

CITY OF BANGOR – APPLICATION FOR CERTIFICATE OF LOCAL AUTHORIZATION RETAIL (ADULT USE) MARIJUANA ESTABLISHMENT

RETURN TO: City Clerk, 73 Harlow Street, Bangor, Maine 04401 (207)992-4200 FAX: (207)945-4449

License No.: _____ Date: _____ License Fee: _____

Expiration Date of Current License: _____

License Type: Store: Cultivation: Products Manufacturing: Testing:

Please note that a retail marijuana store may not be co-located with other marijuana facilities.

Business Name:			
Physical Address:			
Mailing Address:			
Telephone:		Email Address:	
Owner:			
Mailing Address:			
Telephone:			
Contacts:			
Mailing Address:			
Telephone:		Email Address:	

If there is more than one owner, submit the above owner information for each other owner on a separate sheet or sheets.

Please Attach:

- 1) Copy of your conditional license from the State of Maine issued pursuant to 28-B M.R.S. § 205(3).**
- 2) Proof of possession or entitlement to possession for the proposed licensed premises (e.g. lease or deed).**
- 3) Plans or other evidence showing compliance with Bangor’s Land Development Code (Chapter 165).**
- 4) Plans, policies, or other evidence showing compliance with Bangor City Code § 177-7.**
- 5) The license fee.**

I hereby certify that this business is in compliance with the criteria listed in § 177-8(E) of the Code of the City of Bangor.

Applicant’s Signature: _____

(ALL FEES SUBMITTED SHALL BE RETAINED BY THE CITY CLERK REGARDLESS OF WHETHER SAID LICENSE OR PERMIT IS ISSUED)

This application is for a Certificate of Local Authorization. Other licenses may also be required; for example, a flammable liquids license may be required for a products manufacturing facility, or a building permit for a facility that requires renovation. Most or all facilities will require a Certificate of Occupancy as well. Please contact the City Clerk (992-4220) and Code Enforcement (992-4230) for more information.