



**CANNABIS ESTABLISHMENT
FINAL APPLICATION**
TOWN OF FREEPORT
30 Main Street
Freeport, Me 04032
(207)865-4743

FOR OFFICIAL USE ONLY

Date Received	
Final Application Fee - \$1,500	
Payment Info	
Pick Up or Mail	
License effective	
License expires	
Date deemed complete	
Date notified	

License number:	
Owner's Full Legal Name:	
Business Name:	
Business Mailing Address:	
Phone Number:	
Email Address:	

Applicants authorized under Section 8 of Chapter 66 Cannabis Establishments, shall include the following supporting documentations.

Proof Provided:	<input type="checkbox"/> Conditional License Approval from Office of Cannabis Policy (OCP) <input type="checkbox"/> Applicant is Registered Caregiver <input type="checkbox"/> Registry Identification Card from State of Maine
Evidence of Site Plan Review and approval of the Project Review Board Notice of decision or minutes attached	<input type="checkbox"/> _____

Town Council Public Hearing Date:	Published Public Hearing Date:
Town Council Conditions	
Municipal Approvals:	Written attached letters from Municipal Officials
Fire Rescue	<input type="checkbox"/>
Code Enforcement	<input type="checkbox"/>
Police	<input type="checkbox"/>
Health Inspector (if applicable)	<input type="checkbox"/>
Date of Notification of Eligibility to continue to final application process. Applicant has one year to complete and submit final application	

I hereby attest that the information provided in this application is true and correct and that the information provided in the original application remains unchanged.

Applicant Signature:	Date:
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