



CITY OF PORTLAND
Permitting and Inspections Department

Small Scale Marijuana Caregiver 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 (§ 35-27).** Details to include:
 1. Total square footage dedicated to the small scale caregiver use
 2. Amount of plant canopy to be grown
 3. Floor plans including:
 - Location of mature, immature and seedling plants
 - Storage areas
 - Office areas
- Quality control plan (§ 35-27).** Detailing the testing protocols and schedules to ensure the safety of the marijuana being cultivated.
- Operations plan (§ 35-27).** Details to include:
 1. Overview of policies and procedures
 - To prevent unauthorized sale to minors
 - To ensure that operation does not exceed five patients in one calendar month
- Security plan (§ 35-36).** Details to include:
 1. Lighting
 2. Alarm system
 3. Locks
 4. Security cameras interior & exterior
 5. Securing of cash and marijuana products
 6. 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).**
- FSE License (Ch. 11).** If manufacturing food, must provide copy of FSE license.
- Ventilation plan (§ 14-411).** Ensuring adequate ventilation to prevent the release or dispersal beyond the premises of pesticides, insecticides, or other chemicals.
- Distance from school (§ 14-411).** Distance from nearest public school, private school and/or public preschool.
- Payment of application fee**
- Copy of State license**

After you submit your application to the Business Licensing Office:

- 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 Small Scale Marijuana Caregiver License

<input type="checkbox"/> Application Fee \$50				<input type="checkbox"/> SBI \$21.00 each owner		<input type="checkbox"/> License \$250	
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:
 - State in which you were formed: _____
 - 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