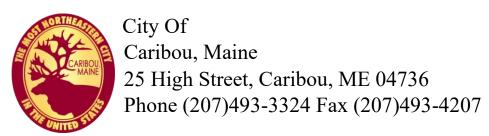


## MEDICAL CANNABIS DISPENSARY LICENSE APPLICATION

□ LLC	☐ Corp	oration	☐ Partnership	☐ Other:			
	-	-	•	thers will need to provide an Operating Agreement with the Maine Secretary of State.			
Business	Name:						
Business	Address						
Mailing Address: (If different)							
Business Phone:				Business Email:			
Business	Owner:						
Date of Birth			1	Aliases Used:			
-	Applicant n	nust be twen	ty-one (21) years of a	age or older and documentation of age is required			
Physical A	Address:						
Mailing A							
Phone Number:			]	Email:			
Emergency Contact Information (must be available 24/7)							
Name							
Phone Nu	ımber						
Complia	nce Cont	act:					
Name							
Phone Number			Email:				

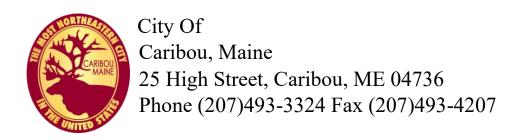


## **Description of Premises (Attach Copies)**

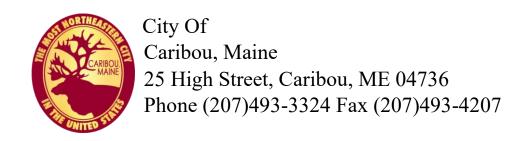
The applicant must include a sketch of the building, footprint, plant canopy square footage calculations, interior layout with floor space to be occupied by the business and parking plan.

## ANY PREVIOUS PERMITS/LICENSES:

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?					
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:					
Location:					
Date of Denial, Suspension, or Revocation:					
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:					
Location:					
Date of Denial, Suspension, or Revocation:					
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:					



Name of Establishment:		
Location:		
Date of Denial, Suspension, or Revocation	1:	
CERTIFICATION OF INFORMAT	ΓΙΟΝ	
ordinance and agrees to comply by al the above license and further agreed t of licenses, suspension or revocation,	e below, acknowledges having read all ap laws, orders ordinances, rules and regula hat any misstatement of material facts ma if one has been granted. Applicant agrees ill be paid prior to issuance of the license	ations governing ay result in refusal s that all taxes and
Applicant Signature	Date of Application	_
Applicant Name		
State of:		
County of:		
Subscribed and sworn to before me o	n this day of	, 20
Notary Public/Attorney		
Date Notary Commission expires:		



## **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		☐ Code Enforcement Officer
☐ Police Chief		☐ Fire Chief
☐ City Council		