

**TOWN OF RUMFORD**  
**MEDICAL MARIJUANA-BUSINESS**  
**APPLICATION**

Application date \_\_\_\_\_ Opening date \_\_\_\_\_ Expiration date \_\_\_\_\_

New \_\_\_\_\_ Renewal \_\_\_\_\_ Annual License Fee \$2,500.00 (Non-refundable)

**ALL QUESTIONS MUST BE ANSWERED IN FULL**

**Applicant Name** \_\_\_\_\_

Maiden Name/Alias \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business phone \_\_\_\_\_ Home phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Driver's License/ State ID Number \_\_\_\_\_ Issuing State \_\_\_\_\_

**Business Manager Name (if applicable)** \_\_\_\_\_

Maiden Name/Alias \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business phone \_\_\_\_\_ Home phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Driver's License/State ID Number \_\_\_\_\_ Issuing State \_\_\_\_\_

**Employee Name/ Subcontractor (if applicable)** \_\_\_\_\_

Maiden Name/Alias \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business phone \_\_\_\_\_ Home phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Driver's License/ State ID Number \_\_\_\_\_ Issuing State \_\_\_\_\_

**Employee Name/Subcontractor (if applicable)** \_\_\_\_\_

Maiden Name/Alias \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business phone \_\_\_\_\_ Home phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Driver's License/ State ID Number \_\_\_\_\_ Issuing State \_\_\_\_\_

**Employee Name/ Subcontractor (if applicable)** \_\_\_\_\_

Maiden Name/Alias \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business phone \_\_\_\_\_ Home phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Driver's License/State ID Number \_\_\_\_\_ Issuing State \_\_\_\_\_

**Location of Premise for License**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City Tax Map Number \_\_\_\_\_ Lot Number \_\_\_\_\_

Dimension of Property \_\_\_\_\_ Acreage of Property \_\_\_\_\_

Number of Qualified Registered Patients \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Description of Security Provisions \_\_\_\_\_

List all residences, including all places of business, within the last 5 years:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ How long \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ How long \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ How long \_\_\_\_\_

Has applicant(s) ever been convicted of any violation of the law, other than minor traffic violations, of any State of the United States, within the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, complete the following)

Name \_\_\_\_\_ Date of conviction \_\_\_\_\_

Offense \_\_\_\_\_ Location \_\_\_\_\_

Disposition \_\_\_\_\_

Has operator ever been convicted of any violation of the law, other than minor traffic violations, of any State of the United States, within the past 5 year? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, complete the following)

Name \_\_\_\_\_ Date of conviction \_\_\_\_\_

Disposition \_\_\_\_\_ Location \_\_\_\_\_

Revocation of driver's license during the last 5 years:

<u>Date</u>	<u>Charge</u>	<u>Court</u>	<u>Disposition</u>
_____			

This page needs to be signed by the applicant and all employees or subcontractor in front of a Notary

THE OMISSION OF FACTS OR ANY MISREPRESENTATION OF ANY OF THE INFORMATION ON THIS APPLICATION SHALL BE SUFFICIENT GROUNDS FOR THE REFUSAL OF SUCH LICENSE.

CERTIFICATE OF APPLICANT AND WAIVER OF CONFIDENTIALITY

*\*\*\*READ CAREFULLY BEFORE SIGNING\*\*\**

I hereby authorize the release of any criminal history record information to the Town Clerk's Office or Licensing Authority. I understand that this information shall become public record, and I hereby waive any rights of privacy with respect hereto.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date

Documentation that must be included:

Copy of Valid Registry Primary Caregiver Identification Card-Issued by State of Maine for each principal officer, board member, agent and employee.

Copy of Property Deed and demonstration of right, title or interest for use of the property as a registered primary caregiver operation.

A detailed description of the proposed cultivation and/or distribution of medical marijuana to include the number of qualified registered patients to be served, registered patient services, staffing requirements, security provisions, hours of operation, anticipated parking demand, peak hour traffic and identification of other required licenses, floor plans etc.

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

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DO NOT COMPLETE BELOW THIS LINE

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AUTHORIZED SIGNATURES	OCCUPANCY LOAD	APPROVED	DISAPPROVED
CODE DEPT. ....		_____	_____
FIRE DEPT. ....	_____	_____	_____
POLICE DEPT. ....		_____	_____
RECOMMENDATION _____			
_____			
_____			
_____			

## **Site Plan**

### **Scale of 50 feet or less to the inch**

*Must Contain: The Boundary lines of the Property, location of all existing and proposed buildings and structures, location of all existing and proposed parking areas and walkways and any other site improvements and location and characteristics of all existing and proposed vegetation to be maintained for required screening and the location and characteristics of all existing and proposed fencing to be maintained for required screening and the location and characteristics of all vehicular entrances and exits serving the property.*

## Floor Plan

**Site Location Map**

**Scale of not greater than 1" to 100'**

*Must Contain: Any public or private school, church, child-care provider, youth center, park or playground located within 750 feet of proposed registered dispensary.*