Application Date:  TOWN OF BETHEL  Cannabis Establishment							
		Renewal Application					
Check the Classification of the Adult Use Cannabis Business:							
□Cannabis Store	□Cultivation Facility		turing Facility	□Testing Facility			
	Check the Class	ification of the Medic	al Marijuana Busine	ess:			
☐ Cannabis Store ☐	Cultivation Facility   Ma	nufacturing Facility	☐ Testing Facility	☐ Dispensary			
Construction of new build Ordinance of the Town of <b>Note:</b> (2) Cannabis Store specific setbacks in the T	lings and change of use of a f Bethel, Attach Approval s, Cultivation Facilities, M	an existing building to anufacturing Facilities nent Ordinance. You	a use listed in chapts, Dispensaries and T	the building permits for the ter 46 Cannabis Establishment  Testing Facilities are subject to Town's Code/ Planning Office for			
Map and Lot of Subject Physical Address of Sub		Lot					
	of Chapter 46 of T usiness entity attac	The Code of The	e Town of Beth the required i	nel (For additional			
Name of Applicant:		·		, , ,			
Mailing Address:							
Telephone:	Email .	Address:					
Date of Birth:							
attach a copy of valid t	form(s) of identification, pr	roof of lawful residen	ce.				
Attach acknowledgme with criminal history ch	nt and consent that the St neck.	tate of Maine has cor	nducted a backgrou	nd investigation			

Has the applicant been denied an application for an Adult Use or a Medical Marijuana license by another jurisdiction?						
☐Yes ☐ No If yes, explain on a separate sheet.						
Has the applicant had an Adult Use or a Medical Cannabis license suspended or revoked by another jurisdiction?  □Yes □ No If yes, explain on a separate sheet.						
Name of Property Owner (If different than applicant):						
Mailing Address:						
Telephone: Email Address:						
☐Attach copy of lease of subject property						
Property Owner Signature Property Owner Printed Name Date						
☐ Attach copy of all current State Cannabis License(s) conditional or other if any or registry identification card						
Permit Fees (Payable upon Select Board permit issuance):						
☐ Adult Use Cannabis Retail Store: \$ 400.00						
□Adult Use Cannabis Cultivation Facility: \$400.00						
☐ Cannabis Nursery Cultivation: \$400.00						
□Adult Use Cannabis Manufacturing Facility: \$ 400.00						
☐ Adult Use Cannabis Testing Facility: \$400.00						
☐ Medical Cannabis Caregiver Retail Store: \$400.00						
☐ Medical Cannabis Cultivation Facility: <b>\$400.00</b>						
☐ Medical Cannabis Manufacturing Facility: \$400.00						
☐ Medical Cannabis Dispensary: <b>\$400.00</b>						
☐ Medical Cannabis Testing Facility: \$400.00						

☐ I'm applying for a Cannabis Store, a Cannabis Cultivation Facility, or a Cannabis Products Manufacturing Facility license, and I certify that I do not have an ownership in, or a direct or indirect financial interest in a Cannabis Testing Facility license.								
☐ I'm applying for a Canrownership in, or a direction Facility, or a	ct or indirect financia	I interest in a Cannabi						
By signing this application adhere to all applicable			with this application and de.					
Applicant Signature	Applica	nt Printed Name	Date					
		n of Bethel Board	oard of Selectboard					
Date:								