| Application Date:  TOWN OF BETHEL Cannabis Establishment   |   |  |  |   |  |  |  |
|--|---|--|--|---|--|--|--|
|  |   | Renewal Applicati  |  |   |  |  |  |
| Check the Classification of the Adult Use Cannabis Business:   |   |  |  |   |  |  |  |
| □Cannabis Store  | □Cultivation Facility   | □Manufac   | turing Facility                                | □Testing Facility   |  |  |  |
|  | Check the Class   | sification of the Medic  | cal Marijuana Busin                            | ess:  |  |  |  |
| ☐ Cannabis Store ☐   | Cultivation Facility   Ma   | anufacturing Facility  | ☐ Testing Facility                             | ☐ Dispensary  |  |  |  |
| construction of new build<br>Ordinance of the Town of<br><b>Note:</b> (2) Cannabis Stores<br>specific setbacks in the Town | lings and change of use of a Bethel, Attach Approval s, Cultivation Facilities, M | an existing building to<br>anufacturing Facilitiement Ordinance. You | o a use listed in chap<br>es, Dispensaries and | the building permits for the<br>ster 46 Cannabis Establishment<br>Testing Facilities are subject to<br>Town's Code/ Planning Office for |  |  |  |
| Map and Lot of Subject   |   | Lot  |  |   |  |  |  |
| Applicant informat applicable section individual(s), or bu   | of Chapter 46 of Tusiness entity attac  | The Code of Th   | e Town of Betl<br>the required i               | hel (For additional   |  |  |  |
| Name of Applicant:   |   | <u> </u>   |  |   |  |  |  |
|  |   |  |  |   |  |  |  |
| Mailing Address:   |   |  |  |   |  |  |  |
| Telephone:   | Email   | Address:   |  |   |  |  |  |
| Date of Birth:   |   |  |  |   |  |  |  |
| attach a copy of valid f   | form(s) of identification, p  | roof of lawful resider   | nce.   |   |  |  |  |
| Attach acknowledgmer with criminal history ch  | nt and consent that the Sineck.   | tate of Maine has co   | nducted a backgrou                             | and 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   |  |  |  |  |  |
| Dranarty Owner Signature  Dranarty Owner Brinted Name   |  |  |  |  |  |
| 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 Selectboard permit issuance):   |  |  |  |  |  |
| □Cannabis Retail Store Adult & Medical: \$ 400.00   |  |  |  |  |  |
| Cannabis Cultivation:   |  |  |  |  |  |
| □Tier I Cultivation: Up to 500 SF of mature plant canopy, Adult or Medical: \$400.00  |  |  |  |  |  |
| □Tier II Cultivation: 501-2,000 SF of mature plant canopy: \$400.00   |  |  |  |  |  |
| □Tier III Cultivation: 2,001-7,000 SF of mature plant canopy: \$400.00  |  |  |  |  |  |
| □Tier IV Cultivation: 7,001-20,000 SF of mature plant canopy: \$400.00  |  |  |  |  |  |
| □Nursery Cultivation: Cultivation of not more than 1,000 SF of plant canopy per 28-B M.R.S. §501.3: <b>\$400.00</b>   |  |  |  |  |  |
| □Adult Use and Medical Cannabis Manufacturing Facility: \$ 400.00   |  |  |  |  |  |
| □Cannabis Testing Facility: <b>\$400.00</b>   |  |  |  |  |  |
| ☐ Cannabis Dispensary: \$400.00   |  |  |  |  |  |

| Products Manufacturing   | abis Store, a Cannabis Cultivatiog Facility license, and I certify that nancial interest in a Cannabis Test | at I do not have an ownership in,                   |
|--------------------------|---|---|
| ownership in, or a direc | abis Testing Facility permit, and let or indirect financial interest in a Cannabis Manufacturing Facility   | a Cannabis Store, a Cannabis                        |
|                          | on, you agree to pay all fees as:<br>le ordinances in The Town of B   | ssociated with this application and<br>Bethel Code. |
| Applicant Signature      | Applicant Printed Nam   | me Date   |
|                          | Approved By Town of Bethe  Denied by Town of Bethe  (Attach Reasons of Denial)                              |   |
|                          |   |   |
|                          |   |   |
|                          |   |   |
|                          |   |   |
|                          |   |   |
| Date:                    | _   |   |