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**Maine Medical Cannabis Program**

**Dispensary Local Authorization Form**

This Local Authorization Form must be completed by the host municipality where a dispensary registration certificate applicant intends to locate one or both of its registered premises. The authorized local official responsible for completing this Form must return it to the Office of Cannabis Policy at [Licensing.OCP@maine.gov](mailto:Licensing.OCP@maine.gov) or 162 State House Station, Augusta, Maine 04333.

**If the authorized local official in receipt of this Form has not recently met with the Office of Cannabis Policy to discuss the local authorization process and OCP’s expectations for completion of this Form, please contact the Director of Licensing, at** [**Licensing.OCP@maine.gov**](mailto:Licensing.OCP@maine.gov) **or (207) 624-7530, prior to filling it out.**

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| **Section 1: Dispensary Information.** Information to be completed by the dispensary applicant. | | | | | | | | | |
| **Section 1(a): Required information for all applicants for dispensary registration certificate.** | | | | | | | | | |
| Business Legal Name | Business DBA | | | | | Dispensary Phone | | | |
| Primary Contact Person | | Primary Contact Email | | | | | | | |
| Physical Address of the Proposed Dispensary Registered Premises | | City | | | State | | Zip | | |
| Mailing Address | | City | | | State | | Zip | | |
| **Section 2: Medical Cannabis Dispensary and Local Authorization Information.** This section to be completed by the Municipality in receipt of request for Local Authorization. | | | | | | | | | |
| Physical Location of Establishment (include unit number) | | | Municipality | | | | | State | Zip |
| Tax Map # | | Tax Lot # | | | | | | | |
| Owner of Record of the Physical Location Listed Above | | | | | | | | | |
| Date Local Authorization Form Presented to the Municipality | | Date Local Authorization Form Approved by Municipality | | | | | | | |
| Dispensary authorized activities to be conducted listed in section 1:  Indicate at all authorized activities the applicant intends to conduct at the registered premises to be located at Location 1. Check all that apply.  Cultivation of cannabis (Note: A registered dispensary must ensure that any employee or agent applying pesticides to cannabis for medical use is appropriately licensed as a pesticide applicator by the Board of Pesticide Control).  Manufacturing harvested cannabis without the use of inherently hazardous substances (Note: A registered dispensary must obtain an appropriate Food Establishment License from the Department of Agriculture, Conservation and Forestry to manufacture edible cannabis products).  Manufacturing harvested cannabis with inherently hazardous substances (Note: A registered dispensary must obtain a separate inherently hazardous substance registration manufacturing facility registration certificate to use inherently hazardous substances to manufacture harvested cannabis).  Providing harvested cannabis to a registered manufacturing facility for the production of cannabis concentrate or cannabis products.  Accepting from, or transferring to, registered caregivers or other registered dispensaries cannabis plants or harvested cannabis in wholesale transactions.  Consulting with, assisting, and/or dispensing cannabis plants or harvested cannabis to qualifying patients, visiting qualifying patients or caregivers.  Operating a dispensary retail space for the conduct of sales or transfers of cannabis plants or harvested cannabis to qualifying patients, visiting qualifying patients or caregivers.  Delivery of cannabis plants or harvested cannabis to a qualifying patient.  Co-location with an adult use licensee  Cultivation facility, license #:  Manufacturing facility, license #: | | | | | | | | | |
| **Section 3: Local Authorization of Medical Cannabis Dispensaries within Municipalities.** This section to be completed by the Municipality in receipt of request for approval of Local Authorization. | | | | | | | | | |
| **Section 3(a): Request for approval of local authorization to operate a registered dispensary in municipality prohibited unless authorized by municipal ordinance or warrant article.** A person operating a medical cannabis dispensary within a municipality may not request approval of local authorization to operate the medical cannabis dispensary, and a municipality may not accept as complete the person's request for approval of local authorization, unless the municipality to permits by ordinance or warrant article, the operation of registered dispensaries within the municipality. | | | | | | | | | |
| 1. Is an ordinance or warrant article in effect that allows the operation of a registered dispensary within the municipality?   Yes  No | | | | | | | | | |
| 1. Is a copy of the ordinance or warrant article attached to this form?   Yes  No | | | | | | | | | |
| **Section 3(b): Minimum authorization criteria.** A municipality may not provide the authorization for the operation of a registered dispensary within the municipality unless the following questions are answered in the affirmative. | | | | | | | | | |
| 1. Is the proposed registered premises for the dispensary applicant located equal to or greater than 500 feet of the property line of a preexisting public or private school? 2. Yes  No | | | | | | | | | |
| Does the applicant requesting local authorization to operate the registered dispensary demonstrate possession or entitlement to possession of the registered premises of the dispensary?  Yes  No | | | | | | | | | |
| **Section 3(c): Local authorization required for operation of a registered dispensary within municipality.** A person may not to operate a registered dispensary within a municipality unless the following question is answered in the affirmative. | | | | | | | | | |
| 1. Has the person obtained all applicable municipal approvals, permits, or licenses that are required by the municipality for the operation of a registered dispensary? By selecting “yes” below, the municipality is affirming that no further action by the municipality is required prior to the Office of Cannabis Policy’s approval of the applicant’s registration certificate. The Office of Cannabis Policy encourages the municipality to coordinate the issuance date of a local license with the Office when appropriate. *Please attach a copy of all applicable approvals, permits or licenses, including dates of issuance and expiration to this form.*   Yes  No | | | | | | | | | |
| **Statutory Guidance for Municipalities** | | | | | | | | | |
| Pursuant to 22 MRS § 2429-D, a municipality may regulate registered dispensaries within that municipality, and may not permit a registered dispensary to operate within that municipality unless the municipal legislative body has voted to adopt or amend an ordinance or warrant article allowing the operation of a registered dispensary within that municipality – unless that registered dispensary has been continuously operating, as a registered dispensary, within that municipality since before December 13, 2018.  **The completed Maine Medical Cannabis Program Dispensary Local Authorization Form can be emailed to the Office of Cannabis Policy at** [**Licensing.OCP@maine.gov**](mailto:Licensing.OCP@maine.gov) **or sent to Office of Cannabis Policy, 162 State House Station, Augusta, ME 04333-0162.** | | | | | | | | | |
| **Municipality** | | | | | | | | | |
| Legal Name and Title of Municipality: | | | | City: | | | | | |
| I hereby affirm and acknowledge that the information above is truthful and complete to the best of my knowledge. | | | | | | | | | |
| Signature of Municipal Official:(Do not sign until witnessed by notary): | | | | Date: | | | | | |
| **Notarization** | | | | | | | | | |
| The foregoing instrument was acknowledged before me this       day of      , 20     , at      , Maine, by       to be his/her free act and deed. | | | | | | | | | |
| Name of Notary Public (Printed) | | Signature of Notary Public | | | | | | | |
| Notary Public, State of Maine | | **STAMP/SEAL** | | | | | | | |
| My commission expires: | |