



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.)

FEES:	Caregiver Growing	Commercial - I-1 or I-2 Zones
Initial	\$100.00	\$1,000.00
Renewal	\$50.00	\$500.00

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_____

Offense _____ Location _____

Disposition _____

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 ***

