



Town of Oxford
127 Pottle Road
Oxford, ME 04270

Marijuana Facility Licensing Application

☐ **NEW** ☐ **RENEWAL** ☐ **EXCHANGE/CONVERSION** *(Changing from Medical to Adult Use or Vice Versa)*

Existing Facility as of 03/4/2021 ☐ **Yes** ☐ **No**

Name of Licensee: _____ [d/b/a]

Application Received Date: _____ **Time:** _____ ☐ **Application Fee \$500 Paid**

(Applicant Processing Fee of \$500.00 is Non-Refundable)

☐ **ADULT USE MARIJUANA FACILITY**

☐ **MEDICAL MARIJUANA FACILITY**

FEES (check all that apply, payable upon approval of Marijuana Facility License):

- ☐ **Marijuana Store \$5000**
- ☐ **Marijuana Products Manufacturing Facility \$2500**
- ☐ **Testing Facility (either Adult Use or Medical) \$2500**
- ☐ **Marijuana Cultivation Facility (Cultivation of not more than 500 SF of mature plant canopy) \$1000**
- ☐ **Marijuana Nursery (Cultivation of not more than 1000 SF of seedling canopy) \$1000**
- ☐ **Marijuana Cultivation Facility: Enter Square Footage** _____
 - ☐ **Tier I Cultivation: up to 500 SF of mature plant canopy \$1000**
 - ☐ **Tier II Cultivation: 501 - 2000 SF of mature plant canopy \$1500**
 - ☐ **Tier III Cultivation: 2001 - 7000 SF of mature plant canopy \$2500**
 - ☐ **Tier IV Cultivation: greater than 7000 SF of mature plant canopy \$5000**

Total Fees: _____

ALL APPLICANTS

Required Attachments:

- ☐ **[Adult Use Marijuana Facility Applicants Only]** The conditional license/active license from the Maine Office of Cannabis Policy to operate the proposed Adult Use Marijuana Facility.
- ☐ **[Medical Marijuana Facility Applicants Only]** A Medical Marijuana Manufacturing Facility certification, a Medical Marijuana Testing Facility certification, a Registered Dispensary certification, or a Registered Caregiver registration from the Maine Office of Cannabis Policy for the proposed Medical Marijuana Facility.
- ☐ **[If Applicant is an Individual]** Proof that Applicant is at least 21 years of age.
- ☐ **[If Applicant is Business Entity]** Attested copy of Articles of Incorporation/operating agreement/partnership agreement, by-laws, and proof of good standing from the Maine Secretary of State.
- ☐ **[If Applicant is Business Entity]** Names, places of residence (for preceding 3 years), and proof of age for all owners, officers, managers, partners, or other interest holders.
- ☐ Proof of Applicant's right, title, or interest in the proposed Licensed Premises (i.e., deed, lease, purchase, and sale agreement, etc.).
- ☐ **[For Leased Licensed Premises]** Written consent from the proposed Licensed Premises' owner for the operation of the Marijuana Facility.
- ☐ **[New Applications Only]** Proof of valid site plan approval, building permit, certificate of occupancy, and/or any other required land use approvals for proposed Licensed Premises.
- ☐ Detailed visual depiction of proposed Licensed Premises, including building footprint, the interior layout of floor space, and parking plan.
- ☐ **[If Medical Marijuana Caregiver Retail Store, Registered Dispensary, or Adult Use Marijuana Store is proposed]** A written narrative [attach separately] detailing how Applicant will ensure that the proposed Marijuana Facility will not sell, give, distribute, or deliver marijuana or marijuana products to persons who are under the age of 21, or who appear to be under the influence of alcohol, inhalants, or other controlled substances.
- ☐ **[If Medical Marijuana Caregiver Retail Store, Registered Dispensary, or Adult Use Marijuana Store is proposed]** A written narrative [attach separately] explaining how marijuana and marijuana products will be displayed and sold.
- ☐ Copy of the applicable Town of Oxford tax map depicting: (a) the proposed Licensed Premises; (b) any preexisting public or private school; (c) any preexisting licensed daycare facility, methadone clinic, or other Marijuana Facility; (d) any preexisting private residence, church, or other religious houses of worship; and (e) the distance between the property lines of the proposed Licensed Premises and the property lines of any lot containing a use listed in (b), (c), or (d), above.
- ☐ An operations plan that, at a minimum, addresses the following regarding the proposed Marijuana Facility: (a) hours of operation; (b) safety/security; (c) wastewater; (d) disposal of waste; (e) ventilation and odor; and (f) parking.
- ☐ If Applicant holds marijuana-related licenses in other municipalities, then the operating name and physical address of such permitted marijuana-related operations.
- ☐ If Applicant has had a previous Marijuana Facility License from the Town of Oxford, or any other municipality, denied, suspended, or revoked, then a description [attach separately] of (a) the circumstances involved; (b)

the name and location of such a facility; (c) the date of denial, suspension, or revocation; and (d) the grounds for the denial, suspension, or revocation.

Applicant Name: _____ Phone #: _____

Applicant Address: _____

Map & Lot of Proposed Licensed Premises: _____

Address of Proposed Licensed Premises: _____

Owner of Proposed Licensed Premises (if different from applicant): _____

Property Owner's Phone #: _____

Property Owner's Address: _____

Applicant Signature: _____ Print: _____ Date: _____

Fire signature: _____ Date: _____

☐ Recommendation to Approve

☐ Recommendation to Deny

Comments:

Police signature: _____ Date: _____

☐ Recommendation to Approve

☐ Recommendation to Deny

Comments:

Code Enforcement Officer signature: _____ Date: _____

☐ Recommendation to Approve

☐ Recommendation to Deny

Comments:

Name of Licensee: _____[d/b/a]

Town of Oxford Municipal Officers Approval:

Signature : _____ Caldwell Jackson Date: _____

Signature : _____ Sharon Jackson Date: _____

Signature : _____ Scott Hunter Date: _____

Signature : _____ Dana Dillingham Date: _____

Signature: _____ Floyd Thayer Date: _____

Licensed Issued: _____ *This license is good for 1 year from the Date of issue.*

Total License Fee(s): \$ _____

Clerk Signature: _____ Date: _____

