



# of Turner, Maine

Center Rd. Turner, Maine 04282 – 207-225-3414 - [www.turnermaine.com](http://www.turnermaine.com)

## Marijuana Business License Application

### Section 1 – Applicant

**Applicant is (check one):** \_\_\_ Individual<sup>1</sup> \_\_\_ Partnership<sup>2</sup> \_\_\_ Corporation<sup>3</sup> \_\_\_ LLC<sup>4</sup>

1. Applicant Name/Address (physical and mailing): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Aliases (if any): \_\_\_\_\_

3. Applicant Telephone Number (home/cell): \_\_\_\_\_

4. Business Name/Address (physical and mailing): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Business Telephone Number: \_\_\_\_\_

6. Has the applicant ever had a state or local (any town) permit or license for a Marijuana Business denied, suspended or revoked? \_\_\_Yes \_\_\_No. If yes, please provide the name and location of the business and date of denial, suspension or revocation.

7. Does the applicant hold any other permits/licenses under this Ordinance or other similar Marijuana Business ordinance from another Town, City or State and, if so, provide the names and locations of those other businesses. \_\_\_Yes (provide information below) \_\_\_No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Use additional sheets, if necessary.*

8. Has the applicant ever been convicted of a crime under State or Federal law? Please list the specific criminal activity involved, and the date, place and jurisdiction of each conviction. \_\_\_Yes (provide information below) \_\_\_No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Use additional sheets, if necessary.

## **Section 2 – Purpose**

**Application is for (check one):**  New Establishment  Existing Establishment\*  Renewal  
 New Use at Existing Establishment

\*Existing Establishment means a Registered Caregiver operating a licensed Medical Marijuana Establishment in compliance with state law and town ordinances prior to May 22, 2021.

**Category (check one only):**  Adult Use  Medical

**Use(s) to be Licensed (check all that apply):**

Retail Store  Cultivation Facility  Manufacturing Facility  Testing Facility

## **Section 3 – Required Attachments**

- A. Copy of photo identification (driver's license or passport) for each individual covered by this application.
- B. Copy of permit/license issued by State of Maine for the Marijuana Business.
- C. A signed Criminal Background Check form from all officers, owners, managers, members or partners affiliated with the Marijuana Business.
- D. Evidence of all land use approvals required to operate the Marijuana Business (Findings of Fact).

## **Footnotes – from Page 1**

<sup>1</sup> Individuals must also submit proof that they are at least twenty-one (21) years of age.

<sup>2</sup> Attach a statement of the partnership's complete name and the names of all partners, whether the partnership is general or limited, submit a copy of the partnership agreement, if any, and submit proof that all partners are at least twenty-one (21) years of age.

<sup>3</sup> Attach a statement of the corporation's complete name, the date of its incorporation, evidence that the corporation is in good standing under State law, the names and capacity of all officers, directors and principal stockholders, the name of the registered corporate agent, the address of the registered office for service of process, and submit proof that all officers, directors, and principal stockholders are at least twenty-one (21) years of age.

<sup>4</sup> Attach a statement of the LLC's complete name, the date of its establishment, evidence that the LLC is in good standing under State law, the names and capacity of all members, a copy of its operating agreement, if any, the address of its registered office for service of process and submit proof that all members are at least twenty-one (21) years of age.

## ***Applicant Certification***

I hereby certify that the information provided in this application is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in my disqualification for or revocation of a Town of Turner Marijuana Business License. I also certify that I have read and understand the Town of Turner ***Adult Use and Medical Marijuana Stores, Cultivation Facilities, Manufacturing Facilities, and Testing Facilities Ordinance***.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

## ***License Fees***

Conversion – Medical to Adult Use	\$150.00
Medical Marijuana Business License – Initial	\$500.00
Medical Marijuana Business License – Renewal	\$250.00
Adult Use Marijuana Business License – Initial	\$500.00
Adult Use Marijuana Business License – Renew	\$250.00



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## Criminal Background Check Authorization Form

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Other Names Used: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

There is a potential that the resultant data will indicate an individual's prior felony and/or misdemeanor convictions. Prior convictions will be reviewed on a case-by-case basis, but some convictions are cause for immediate disqualification from obtaining a Marijuana Business License from the Town of Turner.

In connection with my application for a Marijuana Business License, I hereby authorize the Town of Turner to conduct a criminal background check on my behalf. I understand that this check will cover a search of law enforcement and court records. I understand that my ability to obtain a Town of Turner Marijuana Business License is contingent upon the results of the background check. I understand that failure on my part to consent to the criminal background check will disqualify me from obtaining a license. I acknowledge that the criminal background check may be shared with the town's Board of Selectmen and used for licensing purposes only. The applicant is entitled to receive and review the information obtained, upon request.

I certify that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in my disqualification for or revocation of a Town of Turner Marijuana Business License.

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_