



Marijuana Establishment Checklist

Medical & Recreational

85 Union Street | Brunswick, Maine 04011 | Tel: (207) 725-6658 | Fax: (207) 725-6663
www.brunswickme.org

Applicant Name:

Date:

Cultivation Facility:

Annual Fee: \$600

A facility licensed under M.R.S.A. 28-B, Subchapter 2 to purchase marijuana plants and seeds from other cultivation facilities; to cultivate, prepare and package marijuana; to sell marijuana to products manufacturing facilities, to marijuana stores and to other cultivation facilities; and to sell marijuana plants and seeds to other cultivation facilities and immature marijuana plants and seedlings to marijuana stores

Product Manufacturing Facility:

Annual Fee: \$300

A facility licensed under M.R.S.A. 28-B, Subchapter 2 to purchase marijuana from a cultivation facility or another products manufacturing facility; to manufacture, label and package marijuana and marijuana products; and to sell marijuana and marijuana products to marijuana stores and to other products manufacturing facilities.

Marijuana Retail Store:

Annual Fee Each: \$1,400

Marijuana Store: A facility licensed under M.R.S.A. 28-B, Subchapter 2 to purchase adult use marijuana, immature marijuana plants and seedlings from a cultivation facility, to purchase adult use marijuana and adult use marijuana products from a products manufacturing facility and to sell adult use marijuana, adult use marijuana products, immature marijuana plants and seedlings to consumers.

Medical Marijuana Storefront: An establishment which resembles a retail storefront in terms of signage, hours of operation and accessibility to patrons, and which is operated by one or more registered Primary Caregivers as defined by 22 M.R.S.A. § 2422(8-A) for the sale of marijuana and marijuana products to Qualifying Patients as defined by 22 M.R.S.A § 2422(9).

Marijuana Caregiver: Cultivation Onsite Annual Fee: \$600 | Cultivation Conducted Offsite Annual Fee: \$300

A Registered Caregiver as defined by 22 M.R.S.A. § 2422 (11) whose facility does not qualify as a home occupation as established in Section 3.4.2.C of this Ordinance.

Medical Marijuana Testing Facilities: A facility licensed under M.R.S.A. 28-B, Subchapter 2, to develop, research and test marijuana, marijuana products and other substances. They do not require a town license.

Social Clubs Are Prohibited

- Proof of Land Use Approval (Codes/Planning & Development)
- Completed Application with Fee
- Copy of State License/Caregiver registration attached (May be a temporary license as state will not issue without town license)
- If not included in the Applicant’s State License application, attested copies of any articles of incorporation, bylaws, operating agreement, partnership agreement or articles of association that govern the entity that will own and/or operate the Marijuana Establishment.
- Signed Background Check Release form, with \$25 fee per individual
- Attach Floor Plan
- Town of Brunswick Personal Property Taxes Paid



Marijuana Establishment Application

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State Law References: 30-A M.R.S.A. §3001, 22 M.R.S.A. §2423(14) and 28-B M.R.S.A. §402, 22 M.R.S. § 2422 (11)

New License

License Renewal

Select One			
Retail Store:	<input type="checkbox"/> Recreational Storefront	<input type="checkbox"/> Medical Storefront	Annual Fee: \$1,400
<input type="checkbox"/> Cultivation Facility	<input type="checkbox"/> Medical	<input type="checkbox"/> Recreational	Annual Fee: \$600
<input type="checkbox"/> Products Manufacturing Facility	<input type="checkbox"/> Medical	<input type="checkbox"/> Recreational	Annual Fee: \$300
<input type="checkbox"/> Medical Caregiver: Cultivation Onsite			Annual Fee: \$600
<input type="checkbox"/> Medical Caregiver: Cultivation Offsite			Annual Fee: \$300
All Marijuana Establishments require a Public Hearing Advertisement; Fees are invoiced to applicants and must be paid prior to issuance of license.			
Name & Contact Information			
Business Name:			
Corporation/LLC Name:			
Physical Address:			
Mailing Address:			
Business Phone Number:			
Owner's Name:		Owner's Phone Number:	
Owner's Email Address:			
Emergency Contact: (Available 24/7)		Phone Number:	
		Email Address:	
Days & Hours of Operation:			

Please Attach: Floor Plan with Description of Premises

Marijuana Establishment Corporate Officer List

Name of Corporation/LLC:

If applicant is a Partnership, Limited Liability Company, or Corporation; please list names, residences, and dates of birth as well as title of each member/manager/officer/partner. A background check is required for each individual listed. Background check fee's will be the applicant's responsibility, \$25 per person. Please make check payable to "Town of Brunswick".

Full Name, include middle initial and maiden name, if applicable:	Date of Birth:
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Address:	Title:
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Full Name, include middle initial and maiden name, if applicable:	Date of Birth:
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Address:	Title:
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Full Name, include middle initial and maiden name, if applicable:	Date of Birth:
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Address:	Title:
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Full Name, include middle initial and maiden name, if applicable:	Date of Birth:
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Address:	Title:
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Applicant, by signature below, acknowledges having read all applicable laws and ordinances and agrees to comply with all laws, orders, ordinances, rules and regulations governing the above license and further agrees that any misstatement of material fact may result in refusal of license, suspension or revocation if one has been issued. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license. Applicant understands that the license is not transferable, expires annually, and, in the case of store fronts, applicant is limited by State Law to the operation of one storefront, that being for the application above.

Authorizing Officer Signature

Date

Print Name

Title

Once approvals are granted, the Town Clerk's office will mail your license to the address indicated on your license application to display on premises. You are then fully licensed to operate your business.

For Town Use Only

Date of Application:	
Town Clerk's Office	
<input type="checkbox"/>	Proof of Land Use Approval (Codes/Planning Development)
<input type="checkbox"/>	Completed Application with Fee
<input type="checkbox"/>	Copy of State License/Caregiver registration attached (May be a temporary license as state will not issue without town license)
<input type="checkbox"/>	If not included in the Applicant's State License application, attested copies of any articles of incorporation, bylaws, operating agreement, partnership agreement or articles of association that govern the entity that will own and/or operate the Marijuana Establishment.
<input type="checkbox"/>	Signed Background Check Release form, with \$25 fee per individual
<input type="checkbox"/>	Floor Plan
<input type="checkbox"/>	Town of Brunswick Personal Property Taxes Paid
<input type="checkbox"/>	Notice published in newspaper at least 7 days prior to action by Clerk Date:
<input type="checkbox"/>	Notice posted at facility at least 7 days prior to action by Clerk Date:
<input type="checkbox"/>	Renewals must be submitted 90 days prior to expiration
Expiration Date:	90 Day Date:
<input type="checkbox"/>	Applicant Paid Advertising Bill

Town Office Use				
Planning Office	Approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Approved By:
Comments/Conditions to be met:				
Code Enforcement Officer	Approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Approved By:
Comments/Conditions to be met:				
Police Chief	Approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Approved By:
Comments/Conditions to be met:				
Health Inspector	Approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Approved By:
Comments/Conditions to be met:				
Fire Chief	Approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Approved By:
Comments/Conditions to be met:				