

CANNABIS CONTROL LICENSE APPLICATION

FEE: \$2,000 (New or Renewal)



PAYABLE TO: Town of Maynard

DATE: _____

MGL, CHAPTER 94G, and SECTION 3: The Local Licensing Authorities may issue licenses for Marijuana Establishments, subject to any and all amendments to MGL, Chapter 94G, 935 CMR 500, the Town Charter, Bylaws, Rules and Regulations

MARIJUANA LICENSE APPLICATION

TOWN OF MAYNARD LOCAL LICENSING AUTHORITY (LLA)

() Retail off premise () Cultivator () Product Manufacturer () Testing Facility () Other

Business Entity Information Applying (name to appear on license and have operational control of the premises.)

Entity Name: _____

FEIN: _____ DBA: _____

State License number: _____

Owner of Record: _____

Street Address: _____

Applicant's Cell: _____ Business Phone: _____

Alternate Phone: _____ Website: _____

Applicant's Email: _____ Business Email: _____

Name of Manager: _____

Date: _____ Contact information: _____

Hours of Operation: _____

Description of Premises _____

(Total Square footage, Number of Entrances/Exits, Number of Floors, Occupancy Number)

Applicant Contact:

Name: _____ Phone: _____

Title: _____ Email: _____

Corporate Structure

Entity Legal Structure: _____

Date of Incorporation: _____

1. For Retailers (*New Applications or Amendments*), please **describe the manner in which Cannabis will be sold** to your customers to insure compliance with existing laws (check IDs, service/ etc.) and specify the manner by which service of such cannabis, if minors are in attendance, will be controlled. Minors are not allowed within the area where of cannabis are dispensed.

2. Please **attach a floor plan (8.5x11 paper)** (*New Applications or Amendments*), of the facility showing the exact location where Cannabis will be cultivated, processed, delivered, sold and stored as applicable, and indicate all entrances and exits.

TOWN OF MAYNARD LIABILITY DISCLAIMER FOR LICENSE

By signing this form, the Applicant acknowledges that he/she understands and will comply with all applicable cannabis regulations set forth by the Cannabis Control Commission (CCC) and the Local Licensing Authority (Select Board) of the Town of Maynard.

Signature of Applicant: _____

Date: _____

REQUIRED FORMS TO SUBMIT WITH APPLICATION (New or Amendments):

- Completed license application with check fee: Town of Maynard
- Beneficial Interest– Individual. Complete one for each individual with beneficial interest in the entity that is applying.
- Beneficial Interest– Organization. Complete one for each organization / parent company with beneficial interest in the entity that is applying.
- Vote of the Corporate Board. Include a vote to apply for a new/transfer of license AND a vote appointing the manager of record, signed by an authorized signatory for the entity.
- Business Structure Documents
- If Sole Proprietor, Business Certificate
- If partnership, Partnership Agreement
- If corporation or LLC, Articles of Organization from the Secretary of the Commonwealth
- Purchase & Sales Agreement, which is only required for a transfer of license.
- Supporting Financial Records for all financing and or loans, including pledges documents, if applicable.
- Legal Right to Occupy, such as a lease or deed.
- Floor Plan, which is only required for a new license.
- Certificate of Good Standing required. <https://www.mass.gov/how-to/request-a-certificate-of-good-standing-tax-compliance-or-a-corporate-tax-lien-waiver>.
- Fees:
Submit your application to your Local Licensing Authority (LLA) (Maynard Select Board, 195 Main Street, Maynard, MA. 01754 phone 978-897-1301).
- The application will be heard at one of the LLA's next two regularly scheduled meetings of the application being filed.
- If the LLA grants the license, a copy of your Application and license will stay on file at the Local Licensing Authority and the original license will be mailed to you.
- Certificate of Liability Insurance.

- Sketch of premises of a reasonably precise nature that clearly delineates the location and manner in which cannabis will be sold , and/or dispensed, cultivated, processed, stored, as applicable.
- Designation and identification, in writing, of ALL individuals who will sell, deliver, and/or dispense, cultivate or process marijuana with current proof of completion (within the last three years) of an appropriate training.
- **Please Note: you may be requested to submit additional supporting documentation if necessary.**
- **Please Note: for renewals, please submit the completed application, fee, proof of worker’s compensation (if applicable), and proof of Responsible Vendor Training for each seller.**

The Local Licensing Authorities BY

Certifications:

The undersigned hereby certifies under pains and penalties of perjury that he/she is authorized to sign on behalf of the business entity, that this contract has been obtained in good faith and without collusion or fraud with any other person. As used in this certification, the word “person” shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals. The undersigned further certifies that he/she has paid all Massachusetts taxes and has complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Signature of Applicant:_____

Date: _____