



Medical Cannabis Registered Caregiver License Application

License expires May 31

Return to: Town Clerk, Town of Cumberland,
290 Tuttle Road,
Cumberland, Maine 04021

Application Fee: _____ New \$2,000 _____ Renew \$1,000 Date Paid: _____

Property Owner & Description:

Physical Address: _____

Map / Lot: _____ Zoning District: _____

Owner Name: _____

Mailing Address: _____

Email: _____ Phone: _____ Fax: _____

Registered Caregiver Information *if different from Owner

Name: _____

Mailing Address: _____

Email: _____ Phone: _____ Fax: _____

The undersigned declares the foregoing to be true and accurate to the best of his/her knowledge.

Signature of Applicant/Agent: _____ Date: _____

Printed Name of Applicant/Agent: _____

Application, supporting documents, and fee must be submitted prior to application being considered for approval.

OFFICE USE ONLY

CEO notified of application via email and report is attached hereto _____

Submitted to Council for approval on _____

The following documentation, this application and any fees are required to be filed with the clerk to be considered by the Town Council.

Refer to the Town of Cumberland Ordinance Ch. 170 Medical Marijuana Registered Caregiver Licensing §170-6 for License requirements & application procedure.

- ☐ Evidence of state registration to operate as a caregiver, including but not limited to the registered caregiver's caregiver registration card issued by the Maine Office of Marijuana Policy. Must be valid at the time of application.
- ☐ A description of the form of ownership of the business enterprise together with the 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 Registered Caregiver operation.
 - For a renewal initial if there is no change from prior year application: _____
- ☐ An affidavit that identifies all owners, officers, members, managers, or partners of the applicant, their ownership interests and their places of residence at the time of the application and for the immediately preceding three (3) years.
 - For a renewal initial if there is no change from prior year application: _____

Full Name	Place of Residence	Owner, officer, member, manager, partner

- ☐ Evidence of all land use approvals or conditional land use approvals required to operate a Registered Caregiver pursuant to the Town of Cumberland Code of Ordinances, including but not limited to, a building permit, and/or a certificate of occupancy.
 - For a renewal initial if there is no change from prior year application: _____
- ☐ If the proposed Licensed Premise is not owned by the applicant, then a signed letter of approval from the proposed Licensed Premises' owner shall be provided, annually.
- ☐ A detailed depiction of the proposed Licensed Premise.
 - For a renewal initial if there is no change from prior year application: _____
- ☐ All other information necessary for the applicant to demonstrate compliance with all performance standards imposed by § [170-9](#) of this chapter, including but not limited to documentation and other supporting information regarding: (i) access to the proposed licensed premises, (ii) safety and security of the proposed licensed premises, (iii) a ventilation plan for the proposed licensed premises, (iv) a waste disposal plan for the licensed premises, (v) certificates of insurance demonstrating coverage and terms consistent with the requirements of this chapter, and (vi) an operations plan for the proposed licensed premises.