



CITY OF PORTLAND
Permitting and Inspections Department

Retail Marijuana Business Application Process

The application must be complete in order to be accepted and processed.

What is needed to apply:

- City application for marijuana business**
- Diagram of facility (§ 35-26).** Details to include:
 1. Layout of the premises
 2. Total square footage under the control of the applicant and dedicated to the retail facility/dispensary, including ancillary activities
 3. Location of retail space, including areas for sale of marijuana and non-marijuana products
 4. Other areas supporting retail space, including storage and office space
- Operations plan (§ 35-26).** Details to include:
 1. Overview of policies and procedures to include policies and procedures to prevent sale to minors
- Dispersal requirements (§ 35-26)**
 1. Documentation that the facility meets the dispersal requirements of § 35-43 (not required for first round of licensing)
- Security plan (§ 35-36).** Details to include:
 1. Lighting
 2. Alarm system
 3. Security cameras interior & exterior
 4. Securing of cash and marijuana products
 5. Policies to discourage loitering
- Waste Disposal Plan (§ 35-39).** Details to include:
 1. Containers to store marijuana waste
 2. Procedures for modifying waste so that it is no longer useable
- Odor mitigation plan (§ 35-40).**
- Distance from school (§ 14-411).** Distance from nearest public school, private school and/or public preschool.
- Payment of application fee**
- Copy of State license (medical) and/or conditional approval (adult use)**

After you submit your application to the Business Licensing Office:

- The Business Licensing Office will let you know if your application is complete. If your application is incomplete, you will have ten days from notification to supplement your application with all required materials.
- If you are eligible for a license, you will receive tentative approval from the City to proceed with the licensing process.
- You must separately apply for all City of Portland permits (electrical, building, plumbing, change of use, etc.)
- When the Business Licensing Office has received all approvals from the required departments, we will sign off on your local authorization form (adult use), or issue your license (medical).
- You may contact us for a license status update, **but please note that we must receive approvals directly from all departments.**



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Application for Retail Marijuana License

<input type="checkbox"/> Application Fee \$500	<input type="checkbox"/> SBI \$21.00 each owner		
<input type="checkbox"/> Adult Use \$10,000	<input type="checkbox"/> Medical \$5,000	<input type="checkbox"/> Dispensary \$5,000	
BUSINESS			
Business name (d/b/a):		Phone:	
Location address:			
If new, what was formerly at this location:			
Mailing address:			
Additional contact information (website, fax, email, etc.)			
OWNER (if entity, complete corporate disclosure)			
Name:		Phone:	
Email:			
Mailing Address:			
EMERGENCY CONTACT			
Name:		Phone:	
Email:			
Mailing Address:			
COMMUNITY RELATIONS LIAISON			
Name:		Phone:	
Email:			
Mailing Address:			
LOCAL AUTHORIZED AGENT FOR SERVICE			
Name:		Phone:	
Email:			
Mailing Address:			



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General description of business, including hours and days of operation:	
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Applicant, by signing below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto. I/We, hereby authorize the release of any criminal history record information to the licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

Date: _____ Signature: _____

Title: _____ Printed name: _____



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CORPORATE DISCLOSURE

The answers to questions 1-4 must match the information on file with the Maine Secretary of State's office. Your certification must be in good standing. If you have questions regarding this information, please call the Secretary of State's office at (207) 624-7752. Please clearly complete this form in its entirety. Thank you.

1. Exact legal name: _____
2. Doing Business As, if any: _____
3. Date of filing with Maine Secretary of State: _____
4. If not a Maine business entity:
 - (a) State in which you were formed: _____
 - (b) date on which you were authorized to transact business in the State of Maine: _____
5. List the names, phone numbers, mailing addresses, email addresses, and titles of the owners, officers, and directors and list the percentage of ownership (attach additional sheets as needed):

OWNER/OFFICER/DIRECTOR 1			
Name:		Title:	
Mailing address:			
Email:		Percent ownership:	
OWNER/OFFICER/DIRECTOR 2			
Name:		Title:	
Mailing address:			
Email:		Percent ownership:	
OWNER/OFFICER/DIRECTOR 3			
Name:		Title:	
Mailing address:			
Email:		Percent ownership:	

(Stock ownership in non-publicly traded companies must add up to 100%.)

Date: _____ Signature: _____

Title: _____ Printed name: _____



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CRIMINAL BACKGROUND AND DISQUALIFICATIONS SUPPLEMENT

Must be completed by each owner, officer, director, manager, and general partner.

Name:		DOB:	
Aliases/ former names:		SSN:	

CRIMINAL BACKGROUND:

- I certify that I have not been convicted of a felony crime where the conviction or completion of any sentence, whichever is more recent, has been completed within the last ten years.
- I certify that I have not been convicted of a drug related crime other than a felony, but not including convictions for marijuana related crimes, where the conviction or completion of any sentence, whichever is more recent, has been completed within the last five years.

DISQUALIFYING VIOLATIONS:

List all corporate entities in which you have been an owner, officer, director, manager, general partner, shareholder, or other responsible party, IF 1) that corporate entity has ever held a marijuana-related license, permit, certificate, or registration in any jurisdiction; AND/OR 2) that corporate entity has owned property in the City of Portland or done business in the City of Portland. Please list the entity name, your position/interest in that entity, and whether

ENTITY 1			
Name:			Interest:
Marijuana-related	Y / N	Nature of license, etc. and jurisdiction:	
Portland based	Y / N	Nature of interest and address(es):	
ENTITY 2			
Name:			Interest:
Marijuana-related	Y / N	Nature of license, etc. and jurisdiction:	
Portland based	Y / N	Nature of interest and address(es):	



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ENTITY 3			
Name:		Interest:	
Marijuana-related	Y / N	Nature of license, etc. and jurisdiction:	
Portland based	Y / N	Nature of interest and address(es):	

- I certify that neither I nor any corporate entity in which I have ever had an interest has had any marijuana-related license, permit, certificate, or registration revoked or suspended.
- I certify that, within the previous five years, neither I nor any corporate entity listed above has engaged in the non-payment or late payment greater than 30 days of any tax or fee.
- I certify that, within the previous five years, neither I nor any corporate entity listed above has had any suspension, revocation, or denial of any license or permit.
- I certify that, within the previous five years, neither I nor any corporate entity listed above has made any false statement on a City form or application.
- I certify that, within the previous five years, the following are the only citations for licensing, land use, life safety, building fire, health, or similar requirements that either I or any corporate entity listed above has received, all of which were corrected within the timeframe required by the City:
- I certify that, within the previous five years, neither I nor any corporate entity listed above has any other significant failure to comply with City ordinances.

CONFLICT OF INTEREST

- I certify that I am not employed by any state agency or City department with regulatory authority over the marijuana business, including the City Executive Department, Police Department, Permitting and Inspections Department, Planning Department, Fire Department, and Corporation Counsel’s Office.
- I certify that I am not a law enforcement officer.

I certify that these disclosures are true and accurate. I hereby authorize the release of any criminal history record information to the City of Portland. I understand that this supplement, and any responsive criminal history information may be considered a public record and I waive any rights to privacy with respect thereto.

Date: _____ Signature: _____

Title: _____ Printed name: _____



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LANDLORD STATEMENT OF PERMISSION

I, _____, am the (authorized agent of the record owner/record owner) of the property at _____, Portland, Maine, CBL _____ (the "Property").

_____ ("Tenant"), is a lawful tenant at (unit/apartment) ____ at the Property (the "Rented Unit"). I give Tenant permission to operate a Retail Marijuana Establishment pursuant to the City of Portland Code of Ordinances ("City Code") Chapter 35 at the Rented Unit.

I have reviewed the relevant portions of the City Code and understand the potential consequences of Tenant's use of the Rented Unit as a Retail Marijuana Establishment. I also understand and agree that I am responsible for maintaining the Property in full compliance with state laws and local ordinances.

Date: _____ Signature: _____

Title: _____ Printed name: _____

Personally appeared before me the above-named affiant and made oath that the foregoing affidavit is true and correct to his/her personal knowledge.

Date: _____ Signature: _____

Notary Public/Attorney at Law



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RETAIL QUALIFICATIONS

Please check all factors that you believe apply to the retail business applying for licensure. Provide 1) a summary of the reasons why you believe that the retail business is eligible for those points; and 2) a description of the evidence supporting your position. All supporting evidence must be attached.

- At least 51% owned by socially and economically disadvantaged individual(s), as defined further by regulations to be promulgated by the City Manager based off of the Small Business Association Section 8(a) regulations. (6 points)

Description of qualification:	
Supporting evidence attached:	
Staff Use Only: Notes:	<input type="checkbox"/> Qualifies <input type="checkbox"/> Does not qualify

- At least 51% owned by individual(s) who have been a Maine resident for at least five years. (5 points)

Description of qualification:	
Supporting evidence attached:	
Staff Use Only: Notes:	<input type="checkbox"/> Qualifies <input type="checkbox"/> Does not qualify

- Owned by individual(s) with experience running a business in a highly regulated industry, such as marijuana, liquor, banking, etc. with no history of violations or license suspensions or revocations. (6 points)

Description of qualification:	
Supporting evidence	



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attached:	
Staff Use Only: Notes:	<input type="checkbox"/> Qualifies <input type="checkbox"/> Does not qualify

- Owned by individual(s) who have previously been licensed by the State of Maine or a Maine municipality for non-marijuana related business, with no history of violations or license suspensions or revocations for a minimum of 5 years. (4 points)

Description of qualification:	
Supporting evidence attached:	
Staff Use Only: Notes:	<input type="checkbox"/> Qualifies <input type="checkbox"/> Does not qualify

- Owned by individual(s) who have been a registered caregiver in the State of Maine for at least two years. (3 points)

Description of qualification:	
Supporting evidence attached:	
Staff Use Only: Notes:	<input type="checkbox"/> Qualifies <input type="checkbox"/> Does not qualify

- Ownership of proposed retail location by applicant; or at least five year lease for proposed retail location. (4 points)

Description of qualification:	
Supporting evidence attached:	



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Staff Use Only: <input type="checkbox"/> Qualifies <input type="checkbox"/> Does not qualify Notes:	

- Evidence of at least \$150,000 in liquid assets. (2 points)

Description of qualification:	
Supporting evidence attached:	
Staff Use Only: <input type="checkbox"/> Qualifies <input type="checkbox"/> Does not qualify Notes:	

- Business plan committing to social and economic development, by including three or more of the following: 1. Create at least five full-time jobs paying a minimum of \$15/hr; 2. Provide PTO (or vacation/sick time) and health benefits to employees; 3. Provide at least one annual training around diversity, cultural awareness, sexual harassment, or workplace violence. Training must be in addition to any required by the State or City; 4. Annual contribution of 1% net profits as a restricted donation to the City for youth education on substance use education and prevention. (4 points)

Description of qualification:	
Supporting evidence attached:	
Staff Use Only: <input type="checkbox"/> Qualifies <input type="checkbox"/> Does not qualify Notes:	

Staff Use Only:	Total Points:
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**REGULATIONS REGARDING POINTS FOR ALLOCATION OF
MARIJUANA RETAIL LICENSES PURSUANT TO § 35-14(f)(3)**

I. In General.

- A. Pursuant to § 35-14(f), the City Manager shall establish an opening date and a closing date for applications in the initial year in which marijuana retail licenses become available.
- B. After the closing date of that application window, the City shall evaluate all applications for eligibility for the points outlined in § 35-14(f).
- C. Once all applications have been evaluated, the City will send a notice to each applicant containing the following information:
 - 1. The points that the City has awarded to the applicant, and the factors in § 35-14(f)(3) for which those points were awarded;
 - 2. If the City does not award points for any of the factors in § 35-14(f)(3) for which the applicant applied, the City will give a reason for declining to award those points; and
 - 3. Whether, if all point values remain the same among applicants, the applicant will receive tentative approval for one of the 20 marijuana retail licenses.
- D. Upon specific request, the City will make available the notice described in subsection (C)(3) above to any other applicant.
- E. Each applicant will have ten days to request in writing that the City reconsider its position.
 - 1. If an applicant requests that the City reconsider a decision to not award points for which the applicant applied, that applicant must explain why it believes the City erred in its determination. The applicant may not submit additional information, as all information must be submitted with the original application.
 - 2. If any party requests that the City reconsider a decision to award points, that party must explain why the City erred in its determination and may provide evidence to support its position that points awarded were not merited. The applicant whose points are being challenged will be given a chance to rebut the position of the requesting party.
- F. After the expiration of the ten days and/or the resolution of any disputes, the City will finalize the points awarded and issue tentative approvals pursuant to § 35-14(f)(4).

II. Social and Economic Disadvantage.

- A. In order to qualify for the points for a business that is at least 51% owned by socially and economically disadvantaged individuals, those qualifying individuals must show both:

1. Social disadvantage; AND
2. Economic disadvantage.

B. Social disadvantage. Social disadvantage can be shown in one of two ways:

1. Identification as an individual listed in 13 C.F.R. § 124.103(b)(1).
 - a. Individuals must identify the group the individual identifies as a member of.
 - b. Individuals must certify and/or demonstrate that they have held themselves out as a member of that designated group.
2. Demonstration of individual social disadvantage.
 - a. In order to demonstrate individual social disadvantage, the person must:
 - (1) Identify a distinguishing feature that has contributed to social disadvantage, such as race, ethnic origin, gender, physical or mental handicap, gender identity or expression, sexual orientation, etc.; AND
 - (2) Identify how that individual has suffered social disadvantage as a result of that distinguishing feature in the area of education, employment, and/or business opportunities.
 - b. The City shall generally follow the requirements of 13 C.F.R. § 124.103(c) in evaluating a claim of individual social disadvantage.

C. Economic Disadvantage. To show economic disadvantage, an applicant must demonstrate the following as of the date of application:

1. Net worth of less than \$250,000 as of the date of application;
2. Average personal income over the last three years of less than \$250,000; and
3. Total assets of less than \$4 million as of the date of application.

The City shall generally follow the requirements of 13 C.F.R. § 124.104 in evaluating a claim of individual economic disadvantage, except that when the threshold levels for net worth, income, and assets increase under that rule on July 15, 2020, the threshold levels for purposes of this regulation shall remain the same.

III. Maine Residency.

In order to qualify for the points for an individual who has been a Maine resident for at least five years, the individual may demonstrate residency through a variety of evidence, including homestead exemptions, tax returns, historical drivers license records, voting records, etc.

IV. Highly Regulated Industry.

- A. A highly regulated industry is one that is subject to a significant and complex set of regulations with substantial oversight, such as marijuana, liquor, banking, etc. Simply because an industry is “regulated” does not mean that it is “highly regulated.”
- B. In order to qualify for the points for an individual with experience running a business in a highly regulated industry, an applicant must demonstrate all of the following:
 - 1. The individual holds a substantial ownership interest in the applicant business of at least 26%.
 - 2. The business for which the applicant is seeking points is in a highly regulated industry.
 - 3. The individual is/was significantly responsible for the day-to-day operations and compliance within that industry for a period of at least two years.
 - 4. The business has no recent history of violations in the last seven years, and has no history of license suspensions or revocations while the individual was associated with that business.
- C. A marijuana caregiver does not qualify as a business in a highly regulated industry for purposes of these points.

V. State or Local Licensure.

- A. In order to qualify for the points for an individual who has been previously licensed by the State or a Maine municipality an applicant must demonstrate all of the following:
 - 1. The individual holds a substantial ownership interest in the applicant business of at least 26%.
 - 2. The individual has either:
 - a. Been personally issued a business license by the State of Maine or a Maine municipality (e.g. attorney, medical professional, barber, electrician); or
 - b. The individual is/was significantly responsible for the day-to-day operations and compliance in a business that was issued a business license by the State of Maine or a Maine municipality for at least two years.
 - 3. The individual or business that was licensed has no history of violations or license suspensions or revocations for the previous five years, and while the individual was associated with that business.

- B. An individual with experience in a licensed marijuana business does not qualify.

VI. Maine Registered Caregiver

In order to qualify for the points for an individual who has been a Maine registered caregiver for at least two years, the applicant must demonstrate all of the following:

- A. The individual holds a substantial ownership interest in the applicant business of at least 26%.
- B. The individual has been a Maine registered caregiver for the required period of time.
- C. The individual has no recent history of caregiver registration violations, suspensions, or revocations.

VII. Long Term Investment in Location.

With respect to the points for business that owns the proposed retail location or has a five year lease for the proposed retail location, the following apply:

- A. To qualify for ownership or lease, the deed or lease to the retail location must be in the same name as the applicant business.
- B. To qualify for points for a five-year lease:
 - 1. The lease must be for any five-year period that will encompass the projected opening date of the retail location.
 - 2. The lease may not have an option for the landlord to terminate the lease within the five-year period, except for extreme circumstances.
 - 3. An exclusive option to enter into a five-year lease shall be sufficient.

VIII. Liquid Assets

- A. With respect to the points for a business that has at least \$150,000 in liquid assets, an applicant may demonstrate liquid assets through bank accounts, lines of credit, and similarly liquid sources of cash.
- B. The liquid assets must be in the name of the applicant business.

IX. Business Plan

- A. In order to qualify for the points for a business plan committing to social and economic development, the applicant must present a clear and detailed business plan with specific commitments to at least three of the four options outlined in the ordinance.
- B. The City will audit any retail store within one year of opening to ensure compliance with the business plan. Failure to comply may result in revocation of the applicant's license.

SOCIAL AND ECONOMIC DISADVANTAGE

Directions: You must complete Sections A, B and C. If all three sections are not completed fully and accurately, then you will not be considered for eligibility for the points for social and economic disadvantage. Please use additional sheets as required. Please attach all relevant documents and evidence to support your assertion of social and economic disadvantage.

A. BACKGROUND INFORMATION

Applicant business: _____

Owner asserting social and economic disadvantage: _____

Percentage ownership in applicant business: _____

B. SOCIAL DISADVANTAGE

Directions: You must complete either Option 1 or Option 2. Please attach any relevant documents or other evidence that support your position.

Option 1 – Presumptive Social Disadvantage

I am a member of a group that has a rebuttable presumption of social disadvantage pursuant to 13 C.F.R. § 124.103. Specifically, I identify as a:

- Black American
- Hispanic American
- Native American (Alaska Native, Native Hawaiian, or enrolled member of a Federally or State recognized Indian Tribe)
- Asian Pacific American (person with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China (including Hong Kong), Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Fiji, Tonga, Kiribati, Tuvalu, or Nauru)
- Subcontinent Asian American (person with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands or Nepal).

I have held myself out as a member of the above group. This is evidenced in part by the following:

Option 2 – Other Social Disadvantage

I have experienced social disadvantage as a result of the following distinguishing feature or membership in a protected class: _____.

The following is an incident of bias or discriminatory conduct that I experienced based on the distinguishing feature or membership in the protected class identified above:¹

That incident negatively impacted me in the following area(s):

- Education
- Employment
- Business history
- Other impact on advancement in the business world (describe)

Specifically, the incident negatively impacted me in the entry into or advancement in the business world as follows:

¹ Please use additional sheets to identify multiple instances of bias or discriminatory conduct and how that impacted your entry into or advancement in the business world.

I believe this shows a chronic and substantial social disadvantage for the following reasons:

C. ECONOMIC DISADVANTAGE

Directions: Please complete the following information, including totals.

- Cells with are positive values to be added to your total.
- Cells with need not be filled out, and should not be included in your calculations, but are simply there for your reference.
- Cells with are negative amounts that should be subtracted from your total.

****You must include any assets you have transferred in the previous two years for less than fair market value, other than bona fide gifts to family members.****

1. Amount in personal checking accounts	\$	\$
2. Amount in personal savings accounts	\$	\$
3. Amount in retirement accounts with NO penalty for early withdrawal	\$	\$
4. Retirement accounts with penalty for early withdrawal	--	--

5. Amount of accounts and notes receivable (debts owed TO you)	\$	\$
6. Life insurance cash surrender value	\$	\$
7. Value of stocks, bonds, mutual funds	\$	\$
8. Value of ownership in the applicant business	\$	--
9. Value of primary residence	\$	--
10. Value of other real estate	\$	\$
11. Value of automobiles	\$	\$
12. Value of other personal property (furniture, electronics, art, etc.)	\$	\$
13. Value of other assets (boats, ATVs, other financial accounts)	\$	\$
14. Value of HELOC on primary residence	--	--
15. Notes payable (debts you owe to a bank or other lender)	--	(\$)
16. Other installment accounts (credit card debt)	--	(\$)
17. Auto installment accounts (loans and leases)	--	(\$)
18. Loan on life insurance	--	(\$)
19. Mortgage on primary residence	--	--
20. Mortgage on other real estate	--	(\$)
21. Unpaid taxes	--	(\$)
22. Other liabilities (loans, payments, etc.)	--	(\$)
TOTAL	\$	\$
	Total Assets	Adjusted Net Worth

Please submit the following supporting documents:

- Three years of personal tax returns
- Three years of applicant business tax returns
- Other documents as requested by the City to evaluate social and economic disadvantage