



Has the applicant been denied an application for an Adult Use or a Medical Cannabis license by another jurisdiction?		
<input type="checkbox"/> Yes <input type="checkbox"/> 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?		
<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain on a separate sheet.		
<b>Name of Property Owner</b> (If different than applicant):		
Mailing Address:		
Telephone:	Email Address:	
<input type="checkbox"/> Attach copy of lease of subject property		
 _____	 _____	 _____
Property Owner Signature	Property Owner Printed Name	Date
<input type="checkbox"/> Attach copy of all current State Cannabis License(s) conditional or other 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, attach proof of surrendered license.		
<b>NOTE:</b> Adult Use and Medical Cannabis businesses cannot be co-located in the same facility or building by the same licensee. Co-location with cultivation and manufacturing facilities is allowed with restrictions per 28-B M.R.S. §501		
Is there currently a Medical Cannabis Business on the subject property that began operating before the enactment of 28-B M.R.S. c. 1? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, attach evidence if a Medical Cannabis Business had commenced on the property 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Anticipated date for project commencement: \_\_\_\_\_ Anticipated date for project 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: \$ **1000.00**

Cannabis Cultivation:

Tier I Cultivation: Up to 500 SF of mature plant canopy, Adult or Medical: \$ **1000.00**

Tier II Cultivation: 501-2,000 SF of mature plant canopy: \$ **1000.00**

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: \$ **1,000.00**

Nursery Cultivation: Cultivation of not more than 1,000 SF of plant canopy per 28-B M.R.S. §501.3 \$**1000.00**

Adult Use and Medical Cannabis Manufacturing Facility: \$ **1000.00**

Cannabis Testing Facility: \$ **1000.00**

Cannabis Dispensary: \$ **1,000.00**

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**

_____	_____
_____	_____
_____	_____
_____	_____
Town of Bethel Clerk	Date

**(Attach Reasons of Denial)**