



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: _____

For Office Use Only

Date Received _____ Amount Received _____ Clerk's Initials _____

No person shall engage, operate, or maintain a Marijuana Business in the Town of Greenville 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: \$500.00

Type of License	Type of Use	Price
Marijuana Store	Adult Use <input type="checkbox"/>	<input type="checkbox"/> Tier 1: 2,000 sq. feet or less \$2,000
	Medical Use <input type="checkbox"/>	<input type="checkbox"/> Tier 2: 2,001 sq. feet –20,000 sq. feet \$3,000
Marijuana Cultivation Facility	Adult Use <input type="checkbox"/>	<input type="checkbox"/> Tier 1: 0 to 500 SF of plant canopy \$500
	Medical Use <input type="checkbox"/>	<input type="checkbox"/> Tier 2: 501—2,000 SF of plant canopy \$1,000
		<input type="checkbox"/> Tier 3: 2,001-7,000 SF of plant canopy \$1,500
		<input type="checkbox"/> Tier 4: 7,001-20,000 SF of plant canopy \$2,000
Marijuana Manufacturing Facility (this includes, but is not limited to, facilities that prepare goods containing medical use marijuana intended for ingestion, including tinctures)	Adult Use <input type="checkbox"/>	<input type="checkbox"/> Tier 1: 2,000 sq. feet or less \$2,000
	Medical Use <input type="checkbox"/>	<input type="checkbox"/> Tier 2: more than 2,000 sq. feet \$3,000
	Commercial Location <input type="checkbox"/>	
	Residential Location <input type="checkbox"/>	
Marijuana Testing Facility	Adult Use <input type="checkbox"/>	
	Medical Use <input type="checkbox"/>	\$750
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"/>	\$350
Registered Dispensary		N/A

TOTAL LICENSING FEE DUE: (License fees are due annually) \$ _____

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 Ownership 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 a 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 or penalties 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 or penalties 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 notarized and signed lease, if this is the source of your interest. _____

Please provide attested copies of the Certificate of Good Standing and Certificate of Incorporation if the Applicant is a corporation, Articles of Organization and Operating Agreement if the Applicant is a limited liability company, Evidence of Partnership if the Applicant is a partnership, or Articles of Association and Bylaws if the Applicant is an association.

Evidence of State and other required approvals

- 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 *et seq.*
- 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 *et seq.* (See Sections 6.c.2) a&b regarding confidentiality.
- c) Evidence that all state laws and regulations will be adhered to, including state and federal electrical codes.
- 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.

Town of Greenville Marijuana Business License Application

Town of Greenville Marijuana Business Annual Renewal Application Required

A separate annual Marijuana Business License Renewal Application is required for each type of marijuana establishment and it must be obtained from the Town of Greenville Municipal Office. The applicable Marijuana Business Establishment License is not transferable. A new license must be obtained from the Greenville Municipal Office for a change of ownership or change in location for each marijuana establishment. The Town of Greenville will not refund any Marijuana Business License Application fee, regardless of the circumstances of the application withdrawal.

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

Signature

Date

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:	Approve or Deny	Date:
Signature: _____ Bonita DuBien	Signature: _____ Eugene Murray	
Signature: _____ Newton Pierce	Signature: _____ Janet Chasse	
Signature: _____ Richard Peat		

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): _____

Is this Person is over age 21? Yes _____ No _____

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

Is this Person is over age 21? Yes _____ No _____

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

Is this Person is over age 21? Yes _____ No _____ *(if more names are needed please complete on separate piece of paper)*

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.

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: _____



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

Town of Greenville Maine Indemnity Waiver

ARTICLE V: Section 5.1 Indemnity

A. By accepting a Local License issued pursuant to this Ordinance, the licensee waives and releases the Town, its officers, elected officials, employees, volunteers, and agents from any liability for injuries, damages, or liabilities of any kind that result from any arrest or prosecution of business owners, operators, employees, clients, or customers for a violation of federal, state, or local laws and regulations. This obligation to indemnify, defend and hold harmless shall include the obligation to reimburse the party so indemnified, defended, and held harmless for any and all costs and fees, including, attorney's fees, reasonably incurred by that party in defense of such liabilities, claims, and demands.

B. By accepting a license issued pursuant to this Ordinance, all licensees, jointly and severally, if more than one, agree to indemnify, defend, and hold harmless the Town, its officers, elected officials, employees, volunteers, agents, insurers, and self-insurance pool against all liability, claims, and demands on account of any injury, loss, or damage, including without limitation, claims arising from bodily injury, personal injury, sickness, disease, death, property loss, or damage, or any other loss of any kind whatsoever arising out of or in any manner connected with the operation of a retail or medical marijuana business that is the subject of this license. This obligation to indemnify, defend, and hold harmless shall include the obligation to reimburse the party so indemnified, defended, and held harmless for any and all costs and fees, including attorney's fees, reasonably incurred by that party in defense of such liabilities, claims, and demands.

Signature of Applicant

Printed or typed name of Applicant

STATE OF MAINE, Piscataquis, SS. Sworn to and subscribed before me this _____ day of _____, 20 _____.

Then personally appeared the above-named and made oath to the foregoing certificate made is true to the best of their knowledge.

Before me,

ATTEST, Municipal Clerk / Notary Public

Commission Expires:_____

Pic ID Provided: _____

ID Doc #: _____

DOB: _____