

TOWN OF BETHEL

19 Main Street
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Bethel, ME 04217



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Permit TO BE DISPLAYED ON PREMISES

Town of Bethel

Oxford County

Maine

Approval of this Permit was granted at Select board meeting held at the Bethel Town Hall on
____/____/____

PERMIT

To operate a marijuana establishment subject to the existing rules, regulations and any amendments that maybe made thereto, under the provisions of The Code of The Town of Bethel Chapter 46, and or Title 28-B M.R.S.A. or Title 22, Chapter 558-C

This Permit is hereby granted upon condition that the marijuana facility does not violate any of the applicable Town Code or State Statutes applicable to marijuana facilities in the Town of Bethel Maine.

Owners Name:

Business Name:

Address, Business / facility location:

This permit expires one year from date of issuance, unless sooner revoked by the municipal officers.

Dated at Bethel Maine, this ____ Day _____, 2019

MUNICIPAL OFFICERS

CERTIFIED TRUE COPY

Town Clerk

Application Date: _____

Is this a renewal? Yes ☐ No ☐

Applicable renewal questions will be marked with a *

TOWN OF BETHEL
Adult Use and Medical Marijuana Stores, Cultivation Facilities, Manufacturing Facilities,
Testing Facilities, and Dispensary Application

* Check the Classification of the Adult Use Marijuana Business:

☐ Marijuana Store ☐ Cultivation Facility ☐ Manufacturing Facility ☐ Testing Facility

*Check the Classification of the Medical Marijuana Business:

☐ Marijuana Store ☐ Cultivation Facility ☐ Manufacturing Facility ☐ Testing Facility
☐ Dispensary

Note: (1) Planning Board review. The Bethel Planning Board shall review all applications for building permits for the construction of new buildings and change of use of an existing building to a use listed in chapter 46 Adult Use and Medical Use of Marijuana Ordinances of the Town of Bethel, attach approval.

Note: (2) Marijuana Stores, Cultivation Facilities, Manufacturing Facilities, Dispensaries, and Testing facilities are subject to specific setbacks in the Town's Adult Use and Medical Use Marijuana Ordinances. You must check with the Town's Code/Planning Office for this information before filing an application for a permit/license.

Note: (3) All applicants for any Adult Use or Medical Use Marijuana Business permit must be a resident. If the applicant is a business (1) Every officer, director, manager and general partner of the business entity must be a natural person who is a resident. (2) A majority of the shares, membership interests, partner interests or other equity ownership interests as applicable to the business entity must be held or owned by natural persons or business entities whose owners are all natural persons who are residents.

*Map and Lot of Subject Property: Map _____ Lot _____

*Physical Address of Subject Property: _____

Applicant information; will be provided in the quantity and form described in the applicable section of Chapter 46 of The Code of The Town of Bethel (For additional individual(s), or business entity attach a sheet with the required information)

* ☐ Corporation

* ☐ Partnership

* ☐ Limited Liability Company

***Name of Applicant:**

***Mailing Address:**

***Telephone:**

***Email Address:**

***Date of Birth:**

***attach a copy of valid form(s) of identification, proof of lawful residence.**

***Attach acknowledgment and consent that the State of Maine has conducted a background investigation with criminal history check.**

*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 Marijuana 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 Marijuana License(s) conditional or other if any.

Is the applicant proposing to surrender their Medical Marijuana Business license and entirely convert to an Adult Use Marijuana Business on their currently licensed premises? ☐ Yes ☐ No

☐ If Yes, attach proof of surrendered license.

NOTE: Adult Use and Medical Marijuana 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 Marijuana Business on the subject property that began operating before the enactment of 28-B M.R.S. c. 1? ☐ Yes ☐ No

☐ If Yes, attach evidence if a Medical Marijuana Business had commenced on the property prior to December 13, 2017.

Is the proposed Marijuana 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? ☐ Yes ☐ 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 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 Marijuana Businesses,

FOR ADULT USE AND MEDICAL MARIJUANA STORES ONLY:

Describe how you will ensure that the Marijuana Store will not sell, give, distribute, or deliver marijuana or marijuana 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 marijuana and marijuana products at the Marijuana 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)

Planning Board review. The Bethel Planning Board shall review all applications for building permits for the construction of new buildings or change of use of an existing building to an adult use or medical marijuana use as described in chapter 46 of Town of Bethel Code.

Upon Planning Board approval, the application for permit shall be forwarded to the Board of Selectmen for a Public Hearing for consideration of approval of a permit.

***Permit Fees** (Payable upon Board of Selectmen permit issuance):

- ☐ Marijuana Retail Store Adult & Medical: \$1,500.00
- ☐ Marijuana 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:
 - ☐ \$1,000.00
 - ☐ Tier III Cultivation: 2,001-7,000 SF of mature plant canopy:
 - ☐ \$ 5,000.00
 - ☐ Tier IV Cultivation: 7,001-20,000 SF of mature plant canopy:
 - ☐ \$10,000.00
 - ☐ 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 Marijuana Manufacturing Facility: \$1,500.00
- ☐ Marijuana Testing Facility: \$750.00
- ☐ Marijuana Dispensary: \$15,000.00

- ☐ I'm applying for a Marijuana Store, a Marijuana Cultivation Facility, or a Marijuana Products Manufacturing Facility license, and I certify that I do not have an ownership in, or a direct or indirect financial interest in a Marijuana Testing Facility license.
- ☐ I'm applying for a Marijuana Testing Facility permit, and I certify that I do not have an ownership in, or a direct or indirect financial interest in a Marijuana Store, a Marijuana Cultivation Facility, or a Marijuana 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 Selectmen**

☐ **Denied by Town of Bethel Board of Selectmen**

Date, _____

(Attach Reasons of Denial)