

TOWN OF OLD ORCHARD BEACH
ADULT USE MARIJUANA BUSINESS LICENSE APPLICATION
(Revised 8.2023)

Applicant: All items identified in Sections 1 – 6 must be completed. All supporting documentation must be included when submitting this application.

Applications may only be submitted in-person. Applications will not be accepted by Town Staff in any manner (e.g., hand delivered, electronic, mail, fax) before or after the application acceptance period published dates and times.

Application Fee (Nonrefundable): \$500.00 Please make checks payable to Town of Old Orchard Beach

SECTION 1 – PROPOSED LOCATION AND PROPERTY OWNER INFORMATION

Property Address: _____ MBL: _____

Property Owner Name: _____

Property Owner Mailing Address: _____

Property Owner Phone Number: _____ Email: _____

SECTION 2 – GENERAL PROJECT/BUSINESS AND PROPERTY DESCRIPTION

Project/Business Description: _____

New Construction or Rehabilitation (Describe): _____

Zoning District: _____ Property Size (Sq. Ft. & Acres): _____ Parking Spaces: _____

Current/Prior Use: _____

Building Sq. Ft. Total: _____ Building Sq. Ft. Occupied Space: _____

Is the proposed Adult Use Marijuana store total Land Units, as listed on the parcel’s Vision Property Card under Land Line Valuation and maintained by the Town, equal to or less than 21,780 sq. ft.? (Yes or No) _____

Is the proposed Adult Use marijuana store total Eff. Area, as listed on the parcel’s Vision Property Card under Building Sub-Area Summary Section and maintained by the Town, equal to or less than 1,000 sq. ft.? (Yes or No) _____

SECTION 3 – APPLICANT INFORMATION

Business Name: _____

DBA: _____

Submit the following: DBA registration documents.

If Individual:

Legal Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Submit the following: proof individual named is at least 21 years of age.

If Partnership:

Legal Name: _____

Names of all Partners: _____

Describe Partnership (General or Limited): _____

Mailing Address: _____

Phone Number: _____ Email: _____

Submit the following: copy of the partnership agreement and proof all partners are at least 21 years of age.

If Corporation:

Legal Name: _____

Date of Incorporation: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Submit the following: evidence showing the corporation is in good standing under State law, names and capacity of all officers, directors and principal stockholders, the name of the registered corporate agent, the address of the registered office for service of process, and proof that all officers, directors and principal stockholders are at least twenty-one (21) years of age.

If Limited Liability Company:

Legal Name: _____

Date of Establishment: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Submit the following: evidence that the LLC is in good standing under State law, the names and capacity of all members, a copy of its operating agreement, if any, the address of its registered office for service of process, and proof that all members are at least twenty-one (21) years of age.

SECTION 4 – AFFIRMATION AND SIGNATURES

Please read carefully and provide hand-written initials.

_____ I understand and acknowledge that paying the Adult Use Marijuana Business License Application Fee does not authorize me to open that business.

_____ I understand and acknowledge each applicant must complete applicable release forms, supplied by the Town, allowing the Town to perform background checks of each applicant.

_____ I understand and authorize law enforcement officers, fire department officials and code enforcement officer’s entry onto the premises at reasonable times for the purpose of checking compliance with all applicable State laws, Old Orchard Beach Code of Ordinances Chapter 18, Article II and XII, and other Old Orchard Beach ordinances and adopted codes.

_____ I understand and acknowledge that the operation of a Adult Use Marijuana Business must adhere to all applicable requirements of Old Orchard Beach Code of Ordinances including, but not limited to Chapter 18, Article II and XII; Chapter 78, Article VI, Division 8; Chapter 78, Article VII, Divisions 1 and 2; and State of Maine Statutes.

_____ I understand and acknowledge that any license or permit issued based on false or misleading statement provided in this application and supporting documentation identified in Sections 1 – 3, above, and Section 5 and Section 6, below, will be deemed invalid and subject to revocation.

_____ I understand and acknowledge making false statement in this application is a Class D crime and punishable under 17-A MRSA §45.3.

Signatures: Applicant and Property Owner must provide signatures and date of signatures.

Applicant Name: _____

Applicant Signature: _____ Date: _____

Property Owner Name: _____

Property Owner Signature: _____ Date: _____

SECTION 5 – APPLICATION SUBMITTAL REQUIREMENTS

In addition to documents identified in Section 3 and Section 6 of this license application, the following documents, plans and information shall be included with submission of this license application. All projects require submission of these documents.

- (1) Recent passport-style photograph(s) of the applicant(s).
- (2) The applicant's driver's license.
- (3) A sketch showing the configuration of 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.
- (4) Copies of all State approvals or conditional approvals required to operate the Adult Use Marijuana Business, including, but not limited to a State License as defined in this article.
- (5) The location of the proposed Adult Use Marijuana Business, including a legal description of the property, street address, and telephone number. The applicant must also demonstrate that the property meets the zoning requirements for the proposed use.
- (6) If the applicant has had a previous license under Ch. 18, Art. XII, or other similar Marijuana Business, as licensed under 28-B M.R.S.A. Chapter 1, in another municipality in Maine, in the Town of Old Orchard Beach, or in another state denied, suspended or revoked, they must list the name and location of the for which the license was denied, suspended or revoked, as well as the date of the denial, suspension or revocation, and they must list whether the applicant has been a partner in a partnership or an officer, director, or principal stockholder of a corporation that is permitted/licensed under this article, whose license has previously been denied, suspended or revoked, listing the name and location of the Marijuana Establishment for which the permit was denied, suspended, or revoked as well as the date of denial, suspension or revocation.
- (7) If the applicant holds any other permits/licenses under this article or other similar Marijuana Business, as licensed under 28-B M.R.S.A. Chapter 1, from another municipality in Maine, the Town of Old Orchard Beach, or State the applicant shall provide the names and locations of such other permitted/licensed businesses, including the current status of the license or permit and whether the license or permit has been revoked.
- (8) Completion of applicable release forms, supplied by the Town, allowing the Town to perform background checks of each applicant.
- (9) The type of Adult Use Marijuana Business for which the applicant is seeking a license and a general description of the business including hours of operation.
- (10) Proof of ownership of the property on which the Adult Use Marijuana Business will be located or, in the event the applicant is not the owner, the license application must be accompanied by a notarized statement and consent from the owner of the property acknowledging that a Adult Use Marijuana Business may be located on the property. If the property is leased or rented, the license application must be accompanied by a copy of the signed lease or rental agreement pertaining to the property or structure in which the Adult Use Marijuana Business may be located. In addition to the above, the applicant shall provide the name and mailing address of the owner of record of the property or structure.

- (11) A copy of a map depicting all property boundary lines and land uses on each property within one thousand (1,000) feet of the Adult Use Marijuana Business property boundary lines.
- (12) A business plan which shall include responses to the following:
- a) Owner qualifications.
 - b) A budget for construction, operations, and maintenance.
 - c) Hours of operation and opening and closing procedures.
 - d) Daily operations, including, but not limited to customer check in procedures; location for receiving deliveries; estimate of number of customers per day; products to be sold; parking availability and location.
- (13) A neighborhood compatibility plan which shall include responses to the following:
- a) How the Business will proactively address and respond to complaints.
 - b) How the Business will be managed so as to avoid becoming a nuisance or having impacts on its neighbors and the surrounding community.
- (14) A safety plan which shall include responses to the following:
- a) The safety plan shall consider all possible fire, medical, and hazardous situations.
 - b) Accident and incident reporting procedures.
 - c) Evacuation routes.
 - d) The location of fire extinguishers and other fire suppression equipment.
 - e) Procedures and training for all fire and medical emergencies.
- (15) A community relations plan which shall describe public outreach and education programs such as youth drug addiction and other actions that directly benefit the community.
- (16) Responses and supplemental documentation answering each of the merit criteria identified in the Marijuana Business Licensing Ordinance Sec. 18-610 (1) and in Section 6 of this application.

SECTION 6 – MERIT CRITERIA

All applicants must provide responses and supplemental documentation answering and supporting answers for each of the following merit criteria. The supplemental documentation shall provide the support which demonstrates how the applicant will comply with their response to the merit criteria.

Merit Criteria	Possible Points	Applicant Score
e.1. The applicant or owners of an applicant that own 30% or more of a business applying for a business license are also owners of any business for 2 or more consecutive years that (select one and provide documentation): - Requires municipal and state approvals: - Requires municipal approvals: Total Points Possible: 1	 1 1	

<p>e.2. The applicant or owners that own 30% or more of a business applying for a business license can document their ability to operate an adult use or medical marijuana store, caregiver retail store or its equivalent with no history of license suspensions or revocations (select all that apply).</p> <ul style="list-style-type: none"> - Operated a compliant adult use marijuana store in Maine for 1 or more years: - Operated a compliant medical marijuana caregiver retail store in Maine for 2 or more years: - Operated a compliant adult use marijuana or medical marijuana store, caregiver retail store or its equivalent in another State for 2 or more years: <p>Total Points Possible: 6</p>	<p>2</p> <p>2</p> <p>2</p>	
<p>e.3. The property where the proposed adult use marijuana business will be located can be defined as “Use, commercial” as defined in Old Orchard Beach Zoning Ordinance, Sec. 78-1, at the time the license application is submitted or any time within the previous 4 years:</p> <p>Total Points Possible: 2</p>	<p>2</p>	
<p>e.4. Retail sales floor area size (select one).</p> <ul style="list-style-type: none"> - Proposed business sales floor area (area of licensed sales area open to the public) size of 1,500 sq. ft. of less: - Proposed business sales floor area size more than 1,501 sq. ft. but less than 2,500 sq. ft.: <p>Total Points Possible: 2</p>	<p>2</p> <p>1</p>	
<p>e.5. Business incorporates energy efficient elements and green infrastructure (select all that apply).</p> <ul style="list-style-type: none"> - Applicant will utilize energy efficient lighting indoors and outdoors certified by the U.S. Department of Energy: - Applicant will utilize permeable or pervious asphalt or concrete: - Applicant will utilize an on-site renewable energy source such as solar: <p>Total Points Possible: 3</p>	<p>1</p> <p>1</p> <p>1</p>	
<p>e.6. Applicant provides Maine Registered Traffic Engineer analysis and assessment report demonstrating customer vehicle traffic will not negatively contribute to high crash locations identified by Maine Department of Transportation, 2019-2021 data:</p> <p>Total Points Possible: 2</p>	<p>2</p>	
<p>e.7. Proposal has legal access and use to on-site off-street parking that exceeds town parking requirements identified in Ch. 78, Sec. 1279 (5) by 20% or more:</p> <p>Total Points Possible: 1</p>	<p>1</p>	
<p>e.8. The lot where the adult use marijuana business is proposed to be located does not share a real property boundary line with a lot used for one or more dwelling purposes as of the date of the adoption of these merit criteria:</p> <p>Total Points Possible: 2</p>	<p>2</p>	

e.9. Applicant proposes redevelopment of a building or property that has been vacant for at least twelve consecutive months preceding the date of the adoption of these merit criteria: Total Points Possible: 1	1	
Maximum Total Merit Criteria Points Available	20	
Total Merit Criteria Points Awarded		

Contact: Licensing Administrator: Phone: (207) 937-5615; Email: rhaskell@oobmaine.com

Office Use Only

Application Number: _____

Date and Time Received: _____ By: _____

Date Application Determined Complete: _____ By: _____

Date Application Determined Incomplete: _____ By: _____

Application Not Reviewed: _____

Zoning Check: _____ By: _____

Fee Submitted: _____

Sign Offs (Initial):

Licensing: _____ By: _____ Date: _____

Codes: _____ By: _____ Date: _____

Manager: _____ By: _____ Date: _____

Police: _____ By: _____ Date: _____

Fire: _____ By: _____ Date: _____

PWD: _____ By: _____ Date: _____

WWTF: _____ By: _____ Date: _____

Assessing: _____ By: _____ Date: _____

Tax: _____ By: _____ Date: _____

Plan: _____ By: _____ Date: _____