



City Of  
Caribou, Maine  
25 High Street, Caribou, ME 04736  
Phone (207)493-3324 Fax (207)493-4207

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**MEDICAL CANNABIS DISPENSARY LICENSE APPLICATION**

☐ LLC    ☐ Corporation    ☐ Partnership    ☐ Other: \_\_\_\_\_

*Corporations, partnerships, and others will need to provide an Operating Agreement and proof of good standing with the Maine Secretary of State.*

Business Name: \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different) \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Aliases Used: \_\_\_\_\_

*Applicant must be twenty-one (21) years of age or older and documentation of age is required*

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Information (must be available 24/7)**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**Compliance Contact:**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email: \_\_\_\_\_



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**Description of Premises (Attach Copies)**

The applicant must include a sketch of the building, footprint, plant canopy square footage calculations, interior layout with floor space to be occupied by the business and parking plan.

**ANY PREVIOUS PERMITS/LICENSES:**

Have you ever held a previous Cannabis Establishments License in another municipality, the City of Caribou, or State, that was denied, suspended or revoked? ☐YES ☐NO

If yes, please list the name and location of the Cannabis Establishment for which the permit/license was denied, suspended or revoked, as follows:

Name of Establishment:

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Location:

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Date of Denial, Suspension, or Revocation:

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If the applicant has been a partner, officer, director or principal stakeholder of a corporation that is permitted/licensed under this ordinance, whose license has been denied, suspended or revoked, list the name and location of the Cannabis Establishment for which the permit/license was denied, suspended or revoked, as follows:

Name of Establishment:

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Location:

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Date of Denial, Suspension, or Revocation:

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**CURRENT PERMITS/LICENSES:**

Do you have a current permit/license under the ordinance or other similar Cannabis Establishment licenses from another municipality, the City of Caribou, or State? ☐YES ☐NO

If yes, please list the name and location of the Cannabis Establishment and the status of the permit/license and whether it has been denied, suspended, or revoked:



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Name of Establishment: \_\_\_\_\_

Location: \_\_\_\_\_

Date of Denial, Suspension, or Revocation: \_\_\_\_\_

### **CERTIFICATION OF INFORMATION**

*This document must be signed in the presence of a Notary Public.*

STATEMENT: Applicant, by signature below, acknowledges having read all applicable laws and ordinance and agrees to comply by all laws, orders ordinances, rules and regulations governing the above license and further agreed that any misstatement of material facts may result in refusal of licenses, suspension or revocation, if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license. Applicant understands that the license is not transferable and expires annually.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Applicant Name

State of : \_\_\_\_\_

County of: \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public/Attorney \_\_\_\_\_

Date Notary Commission expires: \_\_\_\_\_



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**Below for City Use Only**

License Application Fee: \$1,000.00

Annual Site inspection Fee: \$500.00

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

Amount Paid: \_\_\_\_\_

Payment Type: \_\_\_\_\_

Initials: \_\_\_\_\_

Approved by:

☐ City Clerk

☐ Police Chief

☐ City Council

☐ Code Enforcement Officer

☐ Fire Chief