

**TOWN OF NEWPORT**  
**PERMIT**  
IN ACCORDANCE WITH  
CANNABIS ESTABLISHMENTS ORDINANCE

Permit **TO BE DISPLAYED ON PREMISES**

<u>Office Use Only</u>	
Initial application	<input type="checkbox"/>
Renewal application	<input type="checkbox"/>
Medical	<input type="checkbox"/>
Retail	<input type="checkbox"/>
Fee Owed:	_____
Date Paid:	_____

**Approval of this permit was granted by the Planning Board at their meeting held on**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**PERMIT**

To operate a Cannabis establishment subject to existing rules, regulations and any amendments that may be made hereto, under the Cannabis Establishments Ordinance enacted by the Town of Newport on October 12, 2021. This permit is granted upon the condition that the Cannabis facility does not violate any of the applicable Town Ordinances or State Statutes applicable to Cannabis facilities in the Town of Newport.

Owner Name(s)

Business Name:

Mailing /Business address and physical location:

**This permit expires one year from date of issuance, unless revoked by the municipal officers. All requests for renewals will be filed forty-five (45) days in advance of renewal date, if applicable.**

Dated at the Town of Newport Maine, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

CERTIFIED TRUE COPY

PLANNING BOARD MEMBERS

\_\_\_\_\_  
Town Clerk

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOWN OF NEWPORT**

Application Required. All applications for a Cannabis Establishment shall be submitted to the Code Enforcement Officer, on forms provided, with application fee, who shall oversee the permitting process and record keeping. The Code Enforcement Officer or Planning Board may require submission of additional information deemed necessary to determine conformance with the provisions of this Ordinance. The application shall contain the following information.

Adult Use and Medical Cannabis Stores, Cultivation Facilities, Manufacturing Facilities, Testing Facilities, and Dispensary Application

Please check the Classification of the **Adult Use Cannabis Business**:

Cannabis Store

Cultivation Facility

Manufacturing Facility

Testing Facility

Please check the Classification of the **Medical Cannabis Business**

Cannabis Store

Testing Facility

Cultivation Facility

Dispensary

Manufacturing Facility

In accordance with the Town of Newport Cannabis Establishments Ordinance the Planning Board have full authority to review, issue, or deny any application pursuant to the said Ordinance. All applications shall be in strict compliance with the Town of Newport’s Cannabis Establishments, Building, and Zoning ordinances.

**Required Applicant Signature(s)**

**Business**

**Applicant**

Business Name: \_\_\_\_\_ Applicant FULL name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Maiden name or A/K/A \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Business mailing address \_\_\_\_\_ Home address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business phone# \_\_\_\_\_

Cell phone# \_\_\_\_\_

Home phone \_\_\_\_\_ Driver's License # & State issued: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address \_\_\_\_\_

Is applicant a Corporation or LLC? Yes \_\_\_ No \_\_\_ (If yes see supplemental questionnaire and attach to application)

Is applicant a partnership? Yes \_\_\_ No \_\_\_ (If yes please provide a copy of your agreement)

Submitting Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

**CRIMINAL BACKGROUND:**

I certify that I have not been convicted of a felony crime where the conviction or completion of any sentence, whichever is more recent, has been completed within the last ten years.

I certify that I have not been convicted of a drug related crime other than a felony, but not including convictions for Cannabis related crimes, where the conviction or completion of any sentence, whichever is more recent, has been completed within the last five years.

Applicant, by signing below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted. Applicant agrees that all taxes and accounts pertaining to the premises will be paid prior to issuance of the license.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto. I/We, hereby authorize the release of any criminal history record information to the licensing authority. I/We, hereby waive any rights to privacy with respect thereto.

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

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed name: \_\_\_\_\_

### SUPPLEMENTAL QUESTIONNAIRE FOR CORPORATE APPLICANTS OR LLC

1) Exact corporate of LLC name: \_\_\_\_\_

2) D/B/A if any: \_\_\_\_\_

3) Date of Corporation or LLC filed with State: \_\_\_\_\_

4) State in which corporation of LLC is filed: \_\_\_\_\_

5) If not a State of Maine Corporation or LLC, date corporation of LLC was authorized to transact business within the State of Maine: \_\_\_\_\_

6) List of names, addresses, date of birth, and partners, officers, directors, and principal stockholders:  
May attach additional pages if needed, **PLEASE PRINT CLEARLY**

Name	Address previous 5 years	Date of Birth	Title	% of Stock
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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7) Is any principal officer of the Corporation or LLC a Law Enforcement Official? Yes \_\_\_ No \_\_\_  
If yes, please list information: \_\_\_\_\_

Dated at: \_\_\_\_\_ on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of duty authorized officer

Note: Each member of the LLC, Corporations and Partnerships shall be considered a licensee.

Has the applicant been denied an application for an Adult Use or a Medical Cannabis license by another jurisdiction?

\_\_\_ No      \_\_\_ Yes

If yes, please provide an explanation on a separate sheet

### **LANDLORD STATEMENT OF PERMISSION**

I, \_\_\_\_\_, am the authorized owner of record, or agent of the owner of record, of the property located at \_\_\_\_\_ Newport, Maine. I hereby affirm that \_\_\_\_\_ is the lawful tenant of the property located \_\_\_\_\_, (rented unit). I give the Tenant permission to operate a Cannabis Establishment in accordance with the Town of Newport Cannabis Establishments Ordinance, at the rental location.

I have reviewed the relevant portions of the Cannabis Establishments Ordinance and understand the potential consequences of the Tenants use of the Rented Unit as a Cannabis Establishment. I understand and agree that I am responsible for maintaining the property in full compliance with state laws and local ordinances.

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

Title: \_\_\_\_\_ Printed name: \_\_\_\_\_

Personally appeared before me the above-named affiant and made oath that the foregoing affidavit is true and correct to his/her personal knowledge.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Notary Public /Attorney at Law

**All applicants will need to satisfy the following criteria from the Town of Newport Cannabis Establishments Ordinance. The following criteria is the minimum requirements; however, the Planning Board may request additional information relevant to the purposes of the Town of Newport Cannabis Establishments Ordinance.**

- A general description of the establishment including the type(s) of establishment(s) (e.g., use, dispensary, cultivation tier, manufacturing tier, store tier, etc.).
- A description of co-location of different types of establishments, and any establishments that will be on a residential lot and/or operated as a home occupation, as applicable
- \* A description of all Cannabis and Cannabis-related products associated with the Cannabis establishment.
- \* A list of all pesticides, fungicides, insecticides, fertilizers, solvents, chemicals, or potentially hazardous substances to be used.

Evidence of state and other required approvals, which shall include:

- Copies of all applications and approvals for Conditional Licenses for all Adult Use Cannabis establishments, as required in the rules adopted pursuant to 28-B M.R.S. §§ 101 *et seq.*
- \* Copies of all applications and evidence of state approvals for all Medical Cannabis establishments, including copies of valid Individual Identification Cards and Registry Identification Cards as required in the rules adopted pursuant to 22 M.R.S. §§ 2421 *et seq.*

Medical Cannabis Registered Caregivers and other applicants submitting applications and supporting information that is confidential under 22 M.R.S. § 2425-A(12) and the Maine Freedom of Access Act, 1 M.R.S. §§ 400 *et seq.*, shall mark such information as confidential.

An individual who possesses a valid Maine medical Cannabis registered caregiver registry identification card need not identify him/herself in an application for a permit. The medical Cannabis cardholder must identify him/herself and provide the relevant cards to the Code Enforcement Officer for examination, but the identity of the cardholder shall not be a public record and the Code Enforcement Officer shall not share the identity of the cardholder, except as necessary by law in the performance of his/her duties. At the time of application, the cardholder may appoint a representative to appear before the Planning Board on his/her behalf. Advertisements for any public hearing shall contain the location of the proposed Cannabis Establishment and the identity of the owner of the real estate and the identity of the designated representative. The Code Enforcement Officer may certify to the Planning Board that the applicant meets the necessary legal requirements as a cardholder(s).

- Evidence that all state laws and regulations will be adhered to, including state and federal electrical codes.
  
- Maps, drawn to scale with distances and dimensions labeled, as follows: Location map at a legible scale depicting the subject property lines and the property lines of other properties containing any: existing Cannabis establishments; residences; athletic fields; parks; playgrounds; or recreational facilities; public libraries; juvenile or adult halfway houses; correctional facilities; Public or Private Schools; substance abuse rehabilitation treatment centers; or licensed daycare facilities within 500 feet of the subject property. All property lines and main entrances within 500 feet of the proposed facility shall be displayed on the map.
  
- Site Plan(s) at a legible scale showing the configuration of the premises, including public road access and parking, location of ingress and egress to the facility, signage, indoor and outdoor areas of the facility, fencing, and building or structure footprints.
  
- Facility Layout Diagram(s) at a legible scale displaying the location and dimensions of all areas of the facility to include indoor and outdoor areas used for Cannabis cultivation, processing, manufacturing, sales, storage, disposal, etc. These areas and the uses shall be labeled. Cultivation facilities must show the proposed size and layout of cultivation areas and must depict the total square footage of plant canopy areas.
  
- Operating plans for the following:
  - Wastewater and waste disposal, including disposal of Cannabis and related byproducts.

- Water and water usage.
- Electrical and other utilities.
- Hours of operation, the text, and graphics to be used on signage in accordance with the Town of Newport sign Ordinance.
- Control of odor emissions, as needed.
- Control of lighting associated with Cannabis cultivation.

Security Plan: At a minimum, the security plan shall comply with the security requirements set out in 18-691 CMR, Chapter 1, 3.3 (Security) and provide sufficient detail so that the Town may determine whether the following requirements are met:

- Lighting adequately illuminates entry and exit points.
- All doors and windows are lockable.
- Fences (if present) meet height and other requirements.
- Alarm sensors are present on all entry points and windows and are remotely monitored.
- Video cameras are present in all required locations.
- Video cameras and storage meet all required specifications.
- Points of passage between public access areas and age restricted areas (if any) or limited access areas are lockable and/or monitored whenever people may be present in public access areas.
- In age restricted retail areas (if any), lockable and secure display cases or counters of sufficient height to prevent the public from handling Cannabis plants, Cannabis, or Cannabis products without direct supervision of a licensee or employee.
- All permittees shall adhere to the security plan and submit in writing to the Code Enforcement Officer a revised security plan within 14 days any time a material change is made to security measures.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Application filed

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Code Enforcement Officer  
Acknowledgment of receipt

\_\_\_\_\_  
Date



**TOWN OF NEWPORT  
PERMIT FEES**

Type of License	Use Type	Price	
Application Fee	Adult Use & Medical Use	\$500.00	
Cannabis Retail Store	Adult Use	\$1,000.00	
	Renewal	\$500.00	
	Medical Use	\$1,000.00	
	Renewal	\$500.00	
Cannabis Cultivation Facility	Adult Use Tier 1: 0 to 500 sf plant canopy	\$500.00	
	Renewal	\$250.00	
	Tier 2: 501 to 2,000 sf of plant canopy	\$1,000.00	
	Renewal	\$500.00	
	Tier 3: 2,001 to 7,000 sf of plant canopy	\$1,200.00	
	Renewal	\$600.00	
	Tier 4: up to 20,000 sf of plant canopy	\$1,500.00	
	Renewal	\$750.00	
Cannabis Cultivation Facility	Medical Use: 30 mature plants/ 60 immature plants Or 500 sf of canopy	\$500.00	
	Renewal	\$250.00	
Cannabis Manufacturing,	Adult Use	\$1,200.00	
	Renewal	\$600.00	
Processing, or Extraction Facility:	Medical Use Tier 1: process of 40 lbs. of harvested Cannabis	\$1,000.00	
	Renewal	\$500.00	
	Tier 2: Process of 200 lbs. of harvested Cannabis	\$1,200.00	
	Renewal	\$600.00	
	Cannabis Testing Facility	Adult Use	\$1,200.00
	Renewal	\$600.00	
	Medical Use	\$1,200.00	
	Renewal	\$600.00	

Updated 02/23/2023 to reflect Cannabis language kmh