City of Ellsworth

City Clerk's Office
1 City Hall Plaza
Ellsworth, ME 04605
(207) 667-2563

Cannabis Establishment License Application

Type of Cannabis Establishment: ☐ New ☐ Renewal

Select only one option. If both are selected, your application will be returned as incomplete – you must submit a separate application for each.

☐ **Adult Use Cannabis Store:** A "cannabis store" (retail facility) as defined in 28-B M.R.S.A. § 102-A.

☐ **Medical Cannabis Dispensary:** Medical use means the acquisition, possession, cultivation, manufacture, use, delivery, transfer or transportation of cannabis or paraphernalia relating to the administration of cannabis to treat or alleviate a qualifying patient's medical diagnosis or symptoms for which a medical provider has provided the qualifying patient a written certification under MRS Title 22, Chapter 558-C.

Business Entity Information:

Name of Cannabis Establishment: _____

Doing Business As (DBA, if applicable): _____

Physical Address of Cannabis Establishment: _____

Proposed Days & Hours of Operation: _____

_____

_____

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

Emergency Contact Telephone Number(s): _____

Emergency Contact Email Address: _____

Applicant and Co-Applicant Information: Provide the following information for each Applicant and Co-Applicant. The Applicant is the owner of the Cannabis Establishment; if the owner is a business entity, provide the following information for every officer, director, member, manager, and general partner of the business entity. A Co-Applicant is any person (other than the Applicant) that is primarily responsible for the actual operation of Cannabis Establishment; provide the following information for every Co-Applicant.

Applicant or Co-Applicant Name: _____

Mailing Address: _____

Phone Number(s): _____

Email Address: _____

Over Age 21? _____Yes _____ No

Applicant or Co-Applicant Name: _____

Mailing Address: _____

Phone Number(s): _____

Email Address: _____

Over Age 21? _____Yes _____ No

Applicant or Co-Applicant Name: _____

Mailing Address: _____

Phone Number(s): _____

Email Address: _____

Over Age 21? _____Yes _____ No

Applicant or Co-Applicant Name: _____

Mailing Address: _____

Phone Number(s): _____

Email Address: _____

Over Age 21? _____Yes _____ No

Applicant or Co-Applicant Name: _____

Mailing Address: _____

Phone Number(s): _____

Email Address: _____

Over Age 21? _____Yes _____ No

List the name and addresses for previous 5 years, birth dates, titles of officers, director, managers, members of partners and the percentage of ownership for any person listed: (attach additional pages as needed)

Name	Address (5 years)	Date of Birth	Title	Percentage of Ownership

Ownership in non-publicly traded companies must add up to 100%

Review Criteria:

Has any Applicant or Co-Applicant ever failed any part of a state inspection or local health inspection relating to the Cannabis Establishment?

☐ Yes ☐ No If yes, explain:

_____

_____

Has any Applicant or Co-Applicant ever failed to pay an outstanding fine, penalty, or tax owed to the City of Ellsworth?

☐ Yes ☐ No If yes, explain:

_____

_____

Has any Applicant or Co-Applicant ever had a license required for any Cannabis Establishment suspended or revoked by the City of Ellsworth, by another Maine municipality, or by the State of Maine?

☐ Yes ☐ No If yes, explain:

_____

_____

Has any Applicant or Co-Applicant ever been issued a notice of violation related to any Cannabis Establishment by the City of Ellsworth, by another Maine Municipality or by the State of Maine?

☐ Yes ☐ No If yes, explain and attach the notice of violation and proof that the violation has been resolved:_____

_____

_____

Has any Applicant or Co-Applicant ever been convicted of a Class D or more serious crime, whether or not arising out of the operation of a Cannabis Establishment?

☐ Yes ☐ No If yes, explain and provide the date, jurisdiction, nature of the offense and any penalty assessed: _____

_____

_____

Adult Use Cannabis Application Check List:

_____ Conditional State License issued by the Maine Office of Cannabis Policy (OCP).

Medical Cannabis Application Check List:

_____ State Certificate of Registration.

I understand that if I provide misleading or false information in this license application, any license issued to me by the City of Ellsworth may be suspended or revoked.

I do swear or affirm under penalty of perjury* that all statements made and all information provided as part of this application are true and correct to the best of my knowledge.

Date: _____, 20_____ _____

Signature of Applicant

Print Name: _____

*Under Maine law, intentional falsehoods made under oath or affirmation before a person qualified to take oaths or affirmations may be punishable as false swearing, a Class D crime.

Date: _____, 20_____

Received by: _____

License Type	Fee
Public Hearing Notice (required, due at time of application)	$100
Medical Cannabis Dispensary	$1,000
Victualer's License (provider of food for consumption on or off premise)	$75
Adult Use Cannabis Establishment	$10,000

The Public Hearing Notice fee is due at application to cover advertising costs for the City Council hearing. All remaining fees will be collected upon approval and must be paid within 10 business days of notification.

For Office Use Only

Date Received: _____ Amount Received: _____

Account Number: _____ Receipt Number: _____