CITY OF SACO
MARIJUANA CULTIVATION, HARVESTING, DISTRIBUTION, ETC APPLICATION

New___  Renewal___  Ongoing ___ (Date when first licensed by the State of Maine as a Caregiver_______)

Application date_______________  Opening date_______________  Expiration date_______________
(The office will fill this date in.)

<table>
<thead>
<tr>
<th>FEES:</th>
<th>Caregiver Growing</th>
<th>Commercial - I-1 or I-2 Zones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>$100.00</td>
<td>$1,000.00</td>
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<tr>
<td>Renewal</td>
<td>$50.00</td>
<td>$500.00</td>
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ALL QUESTIONS MUST BE ANSWERED IN FULL

☐ Caregiver Growing, Etc. (Complete section #1 only)  ☐ Commercial Use Growing, Harvesting, etc (Complete sections # 1 and #2)

Section #1

Applicant Name(s)________________________________________

Address___________________________________________________________________________

City_______________________  State__________________  Zip_____________________________

Mailing Address______________________________________________

City___________________________  State__________________  Zip_____________________________

Phone #________________________  E-mail_____________________

Tax Map & Lot Number for property_________________________  Zoning District____________________

Where will the Medical Marijuana Cultivation and Distribution License be posted? _______________________________

Identify estimated yearly production of marijuana_____________________________________________________

Will marijuana be shipped or distributed outside of the State of Maine________________________________________

Have you ever been convicted of any violation of the law, other than minor traffic violations, of any State of the United States, within the past 5 years?  Yes_____  No_____  (If yes, complete the following)  Note: A conviction does not automatically deny approval but falsifying information violates the Ordinance.

Name________________________________________  Date of Conviction___________________________

Offense________________________________________________________________________________________

Location_______________________________________________________________________________________

Disposition_______________________________________________________________________________________

Name________________________________________  Date of Conviction___________________________

Disposition_______________________________________________________________________________________

Name________________________________________  Date of Conviction___________________________
Section #2

Federal Tax ID #__________________ Type and State of Organization______________________________________________________________
Profit or Non-Profit (Provide documentation)________________________________________________________
Name and Address of Clerk or Registered Agent for Service of Process________________________________________________________

Insurance company Name & Address (Provide proof of insurance upon the proposed premises in the name of the license holder)

List the names, addresses and date of birth of all principal officers, owners and managers

Name_______________________________ Address_________________________________ D.O.B.________
Name_______________________________ Address_________________________________ D.O.B.________
Name_______________________________ Address_________________________________ D.O.B.________
Name_______________________________ Address_________________________________ D.O.B.________
Name_______________________________ Address_________________________________ D.O.B.________

Has any officer, principal or manager ever been convicted of any violation of the law, other than minor traffic violations, of any State of the United States, within the past 5 years? Yes_____ No_____ (If yes, complete the following) Note: A conviction does not automatically deny approval.

Name________________________________________ Date of Conviction_______________________________
Offense______________________________________ Location___________________________________________
Disposition___________________________________________________________________________________

Name________________________________________ Date of Conviction_______________________________
Offense______________________________________ Location___________________________________________
Disposition___________________________________________________________________________________

Name________________________________________ Date of Conviction_______________________________
Offense______________________________________ Location___________________________________________
Disposition___________________________________________________________________________________

THE OMISSION OF FACTS OR ANY MISREPRESENTATION OF ANY OF THE INFORMATION ON THIS APPLICATION SHALL BE SUFFICIENT GROUNDS FOR THE REFUSAL OF SUCH LICENSE.

CERTIFICATE OF APPLICANT(S) AND WAIVER OF CONFIDENTIALITY

***READ CAREFULLY BEFORE SIGNING***
I hereby authorize the release of this application and of any criminal history record information regarding me that is provided, or which is produced by either the City Clerk’s Office or the Saco Police Department as part of the review of this application. I understand that this information shall become public record, and I hereby waive any rights or privacy with respect hereto.

________________________________________  ______________________________
Signature of Applicant                    Date

________________________________________  ______________________________
Signature of Applicant                    Date

DO NOT COMPLETE BELOW THIS LINE - FOR STAFF USE ONLY

<table>
<thead>
<tr>
<th>AUTHORIZED SIGNATURES</th>
<th>OCCUPANCY LOAD</th>
<th>APPROVED</th>
<th>DISAPPROVED</th>
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</thead>
<tbody>
<tr>
<td>CODE DEPT.</td>
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<td>ELECTRICAL INSPT.</td>
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<td>FIRE DEPT.</td>
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<td>POLICE DEPT.</td>
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<td>TAX COLLECTOR (TAXES)</td>
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<tr>
<td>WATER RES. REC. DIV. (FEES)</td>
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RECOMMENDATIONS

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