class II – Adult Use 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:

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).

Background checks are not required if the date of State Conditional License is less than 6 months from the date the City receives the Request for Local Authorization from the applicant.

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:	
<div style="border: 1px solid black; padding: 5px;"> <p>\$1,400.00 – Adult Use Marijuana Retail Store \$600.00 – Adult Use Marijuana Cultivation Facility \$300.00 – Adult Use Marijuana Products Manufacturing Facility</p> </div>	
Background Check Fee:	\$25.00 x _____
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 and expires annually.

 Authorized Signature

 Print Name and Title

 Date

PLEASE ALLOW TWO WEEKS FOR PROCESSING

Return completed application and copies of all required materials to:

**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: _____

Date Applicant Received OMP Conditional License: _____

Date Applicant Received Local Authorization: _____

Date Applicant Received OMP Active License/Effective Date of Local License: _____