



7 Minden Street ~ PO Box 1109 ~ Greenville, ME 04441
 (207) 695-2421 ~ www.greenvilleme.com

Marijuana Business License Application

Town of Greenville Marijuana Licensing Ordinance

State Law reference: 30-A M.R.S.A. 3001, 22 M.R.S.A. 2429-D and 28-B M.R.S.A. 402

Date: _____ Applicant Name: _____

<i>For Office Use Only</i>		
Date Received _____	Amount Received _____	Clerk's Initials _____

No person shall engage, operate or maintain a Marijuana Business in the town unless such person has first acquired a license in accordance with Section 5b of the Town of Greenville Marijuana Establishments Ordinance adopted 11/3/2020. A separate license is required for each type of Marijuana Business, whether located on the same premise, building or property.

Marijuana Businesses are restricted to certain areas under the Town of Greenville's Land Use Ordinance Article V Page 11. You must check with the Code Enforcement Officer before filing an application for a license.

CHECK ALL BOXES THAT APPLY TO YOUR BUSINESS

Application Fee: \$250.00 - License application and fees are due annually ~ Renewal Application Expires: _____

Type of License	Type of Use	Price
Marijuana Store	Adult Use <input type="checkbox"/> Medical Use <input type="checkbox"/>	
Marijuana Cultivation Facility	Adult Use <input type="checkbox"/> Medical Use <input type="checkbox"/>	<input type="checkbox"/> Tier 1: 0 to 500 SF of plant canopy <input type="checkbox"/> Tier 2: 500—2,000 SF of plant canopy <input type="checkbox"/> Tier 3: 2,001-7,000 SF of plant canopy <input type="checkbox"/> Tier 4: 7,001-20,000 SF of plant canopy
Marijuana Manufacturing Facility (this includes, but not limited to, facilities that prepare goods containing medical use marijuana intended for ingestion, including tinctures)	Adult Use <input type="checkbox"/> Medical Use <input type="checkbox"/> Commercial Location <input type="checkbox"/> Residential Location <input type="checkbox"/>	
Marijuana Testing Facility	Adult Use <input type="checkbox"/> Medical Use <input type="checkbox"/>	
Marijuana Nursery Cultivation Facility— Cultivation of not more than 1,000SF of plant canopy in compliance with 28-B M.R.S. 501.3	Adult Use <input type="checkbox"/> Medical Use <input type="checkbox"/>	
Registered Dispensary		

TOTAL LICENSING FEE DUE: \$ _____

Town of Greenville Marijuana Business License Application

Name of Business: _____

Name of Corporation/LLC (if different): _____

Physical Address of Business (Must be in Greenville): _____

Mailing Address of Business: _____

President or Individual Owner of Business (if a corporation, please provide a completed Management Affidavit, attached):

Owner's Mailing Address (if different from above): _____

Owner's Contact Numbers: _____

Owner's Email Address: _____

Emergency Contact Person (must be available 24/7): _____

Emergency Contact Telephone Numbers: _____

Emergency Contact Email Address: _____

Days & Hours of Operation: _____

Have you ever had a license for Marijuana Business suspended or revoked: If so, explain: _____

Have you ever been issued a notice of violation by any state or municipality related to a Marijuana Business? If so, explain:

Town of Greenville Marijuana Business License Application

Have you ever been convicted of a criminal violation arising out of the operation of a Marijuana Business? If so, provide the date, jurisdiction, nature of the offense and any penalty(ies) assessed. _____

Have you, within 10 years of the date of this application, been convicted of selling marijuana, alcohol or scheduled drugs to a minor? If so, provide the date, jurisdiction, nature of the offense and any penalty(ies) assessed: _____

What interest do you have in the business premises for which licensure is sought (e.g. deed, lease, purchase and sale agreement, etc.)? Attach deed or lease if that is the source of your interest. _____

I certify all the information in this application form and accompanying materials is true and accurate to the best of my knowledge.

Signature

Date

Town of Greenville Marijuana Business License Application

The original signed copy of this application must be accompanied by two (2) collated submission packets containing the following:

Application Submission Requirements	Applicant	Staff
1. Ownership affidavit	X	X
2. Copy of State Background Check	X	X
3. Description of the marijuana establishment, including:	X	
a) A general description of the establishment including the type(s) of establishment(s) (e.g., use, dispensary, cultivation tier, manufacturing tier, store tier, etc.)	X	
b) A description of co-location of different types of establishments, and any establishments that will be on a residential lot and/or operated as a home occupation, as applicable	X	
c) A description of all marijuana and marijuana-related products associated with the marijuana establishment	X	
d) A list of all pesticides, fungicides, fertilizers, solvents, chemicals, or potentially hazardous substances to be used.	X	
4. Evidence of State and other required approvals	X	
a) Copies of all applications and approvals for Conditional Licenses for all adult use marijuana establishments, as required in the rules adopted pursuant to 28-B MRS SS 101 <i>et seq.</i>	X	
b) Copies of all applications and evidence of state approvals for all medical marijuana establishments, including copies of valid Individual identification cards and registry identification cards as required in the rules adopted pursuant to 22 MRS SS 2421 <i>et seq.</i> (See Sections 6.c.2) a&b regarding confidentiality.	X	
c) Evidence that all state laws and regulations will be adhered to, including state and federal electrical codes.	X	
d) Verification of the State of Maine Sales Tax Identification number, as required for adult use marijuana retail stores and adult use marijuana nursery cultivation facilities.	X	
5. Maps, drawn to scale with distance and dimensions labeled, as follows:	X	
a) Location map at a legible scale depicting the subject property lines and the property lines of other properties containing any: existing marijuana establishments; residences, parks, playgrounds, or recreational facilities; public libraries; juvenile or adult halfway houses, correctional facilities, or substance abuse rehabilitation treatment centers; or licensed day care facilities within 1,000 feet of the subject property measured in accordance with Section 7.c.5). The land use district and all district boundaries within 500 feet of the proposed facility shall be displayed on the map. Distances between the above places and the marijuana establishment, and between proposed signage and any pre-existing public or private school or licensed day care shall be labeled on the map.	X	
b) Site plan(s) at a legible scale showing the configuration of the premises, including public road access and parking, location of ingress and egress to the facility, signage, indoor and outdoor areas of the facility, fencing, and building or structure footprints.	X	
c) Facility layout diagram(s) at a legible scale displaying the location and dimensions of all areas of the facility to include indoor and outdoor areas used for marijuana cultivation, processing, manufacturing, sales, storage, disposal, etc. These areas and the uses shall be labeled. Cultivation facilities must show the proposed size and layout of cultivation areas, and must depict the total square footage of plant canopy areas.	X	
d) List names and addresses of the owners of abutting properties and those with property on the opposite side of the street.	X	

Town of Greenville Marijuana Business License Application

Application Submission Requirements <i>(continued)</i>	Applicant	Staff
6. Operating plans, for the following:	X	
a) Wastewater and waste disposal, including disposal of marijuana and related by products. <i>Reference Land Use Ordinance Article VI, Section 3 & Section 6</i>	X	
b) Describe method of water supply to proposed site: <i>(Please check with Maine Water if connected to public water 1-800-287-1643)</i> <i>Reference Land Use Ordinance Article VI, Section 2</i>	X	
c) Electrical and other utilities	X	
d) Control of odor emissions—Odor control at adult use marijuana establishments. Submit a detailed report on the effective mitigation of any marijuana odors of the proposed operation. <i>Reference Marijuana Ordinance Section 8 f.1 & f.2</i>	X	
e) Control of lighting associated with marijuana cultivation. <i>Reference Land Use Ordinance Article VI, Section 17 & Marijuana Ordinance Section 8 f.4</i>	X	
f) Anticipated date for project commencement: _____ Anticipated date for project completion: _____	X	
g) Describe how you will ensure that the Marijuana Store will not sell, give, distribute, or deliver marijuana or marijuana products to persons who are under the age of twenty-one (21), or to persons who appear to be under the influence of an alcohol, inhalants, or controlled substance:	X	
h) Describe how marijuana and marijuana products at the Marijuana Store will be displayed and sold:	X	
i) Are there additional federal, State, or local permits or approvals required? YES NO if yes, please list:	X	
j) State the hours and days of operation: <i>(Note: Maximum open hours are between 8am to 8pm)</i>	X	
7. Security Plan: At a minimum, the plan shall comply with the security requirements set out in (18-691 C-M-R Chapter 1 SS 3.3.1 & 3.3.2) and provide sufficient detail so that the Town may determine whether the following requirements are met:	X	
a) Lighting adequately illuminates entry and exit points	X	
b) All doors and windows are lockable	X	
c) Fences (if present) meet height and other requirements	X	
d) Alarm sensors are present on all entry points and windows and are remotely monitored	X	
e) Video cameras are present in all required locations	X	
f) Video cameras and storage meet all required specifications	X	
g) Points of passage between public access areas and age restricted areas (if any) or limited access areas are lockable and/or monitored whenever people may be present in public access areas.	X	
h) In age restricted retail areas (if any), lockable and secure display cases or counters of sufficient height to prevent the public from handling marijuana plants, marijuana, or marijuana products without direct supervision of a license or employee.	X	
8. Any other information necessary for the Planning Board to evaluated the proposal's compliance with the requirements of the Town's Land Use Ordinance and the Marijuana Ordinance	X	

Town of Greenville Marijuana Business License Application

Signs, in accordance with the Town of Greenville's Land Use Ordinance, Article VI Section II,
Greenville Marijuana Ordinance Section 8B, and State of Maine Signage Laws

Dimensions of the sign: _____ ft x _____ ft, Sign area: _____ sq. ft. Cost of the sign \$ _____

Single Face _____ Double Face _____ Illuminated _____ Non-illuminated _____

Location of the signs and number of signs:

Hanging _____ Standing _____ Wall _____ Roof _____

Town of Greenville Adult Use Marijuana Annual Renewal Municipal License Application Required

A separate annual renewal Adult Use Marijuana License is required for each type of adult use marijuana establishment and it must be obtained from the Town of Greenville Municipal Officers. The applicable adult use marijuana establishment license is not transferable. A new license must be obtained from the Municipal Officers for a change of ownership or change in location for each adult use marijuana establishment. The Town of Greenville will not refund Adult Use Marijuana License application fee, regardless of the circumstances of the withdrawal of the application.

For Office Use Only		
Code Enforcement Officer Recommendation: Comments:	Approve or Deny	Date:
Police Department Recommendation: Comments:	Approve or Deny	Date:
Fire Department Recommendation: Comments:	Approve or Deny	Date:
Planning Board Recommendation: Comments:	Approve or Deny	Date:
Select Board Recommendation: Comments:	Approve or Deny	Date:

Town of Greenville Marijuana Business License Application

Ownership Affidavit for Marijuana Business License

I, _____, hereby state and affirm to the best of my knowledge, that the following individuals represent all owners, officers, members, managers or partners of the Applicant, _____.

1. Name: _____
Position: _____
Current residence address: _____
Other residence addresses held in last three years (list address and dates of residency): _____

This Person is over age 21.

2. Name: _____
Position: _____
Current residence address: _____
Other residence addresses held in last three years (list address and dates of residency): _____

This Person is over age 21.

If any of the individuals named in this Affidavit have been (1) convicted of a crime arising from the operation of a Marijuana Business; or (2) convicted of selling marijuana, alcohol or any scheduled drug to a minor, please attach a document describing the date and nature of the offense as well as any penalties adjudged. *(if more names are needed please complete on separate piece of paper)*

I hereby swear that the above information is true and correct to the best of my knowledge.

Signature: _____

Printed Name: _____

Date: _____

Personally appeared the above-named _____ and made oath that the foregoing statements are true.

Notary Public: _____

My commission expires: _____