**MEDICAL MARIJUANA ESTABLISHMENT**

* Retail Store $ 250.00
* Dispensary $ 250.00
* Manufacturing/Cultivation $ 250.00
* Testing Facility $ 250.00

**ADULT USE MARIJUANA ESTABLISHMENT**

* Retail Store $ 5,000.00
* Dispensary $ 5,000.00
* Manufacturing/Cultivation $ 5,000.00
* Testing Facility $ 10,000.00

*All application and permit/licensing fees are non-refundable.*

1. Business Name:

Location: Business Phone:

Mailing Address:

2. Owner: Home Phone:

Owner’s Home Address:

Email:

*Has your residence changed since your most recent Marijuana Establishment License was approved?*

3. For additional officers, partners, directors, stockholders, staff members or other participants, please attach a list on a  
 separate piece of paper including for each:

* Name
* Date of Birth
* Phone Number
* Address

4. Have you been denied an application for an adult use or medical marijuana license by another jurisdiction?   
*If yes, explain on a separate sheet and attach to this application.*

5. Have you had an adult use or medical marijuana license suspended or revoked by another jurisdiction?   
*If yes, explain on a separate sheet and attach to this application.*

6. Have you or any officer, partner, director, stockholder or staff member ever been convicted of any violation of the

law, other than minor traffic violations, in a Federal, State or other Court?   
 *If yes, complete the following:*

Name: Date of Conviction:

Location: Offense:

Disposition: (*Attach additional pages if needed.)*

Are there additional Federal, State or Local permits or approvals required? *If Yes, please List:*

*Revised 11/17/2022*

Are there any changes to the documents listed below since you last filed for this License: Yes No

1. Lease agreement: Current lease agreement from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. ⃞ ⃞

MM/DD/YYYY

MM/DD/YYYY

1. Operation Plan ⃞ ⃞
2. Odor and Ventilation Plan ⃞ ⃞
3. Security Plan ⃞ ⃞
4. Sketch of premises/interior/exterior layouts. ⃞ ⃞
5. Site Plan for grow area (cultivation facilities, if applicable) ⃞ ⃞
6. Change of ownership/name of business ⃞ ⃞

***If any of the above information has changed, please attach the updated information to this application.***

**Renewals are issued one year from date of issuance after the application is completed with the required updated documentation, including but not limited to:**

* A copy of applicant’s State Marijuana License/Permit
* Copies of Valid State Registry Identification Cards
* Updated list of all new equipment, parts or inventory, if applicable
* Copies of all interior/exterior changes to the premises, if applicable

I, (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , am authorized to sign on behalf of said business, and further declare that the foregoing information is accurate and true to the best of my knowledge and belief, and hereby acknowledge and authorize a public records check. By signing this application, I also verify there have been no changes from the last Marijuana Application submitted within the past year. If any of the information has changed, I have attached the update to this renewal application.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The omission of facts or any misrepresentation of any of the information provided on this application shall be sufficient grounds for the refusal of a Marijuana Establishment License Renewal.*



**Background Investigation Authorization Form**

We are an Equal Opportunity Employer

*All officers, partners, directors, stockholders, staff members or other participants listed on the application must submit this Authorization Form.*

I, , understand and agree that, as a condition of this application, and in order to assess my qualifications for this process, a full investigation of my background is necessary, including verification of all information submitted on my application.

I have read, understand and agree to the following:

I hereby authorize the Town of Lisbon or a third party acting on its behalf, to conduct a thorough inquiry into all areas deemed necessary to assess my qualifications for my business license. I understand and agree that the Town of Lisbon may contact or contract with private information centers, consumer reporting agencies, government agencies, mutual associations, educational institutions, former employers and other third parties to assess my qualifications and verify information that I provide is accurate in every way. This may include, but is not limited to: verification of my employment, educational, and personal history; verification of information provided on my application other submitted information; contact with current and former employers, clients, business associates, professional organizations or other institutions regarding work performance and character; inquiry into my credit history, driving record, and criminal history as well as all public record information relating to my application.

I hereby specifically release from liability and authorize employers, local, state, and federal administrators, credit bureaus, institutions, mutual associations, consumer reporting agencies or any persons to freely and completely respond to any inquiry made by or on behalf of the Town of Lisbon.

***A copy of this document shall be, for all intents and purposes, as valid as the original***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Legal Name: | | Last: | First: | | | Middle In.: | | |
| Other Names Used: | | Date of Birth: | | | | | |  |
| Drivers License Number: | | Issuing State: | | | | | |  |
| Legal Address: | |  | | | | |  |  |
| City | State: | | | | | Zip: | | |
| I hereby authorize the background investigation discussed herein and I affirm that all answers given to the Town of Lisbon are true and complete. I understand that my license may be ended at any time if it is discovered that I withheld or falsified any information. | | | | | | | | |
| Signature: | | | |  | Date: | | |  |

**AFFIDAVIT OF RESIDENCY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby state that my current residence located at the time of the application is:

Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_

For the preceding three (3) years I have resided at this location:

Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Owner/officer/member/manager/partner

State of Maine

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ss

Personally appeared the above named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

who signed before me this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

Notary Public Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seal Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commission Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **POLICE AFFIDAVIT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give the Lisbon Police Department permission to approach, identify, and remove persons who are loitering on the premises after normal business hours at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Lisbon.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Owner

State of Maine

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ss

Personally appeared the above named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

who signed before me this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

Seal

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

Notary Public Signature

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commission Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_