



Office of the City Clerk

One City Hall Plaza, Ellsworth, Maine 04605

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MEDICAL MARIJUANA DISPENSARY LICENSE APPLICATION

APPLICATION TYPE AND FEES

Application date _____
 New License (\$1,000) License renewal (\$1,000) License amendment (No fee)

APPLICANT INFORMATION

Name of Not-for-profit: _____

Applicant (contact) Name _____

Daytime Phone: _____ Evening Phone: _____

Email address: _____

Contact's Role within the business: _____

Mailing Address: _____

Street City State Zip Code

Business Location: _____

Location is: Owned by establishment Rented Leased— expiration date: _____

If leased/rented: Property owner's name _____ Phone number _____

Has the applicant or any officer, director or employee of the applicant ever been convicted of a felony in a federal, state or other court? No. Yes. *(Please obtain a clearance letter from the Ellsworth Police Chief.)*

On-site Community relations staff person (to who people can provide notice if there are operating problems associated with the establishment):

Name: _____ Phone: _____ Email: _____

ADDITIONAL INFORMATION

Please enclosed the following information:

1. A copy of the State Certificate of Registration for this establishment.
2. A copy of the property deed or a copy of the lease agreement indicating permission to use the premises as a Medical Marijuana Dispensary.
3. A description of products and services to be provided by the establishment this year.
4. A letter from the Ellsworth Police Chief confirming: the Security Plan and the Anti-diversion policy and amendments are on file and found to be acceptable; the receipt of the summary report of incidents and illegal activities for the previous year; the bi-annual receipt of the employee lists and that the employees were found to be acceptable.
5. A letter from the Ellsworth Fire Chief Material confirming the receipt of the safety data sheets and annual updates.
6. The appropriate fee — Check made out to the City of Ellsworth.

For City Use

APPLICANT CERTIFICATION

I hereby certify that I have examined the information provided herein and attached and that, to the best of my knowledge, it is true, correct and complete. I also declare that I have been given and have read a copy of the City of Ellsworth Chapter 14, Section 412 Medical Marijuana Dispensary Standards and that to the best of my knowledge, the establishment I represent is in complete compliance with said Section 412.

Signature: _____ Date: _____

FOR CITY USE

Application received date: _____ Application fee paid: _____

City Council action: License approved License denied License suspended License revoked

City Council action date: _____

City Clerk signature: _____ Date: _____

Ellsworth Police Chief signature: _____ Date: _____

Ellsworth Fire Chief signature: _____ Date: _____

Ellsworth Code Enforcement Officer: _____ Date: _____