



TOWN OF GORHAM CLERK'S OFFICE

75 South Street, Suite 1

Gorham, Maine 04038 Phone:

Phone: (207) 222-1670 ♦ Fax: (207) 839-5036

MARIJUANA LICENSE APPLICATION

FEES FOR APPLICATION AND LICENSE REVIEW

Adult-Use and Medical Marijuana Licensing Ordinance Section 17, License Fees:
“Licensing fees for adult-use marijuana establishments and medical marijuana businesses shall be paid annually as set forth below. All applications must be submitted with a nonrefundable/nontransferable \$500 fee. If an application is approved, the following license fees must be paid before the Town will issue a license:”

☐ Application Fee: \$500.00

- ☐ Adult-Use Marijuana Manufacturing Facility \$5,000.00
- ☐ Adult-Use Marijuana Cultivation Facility:
 - ☐ Tier 1 (0 to 500 SF of plant canopy) \$1,000
 - ☐ Tier 2 (501 to 2,000 SF of mature plant canopy) \$1,500
 - ☐ Tier 3 (2,001 to 7,000 SF of mature plant canopy) \$2,500
 - ☐ Tier 4 (> 7,000 SF of mature plant canopy) \$5,000
- ☐ Adult-Use Nursery Cultivation Facility (plant canopies of individual Nursery Cultivations are capped at 1,000 SF, subject to the requirements and restrictions of State law.) \$1,000
- ☐ Adult-Use Marijuana Testing Facility \$3,000

- ☐ Medical Marijuana Caregiver (Non-Home Occupation):
 - ☐ Tier 1 (0 to 500 SF of plant canopy) \$1,000
 - ☐ Tier 2 (501 to 2,000 SF of mature plant canopy) \$1,500
 - ☐ Tier 3 (2,001 to 7,000 SF of mature plant canopy) \$2,500
 - ☐ Tier 4 (> 7,000 SF of mature plant canopy) \$5,000
- ☐ Medical Marijuana Manufacturing Facility \$5,000
- ☐ Medical Marijuana Testing Facility \$3,000

Renewal applications for adult-use marijuana cultivation licenses may seek an increase to a higher tier if they comply with the requirements in this section and State law.

PROPERTY DESCRIPTION	Parcel ID	Map(s)	Lot(s)	Zoning District:	<input type="checkbox"/> Rural	<input type="checkbox"/> Industrial	<input type="checkbox"/> Olde Canal
	Physical Address						
PROPERTY OWNER'S INFORMATION	Name			Mailing Address			
	Phone						
	Email						
APPLICANT'S INFORMATION IF DIFFERENT FROM OWNER	Name			Name of Business			
	Phone			Mailing Addresses: Residential And Business			
	Email						
BUSINESS INFORMATION	Owner's Name(s)			Mailing Address			
	Phone						
	Email						

	Documentation to be provided with application. All documentation must be provided at time of application submission.
	<input type="checkbox"/> Recent passport style photograph <input type="checkbox"/> Applicant's driver's license <input type="checkbox"/> Sketch showing building footprint, interior layout, and parking plan. <input type="checkbox"/> Copy of tax map showing property lines, and property lines of other properties within 1,000 feet.
	<input type="checkbox"/> Copy of tax map showing pre existing public or private school with 750 feet of the property. <input type="checkbox"/> Operating Plan that addresses wastewater, disposal of solid waste, ventilation and odor, parking, and landscaping. (see Section 10, Subsection 7) <input type="checkbox"/> Copy of State of Maine conditional license
	<p>Section 10 Standards for license General: 2. Adult-use marijuana establishments and medical marijuana businesses may not be located on property within seven hundred and fifty (750) feet of the property line of a preexisting public or private school (K12). For the purposes of this Ordinance, "school" includes a public school, private school, or public preschool program as defined in 20-A M.R.S.A. §1, or any other educational facility that serves children from prekindergarten to grade 12. Required setbacks shall be measured as the most direct, level, shortest, without regard to the intervening structures or objects, straight-line distance between the school property line and the property line of the parcel of land on which the adult-use marijuana establishment or medical marijuana business is located. If the adult-use marijuana establishment or medical marijuana business is located within a subdivision, the required setback shall be measured from the front door of the facility to the property line of the school. Presence of a town, city, county, or other political subdivision boundary shall be irrelevant for purposes of calculating and applying the distance requirements of this Section.</p>
<p>For additional information, please review the Marijuana Cultivation or Manufacturing Facility Licensing Ordinance. The ordinance is available here https://www.gorham-me.org/codes-ordinances/pages/general-ordinances or a copy may be requested at the Town Clerk's office.</p>	
ADDITIONAL COMMENTS:	

The undersigned hereby makes application to the Town of Gorham for approval of the proposed use and declares the foregoing to be true and accurate to the best of his/her knowledge.

APPLICANT OR AGENT'S SIGNATURE

DATE

PLEASE TYPE OR PRINT NAME

For office use only:		
Code Enforcement Officer Review Comments submitted:		Date
Police Department Review Comments submitted:		Date
Fire Department Review Comments submitted:		Date
Other Staff Comments:		Date
Town Council Decision:	APPROVED/DENIED	Date



Community Development Planning Division

Thomas M. Poirier, *Director of Community Development*

tpoirier@gorham.me.us

Carol Eyerman, *Town Planner*

ceyerman@gorham.me.us

GORHAM MUNICIPAL CENTER, 75 South Street, Gorham, ME 04038

Tel: 207-222-1620

AGENT AUTHORIZATION

APPLICANT(s)/ OWNER(s)	Name(s)			
PROPERTY DESCRIPTION	Physical Address/Location		Map(s)	
			Lot(s)	
APPLICANT'S AGENT INFORMATION	Name			
	Phone		Business Name	
	Email		Mailing Address	

Said agent(s) may represent me/us before Gorham Town officers and the Gorham Planning Board to expedite and complete the approval of the proposed development for this parcel.

APPLICANT SIGNATURE

DATE

PLEASE TYPE OR PRINT NAME HERE

CO-APPLICANT SIGNATURE (if applicable)

DATE

PLEASE TYPE OR PRINT NAME HERE

APPLICANT'S AGENT SIGNATURE

DATE

PLEASE TYPE OR PRINT NAME HERE