Millinocket
Maine's Biggest Small Town

MEDICAL CANNABIS ESTABLISHMENT LICENSE 2025-2026 APPLICATION

APPLICATION TYPE AND FEES

Application Date: _____

____New License ($2000.00) ___License Renewal ($1000.00)

Type of License ____Medical Cannabis Storefront ____Medical Cannabis Cultivation

____Medical Cannabis Dispensary

APPLICATION INFORMATION

____Individual _____Corporation _____Partnership _____Other

NAME OF BUSINESS: _____
Physical Address of Business: _____
Mailing Address (if different from above: _____
Business Phone: _____ Business Email: _____

NAME OF BUSINESS OWNER: _____
Date of Birth: _____ Aliases Used: _____
(Applicant must be twenty-one (21) years of age or older and documentation of age is required)
Physical Address: _____
Mailing Address (if different from above): _____
Phone Number: _____ Email: _____

EMERGENCY CONTACT (Must be available 24/7): _____
Emergency Contact Phone Number: _____

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Location is: ___Owned by establishment ____Rented ____Leased-expiration date: _____

Has the applicant or any officer, director or employee of the applicant ever been convicted of a felony in a federal, state or other court __YES __NO

Applicant Signature:_____ Date:_____

SITE PLAN

(Attach or draw in the space below, the following: the actual shape and dimensions of the lot; the location shape and dimensions of all buildings, as well as a floor plan of the building. Be sure to indicate all property line setbacks (side, rear and front for all buildings. Attach a separate sheet if necessary.

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APPLICATION CERTIFICATION

I hereby certify that I have examined the information provided herein and attached and that, to the best of my knowledge, it is true, correct and complete. I also declare that I have been given and have read a copy of the Town of Millinocket Chapter 39 Cannabis Ordinance and that to the best of my knowledge, the establishment I represent is in complete compliance to that Ordinance.

Signature: _____ Date: _____

ADDITIONAL INFORMATION

Please enclose the following information or documentation: (For Town Use)

1. A copy of the State Certificate of Registration for this establishment _____
2. A copy of the Town of Millinocket Business License for this establishment _____
3. A description of products and services to be provided by this establishment _____
4. A copy of the property deed or a copy of the lease agreement indicating Permission to use the premises as a Medical Cannabis Business _____
5. The appropriate fee-Payment made to Town of Millinocket _____