



**OFFICE OF
MARIJUANA POLICY**
DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

**Maine Adult Use Marijuana Establishment License Application
Cultivation Facility, Products Manufacturing Facility, and Marijuana Stores**

Section 1: Licensing Type. Please choose only one. A separate application is required for each establishment license. For testing facilities, complete the Maine Adult Use Marijuana Establishment License Application for Testing Facilities Only.

- Cultivation Facility, Tier 1 (Plants) – Number of Plants _____ (maximum of 30 mature marijuana plants). Outdoor Indoor/Both
- Cultivation Facility, Tier 1 (Canopy) – No more than 500 square feet of mature marijuana plants. Outdoor Indoor/Both
- Cultivation Facility, Tier 2 – No more than 2,000 square feet of mature marijuana plants. Outdoor Indoor/Both
- Cultivation Facility, Tier 3 – No more than 7,000 square feet of mature marijuana plants. Outdoor Indoor/Both
- Cultivation Facility, Tier 4 – No more than 20,000 square feet of mature marijuana plants. Outdoor Indoor/Both
- Cultivation Facility, Nursery – No more than 1,000 square feet of mature marijuana plants. Outdoor Indoor/Both
- Products Manufacturing Facility
- Marijuana Store

Section 2: Maine Adult Use Marijuana Establishment – Applicant Information. This section is to be completed with information pertaining to the applying organization, whether a sole proprietor or a business entity.

Applicant's Legal Business Name		Taxpayer ID/EIN
Trade Name/DBA (if applicable)	Website Address (if applicable)	
Applicant Phone Number	Applicant Email Address	
Type of Business Structure <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Limited Partnership <input type="checkbox"/> Other: _____	Is your business entity incorporated in the State of Maine or otherwise formed or organized under the laws of the State of Maine? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Incorporation, Formation, or Organization: Date of Qualification to Conduct Business in Maine (Provide Certificate of Existence from the Maine Secretary of State's Office):

Section 3: Maine Adult Use Marijuana Establishment – Primary Contact Person. This person will be the Office of Marijuana's main point of contact for all correspondence, including required information missing in this application or supplemental information required later in the application process.

Primary Contact Person	Title
Primary Contact Phone Number	Primary E-Mail Address
Primary Contact Address (city, state, zip)	

Section 4: Maine Adult Use Marijuana Establishment – Principals. List all persons with any controlling interest, including every officer, director, manager, and general partner. Prior to processing this application, all persons listed in this section must have an Individual Identification Card number from OMP.

Name		Role in Establishment		SSN		DOB		
Address (Home)			City		State	ZIP		Phone Number
Individual Identification Card Number (required)				Each principal listed in this section must complete a Principal Attestation form.			Each principal listed in this section must complete and attach a Tax Compliance and Residency Certificate.	

Section 5: Maine Adult Use Marijuana Establishment – Majority Ownership by Maine Residents. List all Maine resident natural persons and/or entities comprised of only Maine residents that hold any ownership interest in this marijuana establishment. If the Maine Adult Use Establishment ownership structure includes a business entity, complete the Resident Majority Ownership for Business Entities Worksheet. Title 28-B requires that a majority of the shares, membership interests, partnership interests or other equity ownership interests as applicable to the business entity must be held or owned by natural persons who are residents or business entities whose owners are all natural persons who are residents.

Section 5(a): Maine Natural Persons.

Name			DOB		Phone Number		
Address (Home)				City		State	ZIP
Percentage of ownership in the organization applying for this license: ____%			Each natural person listed in this section must complete an Owner Residency Certification form.			Each natural person listed in this section must attach the ownership/shareholder agreement.	

Section 5(b): Maine Business Entities. If the Maine Adult Use Establishment ownership structure includes a business entity, complete the Resident Majority Ownership for Business Entities Worksheet.

Legal Name of Business Entity			Federal Taxpayer ID/EIN				
Trade Name/DBA (if applicable)				State and Date of Incorporation			
Physical Address Business Entity				City		State	ZIP
Primary Point of Contact (POC)			POC Phone Number		POC Email Address		
Percentage of ownership in the organization applying for this license: ____%			Each business entity listed in this section must attach the ownership/shareholder agreement.				

Is the Resident Majority Ownership for Business Entities Worksheet attached? Yes No

Section 6: Maine Adult Use Marijuana Establishment – Ownership by Non-Resident Natural Persons and Business Entities. List all natural persons and business entities not completely owned by Maine residents that hold any ownership interest in the organization applying for this license.

Section 6(a): Non-Maine Resident Natural Persons.

Name			DOB		Phone Number		
Address (Home)				City		State	ZIP
Percentage of ownership in the organization applying for this license: ____%			Each natural person listed in this section must attach the ownership/shareholder agreement.				

Section 6(b): Business Entities Not Owned Entirely by Maine Resident Natural Persons.

Legal Name of Business Entity			Federal Taxpayer ID/EIN				
Trade Name/DBA (if applicable)				State and Date of Incorporation			
Physical Address Business Entity				City		State	ZIP

Primary Point of Contact (POC)		POC Phone Number	POC Email Address
Percentage of ownership in the organization applying for this license: ____%		Each natural person and/or business entity listed in this section must attach the ownership/shareholder agreement.	
Section 7: Maine Adult Use Marijuana Establishment – Other Financial Interests Held by Private Persons/Entities and Financial Institutions. Identify all natural persons and business entities having a direct or indirect financial interest in the organization applying for this license, and the nature and extent of the financial interest held by each person and/or business entity, including banks, credit unions, or other state- and federally-chartered financial institutions.			
Legal Name or Name of Business Entity		Address	
Description of Instrument		Each natural person and/or business entity listed in this section must attach the financial instrument.	
Section 8: Co-Location of Adult Use and Medical Marijuana Operations.			
Does the applicant intend to co-locate adult use and medical marijuana operations on the premises?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Section 9: Supplemental Documents. Please attach the following documents.			
<input type="checkbox"/> Preliminary Operating Plan <input type="checkbox"/> Preliminary Cultivation Plan (for proposed cultivation facilities only) <input type="checkbox"/> Business organization If the business entity is a corporation, a copy of its articles of incorporation or articles of organization. If the business entity is a limited liability company, a copy of its articles of organization and its operating agreement; If the business entity is a general partnership, limited partnership, limited liability partnership or limited liability limited partnership, a copy of the partnership agreement.			
Section 10: Fees.			
Nursery Cultivation Facility: \$60 Tier 1 Cultivation Facility: \$100 Tier 2-4 Cultivation Facility: \$500 Products Manufacturing Facility: \$250 Marijuana Store: \$250 Cash and personal checks are not accepted by the Office of Marijuana Policy. Please submit a bank/cashier's check or money order made payable to "Treasurer, State of Maine." All fees are non-refundable. Application Fee: _____ Total Enclosed: _____			
Section 11: Affirmation			
I, _____, affirm that the entire Maine Adult Use Marijuana Establishment Application, statements, attachments, and supporting documents are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed good cause for denial to issue a Maine Adult Use Marijuana Establishment by the Department. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for denial or revocation of the Maine Adult Use Marijuana Establishment license. I affirm that I am voluntarily submitting this application to the Department of Administrative and Financial Services, Office of Marijuana Policy, and hereby authorize the Department to conduct a complete investigation into the truthfulness of the responses, using whatever legal means they deem appropriate. I understand I am responsible for knowing and complying with all state laws and regulations governing Adult Use Marijuana pursuant to the Maine Revised Statutes, as well as the rules promulgated thereunder. I understand I am being made aware of the laws and regulations governing the Adult Use Marijuana Program and agree to comply with them, and all other applicable laws and regulations. I understand that I must pay a fee to obtain a Maine Adult Use Marijuana Establishment license, as well as at the time of an annual renewal. I understand the Department does not mail out a renewal application; and therefore, I am responsible for obtaining and submitting an application to renew my Adult Use Marijuana Establishment license prior to its expiration. I understand that in order to avoid unnecessary delays in issuance of a renewal license, the renewal application should be submitted no later than 30 days prior to the expiration date. I understand that Maine Adult Use Marijuana Establishment licenses are valid for one year from the date of issuance. The Maine Adult Use Marijuana			

Establishment license shall be renewed on forms provided by the Department in accordance with the fee schedule. I understand that if I allow the Maine Adult Use Marijuana Establishment license to expire for even one day and then reapply, I must submit a new application along with the original application fee.

I understand I am responsible for notifying the Office of Marijuana Policy, in writing, upon any change in name, residence address, mailing address, or phone number, since all correspondence will be sent to my last known address. Failure to notify the Office of Marijuana Policy could result in not receiving my physical license, legal notices, and other correspondence.

I understand that I shall not by any means interfere with, obstruct, or impede, the Office of Marijuana Policy or its employees or investigators in exercising their official duties pursuant to the authority in Title 28-B and rules promulgated thereunder.

I understand that a Maine Adult Use Marijuana Establishment license issued by the Office of Marijuana Policy is a revocable privilege, and that the burden of proving an Applicant's qualifications for a Maine Adult Use Marijuana Establishment license rests at all times with the Applicant.

I understand in order to access or input data into the State's inventory tracking system, I must possess a valid Individual Identification Card and agree to follow all the rules and guidelines set forth for the use of this system.

I understand that this application is not complete and will not be processed until all required parties submit to have fingerprints taken and to a criminal history record check.

I understand that I may appeal an application denial pursuant to the Maine Administrative Procedure Act, 5 MRS, chapter 375.

Signature – This application cannot be accepted without a signature.

Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Department, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

If I have given incorrect information, my application may be denied, and I may be charged with giving false information. I understand the questions on this application and the penalty for hiding or giving false information or breaking any of the rules in the penalty warning. I certify under penalty of perjury that my answers, including those related to drug offenses correct and complete.

Authorizing Business Representative's Signature

Date

Printed Name:

Email Address:

Phone Number: