



OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

Maine Adult Use of Cannabis Program Specified Event Permit Local Authorization Form

This Local Authorization Form must be completed by the host municipality. If the authorized local official in receipt of this Form has questions concerning the local authorization process and the Office of Cannabis Policy’s (OCP) expectations for completion of this Form, please contact the Director of Licensing, at Licensing.OCP@maine.gov or (207) 624-7530.

Sections 1, 2 and 3 shall be completed by the applicant.

Section 4 shall be completed by the municipality.

Section 1: Licensee Information			
Legal Business Name:	License Number:		
Physical Address of Facility:	City:	State:	Zip:

Section 2: Specified Event Specific Information

A. Event Information

Name of Event:

Indoor Outdoor

Description of Event:

B. Duration of Event

If this is an event that will be not more than 10 consecutive days in duration, complete the “Event of Consecutive Duration” section below; if this is an event of up to 10 occurrences in duration that are less than 24 hours, occurring in the same calendar year, complete the “Event with Separate Occurrences” below.

Event of Consecutive Duration: Provide below the start and end dates and times for the event:

Start Date of Event: / / End Date of Event: / /

Start Time of Event: : AM PM End Time of Event: : AM PM

Event with Separate Occurrences: Provide below the dates of each occurrence and start and end times each day.

1) Date: / / Start: : AM PM End: : AM PM

2) Date: / / Start: : AM PM End: : AM PM

3) Date: / / Start: : AM PM End: : AM PM

4) Date: / / Start: : AM PM End: : AM PM

5) Date: / / Start: : AM PM End: : AM PM

6) Date: / / Start: : AM PM End: : AM PM

7) Date: / / Start: : AM PM End: : AM PM

8) Date: / /	Start: : <input type="checkbox"/> AM <input type="checkbox"/> PM	End: : <input type="checkbox"/> AM <input type="checkbox"/> PM
9) Date: / /	Start: : <input type="checkbox"/> AM <input type="checkbox"/> PM	End: : <input type="checkbox"/> AM <input type="checkbox"/> PM
10) Date: / /	Start: : <input type="checkbox"/> AM <input type="checkbox"/> PM	End: : <input type="checkbox"/> AM <input type="checkbox"/> PM

C. Event Sponsoring Organization Information

Name of Organization Sponsoring Event:

Contact Name for Sponsoring Organization:

Contact Phone Number: Contact Email:

D. Event Location Information

Street Address: City: State: Zip:

Legal Name of Property Owner:

Mailing Address of Property Owner: City: State: Zip:

Property Owner Phone Number: Property Owner Email:

Section 3: Maine Adult Use Retail Store Facility Licensee Proposed Activities Information

A. Products Intended for Sale

Which types of adult use cannabis and cannabis products does the licensee intend to sell at the specified event?

- Products Flower & Trim Concentrate
- Topicals
- Edibles
- Beverages

B. Date(s) and Time(s) Licensee Intends to Sell Cannabis and Cannabis Products at the Specified Event

Start Date: / / End Date: / /

Start Time: : AM PM End Time: : AM PM

Section 4: Local Authorization of Specified Event within Municipality

This section to be completed by the Municipality in receipt of request for local authorization.

Has the licensee obtained all applicable municipal approvals, permits, or licenses that are required by the municipality for participation in the type of specified event described above so that no further action by the municipality is required prior to the OCP's issuance of a specified event permit to this licensee?

Yes No

Are copies of all applicable approvals, permits, or licenses with the issuance and expiration dates attached or included with the submission of this form?

Yes No

Municipality Representative

I hereby affirm and acknowledge that the information above is truthful and complete to the best of my knowledge.

Signature of Municipal Representative: Date:

Legal Name and Title of Municipal Representative: City:

Notarization

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, at _____, Maine, by _____, to be the municipal representative's free act and deed.

Signature of Notary Public: _____

Name of Notary Public (Printed): _____

Commission Expiration Date: _____