

The Town of Fryeburg

Settled 1762 - Incorporated 1777

Municipal Office

16 Lovewell Pond Road

Fryeburg, ME 04037

207-935-2805 telephone

207-935-6008 fax



Application Fee:

____\$1500____

Date Received: _____

TOWN OF FRYEBURG APPLICATION FOR ADULT USE MARIJUANA LICENSE

Applicant Information:

Name of applicant: _____

Mailing Address: _____

Daytime Phone: _____

Email Address: _____

What interest does the applicant have in the property to be developed?

☐ Owner ☐ Agent ☐ Other _____

Is the applicant a corporation? ☐ Yes ☐ No

Owner Information:

☐ Same as above

Name of owner: _____

Mailing Address: _____

Daytime Phone: _____

Email Address: _____

Land Information:

Town Tax Maps: Map _____ Lot(s) _____

Street address of property: _____

Project Information:

Date of Fryeburg Planning Board Approval: _____

Does the applicant currently hold a State license for adult use marijuana operation?

☐ Yes ☐ No

Type of Adult Use Marijuana License sought:

- ☐ Cultivation: ☐ Products Manufacturing ☐ Testing
☐ Tier 1
☐ Tier 2
☐ Tier 3
☐ Tier 4
☐ Nursery

Provide a brief overview of the proposed marijuana operation:

Other Requirements:

The following items need to be submitted at the time of application for the application to be deemed complete:

- ☐ If applicant is not the owner of the property then a notarized statement authorizing the use of the property for a marijuana business.
- ☐ Copy of the Planning Board Notice of Decision
- ☐ Proof of State licensure
- ☐ Detailed Operating Plan approve by the Planning Board
- ☐ Copy of plans submitted to and approved by the Planning Board

By signing this application as the applicant:

- I certify that I have read and completely understand the application and pertinent sections of the Town of Fryeburg Adult Use Marijuana Cultivation, Products Manufacturing, & Testing Ordinance.
- I certify that the information contained in this application and its attachments are true and correct.
- I understand that all information submitted as part of this document is a matter of public record.

- I understand that I have the burden of proof as to the legal right to use the property and that approval of this application in no way relieves me of this burden. Any authorization issued does not constitute a resolution in favor of me or the landowner in any matters regarding property boundaries or ownership.
- I understand that the need to apply for this license annually.

Signature of Applicant: _____

Date: _____

Please submit 11 copies of this application and all other required information to the Town Clerk. If seeking a renewal of an existing license, this application must be submitted at least 60 prior to the expiration of the existing marijuana license.

Date Approved: _____

Town of Fryeburg Select Board:
