



OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

Maine Adult Use of Cannabis Program Specified Event Permit Property Owner Permission Form

This Property Owner Permission Form must be completed by the property owner where the specified event will take place. If the property owner or authorized agent of the property owner in receipt of this Form has questions concerning the 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 property owner.

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:	
<input type="checkbox"/> Indoor	<input type="checkbox"/> 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: : <input type="checkbox"/> AM <input type="checkbox"/> PM	End Time of Event: : <input type="checkbox"/> AM <input type="checkbox"/> PM

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

1) Date: / /	Start: : <input type="checkbox"/> AM <input type="checkbox"/> PM	End: : <input type="checkbox"/> AM <input type="checkbox"/> PM
2) Date: / /	Start: : <input type="checkbox"/> AM <input type="checkbox"/> PM	End: : <input type="checkbox"/> AM <input type="checkbox"/> PM
3) Date: / /	Start: : <input type="checkbox"/> AM <input type="checkbox"/> PM	End: : <input type="checkbox"/> AM <input type="checkbox"/> PM
4) Date: / /	Start: : <input type="checkbox"/> AM <input type="checkbox"/> PM	End: : <input type="checkbox"/> AM <input type="checkbox"/> PM
5) Date: / /	Start: : <input type="checkbox"/> AM <input type="checkbox"/> PM	End: : <input type="checkbox"/> AM <input type="checkbox"/> PM
6) Date: / /	Start: : <input type="checkbox"/> AM <input type="checkbox"/> PM	End: : <input type="checkbox"/> AM <input type="checkbox"/> PM
7) Date: / /	Start: : <input type="checkbox"/> AM <input type="checkbox"/> PM	End: : <input type="checkbox"/> AM <input type="checkbox"/> 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: Authorization of Specified Event on Private Property

This section to be completed by the property owner in receipt of request for authorization.

Do you hereby authorize the Licensee in Section 1 above to participate in the specified event described in this form on your private property?
 Yes No

Are there any terms, conditions or limitations included with this written authorization?
 Yes No

If yes, describe or attach, said terms, conditions or limitations:

Property Owner or Authorized Representative of Property Owner

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

Signature: Date:

Legal Name and Title, if applicable:

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: _____