



# Town of Turner, Maine

11 Turner Center Rd. Turner, Maine 04282 – 207-225-3414 - [www.turnermaine.com](http://www.turnermaine.com)

## Application for Medical Marijuana Establishment License

### Section 1 - Purpose

Application is for (check one):  New Establishment  Existing Establishment\*  Renewal  
 New Use at Existing Establishment

\*Existing Establishment means a Registered Caregiver operating a Medical Marijuana Establishment in compliance with state law and town ordinances prior to April 6, 2019.

### Section 2 – Use(s) to be Licensed (check all that apply)

Registered Caregiver Retail Store  Marijuana Testing Facility  
 Marijuana Manufacturing Facility  Marijuana Cultivation Area

### Section 3 – Applicant Information

1. Name of Applicant(s): \_\_\_\_\_
2. Telephone Number(s): \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
4. Property Location (street address): \_\_\_\_\_
5. Tax Map/Lot: \_\_\_\_\_
6. Property Owner Name/Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_
7. What legal interest does the applicant have in the property to be used (ownership, option, purchase and sale agreement, lease, other)? Please attach copy. \_\_\_\_\_  
\_\_\_\_\_

8. Has the property been approved for use as a Medical Marijuana Establishment by the Town of Turner Planning Board?

\_\_\_\_\_ Yes (please attach relevant Findings of Fact)

\_\_\_\_\_ No (please provide evidence that the establishment was operating, in compliance with state law, prior to April 6, 2019 )

***Section 4 - Supporting Documents***

**Applicant Shall Provide Copies of:**

1. \_\_\_\_\_ State registration application and supporting documentation, as submitted to the state registration agency.
2. \_\_\_\_\_ Evidence of all state approvals or conditional approvals required to operate a Medical Marijuana Establishment, including, but not limited to, a state registry identification card or registration certificate.
3. \_\_\_\_\_ Written Description of the form of ownership of the business enterprise together with attested copies of any articles of incorporation, bylaws, operating agreement, partnership agreement or articles of association that govern the entity that will own and/or operate the Medical Marijuana Establishment.
4. \_\_\_\_\_ If not included in applicant's state registration application, an affidavit that identifies all owners, officers, members, managers or partners of the applicant.
5. \_\_\_\_\_ A release for each applicant and for each officer, owner, member, manager or partner of the applicant seeking a license allowing the Town of Turner to obtain criminal records and other background information related to the individual.
6. \_\_\_\_\_ A statement as to the precise nature of the business with a description of the nature of all products and services offered to its customers.
7. \_\_\_\_\_ Evidence of all other approvals or conditional approvals required to operate the Medical Marijuana Establishment, including Planning Board approval and any applicable food or victualer's license.
8. \_\_\_\_\_ Evidence of compliance with the requirements of Section 11 of the Town of Turner Medical Marijuana Establishment License for Registered Caregivers (certification of Town of Turner Code Enforcement Officer) and evidence that the standards in Section 10 have been met (background investigation, certification of Code Enforcement Officer).

## **Applicant Certification**

I hereby certify that the information provided in this application is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in my disqualification for or revocation of a Town of Turner Medical Marijuana Establishment License. I also certify that I have read and understand the Town of Turner Medical Marijuana Establishment License for Registered Caregivers Ordinance.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## Criminal Background Check Authorization Form

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Other Names Used: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

There is a potential that the resultant data will indicate an individual's prior felony and/or misdemeanor convictions. Prior convictions will be reviewed on a case-by-case basis, but some convictions are cause for immediate disqualification from obtaining a Medical Marijuana Establishment License from the Town of Turner.

In connection with my application for a Medical Marijuana Establishment License, I hereby authorize the Town of Turner to conduct a criminal background check on my behalf. I understand that this check will cover a search of law enforcement and court records. I understand that my ability to obtain a Town of Turner Medical Marijuana Establishment License is contingent upon the results of the background check. I understand that failure on my part to consent to the criminal background check will disqualify me from obtaining a license. I acknowledge that the criminal background check may be shared with the town's Board of Selectmen and used for licensing purposes only. The applicant is entitled to receive and review the information obtained, upon request.

I certify that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in my disqualification for or revocation of a Town of Turner Medical Marijuana Establishment License.

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_