

Maine Adult Use Marijuana Establishment Maine Owner Residency Attestation

Section 5: Maine Adult Use Marijuan Resident Owner of the organization applying must attest under penalty of perjury to the ac	for this license must comp	olete this Main	e Resident C		
Notice: This License Application for Maine Adult Us application, and/or do not disclose all information the prosecution.					
Legal Name (First, Middle, Last)	SSN		DOB	Phone Number	
Address (Home)	I	City		State	ZIP
Have you filed a resident individual incoryears prior to the year in which this appli			Title 36, P	art 8 in each of t	he four
Are you currently domiciled in this State	?				
☐ Yes ☐No					
Do you maintain a permanent place of ab taxable year in this State?	ode in this State and spe	end in the agg	regate mor	e than 183 days	of the
☐ Yes ☐ No					
Acknowledgment and Signature.					
I understand I am responsible for knowir Marijuana pursuant to the Maine Revised ☐ Agree ☐ Disagree					dult Use
I understand and agree to provide docum Attestation form. I understand and agree verify the information I have given. If I ha charged with giving false information. I u false information or breaking any of the r are true and complete.	that federal, state and leave given incorrect infor nderstand the questions	ocal officials o mation, my ap s on this appli	r other per oplication r cation and	sons and organiz nay be denied, a the penalty for h	zations may nd I may be iiding or giving
Maine Resident Owner's Signature			Date		