Application Date:					
New Cannabis Establishments Only					
TOWN OF BETHEL Cannabis Establishment Check the Classification of the Adult Use Cannabis Business:					
					□Cannabis Store □
Check the Classification	on of the Medical Can	nabis Business:			
Cannabis Store Cultivation	ation Facility 🛛 Mar	ufacturing Facility D Testing Facilit	y 🗅 Dispensary		
Note: (1) Planning Board review. The the construction of new buildings and o Establishment Ordinance of the Town **Upon Planning Board approval, the for a Public Hearing for consideratio	change of use of an e of Bethel, attach appl e application for perm n of approval of a per	kisting building to a use listed in chap oval. It shall be forwarded to the Board of mit.	oter 46 Cannabis Select Board		
Note: (2) Cannabis Stores, Cultivation F subject to specific setbacks in the Town Code/Planning Office for this informatior	's Cannabis Establish	ment Ordinance. You must check wi	-		
Map and Lot of Subject Property: Map		Lot			
Physical Address of Subject Property:					
Applicant information: will be applicable section of Chapte individual(s), or business en	r 46 of The Cod	e of The Town of Bethel (F	or additional		
Corporat	ion 🗆 Partn	ership 🛛 Limited I	iability Company		

	Corporation		
Name of Applicant:			
Mailing Address:			
Telephone:		Email Address:	
Date of Birth:			
Name of Applicant:			
Attach acknowledg with criminal history		at the State of Maine has o	conducted a background investigation

Has the applicant been denied an application for an Adult Use or a Medical Cannabis license by another jurisdiction?						
□Yes □No If yes, ex	□Yes □No If yes, explain on a separate sheet.					
	ult Use or a Medical Cannabi plain on a separate sheet.	s license suspended or rev	oked by another jurisdiction?			
Name of Property Owner (I	f different than applicant):					
Mailing Address:						
Telephone:	Email Address:					
□Attach copy of lease of sul	pject property					
Property Owner Sign	ature Prope	erty Owner Printed Name	Date			
□Attach copy of all	current State Cannabis Lice	nse(s) conditional or other i	if any or registry identification card			
Is the applicant proposing to surrender their Medical Cannabis Business license and entirely convert to an Adult Use Cannabis Business on their currently licensed premises? Yes No						
If Yes, attach proof of surrendered license.						
	al Cannabis businesses cann vith cultivation and manufactu					
Is there currently a Medical (of 28-B M.R.S. c. 1?	Cannabis Business on the su	ubject property that began	operating before the enactment			
If Yes, attach evidence if a M	ledical Cannabis Business h	ad commenced on the prop	erty prior to December 13, 2017.			
Is the proposed Cannabis Business within 1,000 feet of a public or preexisting private school, state licensed day care center, public athletic field, park, playground or recreational facility?						
Anticipated date for project co	mmencement: A	nticipated date for project of	completion:			

□Attach a sketch showing the subject premises, including building footprint, interior layout with floor space to be occupied by the business and the parking plan. The sketch must be drawn to scale with marked dimensions.

Attach a copy of a Town Tax Map depicting the subject's property lines and any structures on abutting lots containing existing Cannabis Businesses.

FOR ADULT USE AND MEDICAL CANNABIS STORES ONLY:

Describe how you will ensure that the Cannabis Store will not sell, give, distribute, or deliver cannabis or cannabis products to persons who are under the age of twenty-one (21), or to persons who appear to be under the influence of alcohol, inhalants, or other controlled substance: (Attach additional sheets if necessary)

Describe how cannabis and cannabis products at the Cannabis Store will be displayed and sold: (Attach additional sheets if necessary)

Attach samples of the logo and labeling that will be used in the store, and the sign to be attached to the store.

Sign Permit Required: Signs shall comply with chapter 46 and chapter 136 of the Town of Bethel Code. (See Code Enforcement for requirements and permits, requirements are online at the Town of Bethel website also) Permit Fees (Payable upon Board of Selectmen permit issuance):

Cannabis Retail Store Adult & Medical: \$ 500.00

Cannabis Cultivation:

Tier I Cultivation: Up to 500 SF of mature plant canopy, Adult or Medical: \$ 200.00

□ Tier II Cultivation: 501-2,000 SF of mature plant canopy: \$ 500.00

Tier III Cultivation: 2,001-7,000 SF of mature plant canopy: \$ 1,000.00

□ Tier IV Cultivation: 7,001-20,000 SF of mature plant canopy: \$ 1,500.00

□Nursery Cultivation: Cultivation of not more than 1,000 SF of plant canopy per 28-B M.R.S. §501.3 **\$500.00**

Adult Use and Medical Cannabis Manufacturing Facility: \$ 500.00

□Cannabis Testing Facility: \$ 500.00

Cannabis Dispensary: \$ 1,500.00

- 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 Cannabis Testing Facility permit, and I certify that I do not have an ownership in, or a direct or indirect financial interest in a Cannabis Store, a Cannabis Cultivation Facility, or a Cannabis Manufacturing Facility.

By signing this application, you agree to pay all fees associated with this application and adhere to all applicable ordinances in The Town of Bethel Code.

Applicant Signature

Applicant Printed Name

Date

Approved By Town of Bethel Board of Select Board

Denied by Town of Bethel Board of Select Board

 Image: Second second

(Attach Reasons of Denial)