



Cannabis Establishment Application

TOWN OF FREEPORT
30 Main Street
Freeport, Me 04032
(207)865-4743

FOR OFFICIAL USE ONLY

Date Received	
Initial Application or Renewal Fee - \$500 Late fee \$150	
Payment Info	
Date application determined complete	
Date notified if incomplete:	

Application # _____

License Type: (Select One)	<input type="checkbox"/> New Establishment <input type="checkbox"/> Renewal <input type="checkbox"/> Priority Application existing prior to February 6, 2024
Date existing building was previously approved for commercial use (for priority applicants)	

Applicants Full Legal Name:	
Names of all Partners, Members, Officers, Directors, Shareholders and Owners:	
Applicant's Business Name:	
Business Mailing Address:	
Phone Number:	
Email Address:	
Proof of age provided:	<input type="checkbox"/> Driver's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____

License Type (select one)	<input type="checkbox"/> Cannabis Cultivation Facility <input type="checkbox"/> Cannabis Manufacturing and Processing Facility
Description of Business	
Description of Premises	Tax Map: _____ Lot _____ Zoning District: _____ Street Address of Facility: _____ General Description of Premises: _____
Required Documentations:	<input type="checkbox"/> Map depicting approximate property boundary lines and land uses on each property located within 1,000 feet of the approximate boundary lines where premises is located. <input type="checkbox"/> Proof of entitlement to possession of the premises: <input type="checkbox"/> Deed <input type="checkbox"/> Lease <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Purchase & Sale Agreement <input type="checkbox"/> Other: _____
Proof of State Authorizations: Attach copy of supporting documentation as applicable per ordinance.	<input type="checkbox"/> Caregiver Registration in good standing <input type="checkbox"/> Conditional License <input type="checkbox"/> State License application <input type="checkbox"/> Other: _____
Name and Location of other Cannabis Establishment Licenses held in Freeport	Name: _____ Location: _____ Current Status of License: _____

I hereby certify, under penalty of perjury, that the information provided in this application is true and correct.

Applicant's Signature	
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