



# Town of St. Albans

## Medical Cannabis Registered Caregiver Permit Application

Permit Fee

☐ Initial: \$2,000

☐ Renewal: \$1,000

Date Received: \_\_\_\_\_

Permit #: \_\_\_\_\_

**\*\*By initialing, the applicant certifies a copy of the *Medical Cannabis Registered Caregiver Permit Ordinance* has been received.**

\_\_\_\_\_ Initial

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Registered Caregiver Name as shown on State License: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Location of Business: \_\_\_\_\_

Tax Map \_\_\_\_\_ Lot # \_\_\_\_\_

Notwithstanding any provision of this Ordinance to the contrary, the Code Enforcement Officer along with the Fire Chief will approve and issue a Medical Cannabis Registered Caregiver Permit for Registered Caregiver applications that meet the criteria listed below and within the ordinance:

### PLEASE PROVIDE THE FOLLOWING REQUIRED DOCUMENTS:

- A) Receipt of notice to all abutters within 500 feet of the proposed permitted premises at least thirty (30) days prior to submission of application.

- B) The proposed operation location is 500 feet or more than any property line of a pre-existing private or public school serving Pre-K through 12<sup>th</sup> grade, or day care permitted by the State of Maine.
- C) Copy of license issued by the State of Maine Office of Cannabis Policy Department.
- D) Description of the form of ownership with attested copies of any articles of incorporation, bylaws, operating agreement, partnership agreement or articles of association that govern the entity that will own/or operate the Registered Caregiver operation.
- E) Affidavit that identifies all owners, officers, members, managers, or partners of the application
  - a. Ownership interests for all listed above.
  - b. Current places of residency and immediately preceding three (3) years.
- F) Evidence of all land use approvals or conditional land use approvals
- G) Signed letter from landowner(s) if applicant is not the owner of the premises allowing the operation at the premises.
- H) Letter from Master Electrician licensed in the State of Maine certifying the compliance of the electrical system meeting applicable national standards and state electrical code regulation.
- I) Detailed plans and specifications for an automatic sprinkler system, prepared by a licensed professional fire protection engineer or other qualified professional as required by state law. Plans must demonstrate compliance with National Fire Prevention Association code 13 or 13D, including but not limited to system design, installation, water supply, and testing requirements.
- J) List of all hazardous materials to be used during the cultivation of medical cannabis, storage and disposal of waste where hazardous materials are used.
- K) No sound shall be generated exceeding a maximum of 60 decibels, as detected at any lot line of the premises.
- L) Premises must be equipped with an odor mitigation system and been approved by a Maine licensed engineer.
  - a. Mitigation system must be maintained to ensure that no odors will be perceptible from any adjoining property line of the permitted premises.
- M) Any cannabis waste generated on the permitted premises must be disposed of in a manner consistent with all rules established by the Maine Office of Cannabis Policy. The permitted premises shall not dispose of waste and/or residue from the growth, cultivation, processing, and storage of medical cannabis in an unsecured waste receptacle not under their possession and control.
- N) Permittee may not possess or cultivate more than thirty (30) mature cannabis plants, or 500 square feet of plant canopy, and sixty (60) immature plants on a premises.
  - a. All cannabis must be cultivated in an indoor Registered Caregiver Cultivation Area, as that term is defined in this ordinance. No outdoor cultivation or storage of cannabis is allowed.
- O) Location of permitted premises must be outside of any Shoreland Zoning.
- P) Proof of occurrence-based commercial general liability insurance
  - a. Minimum of \$1,000,000 per occurrence/\$2,000,000 aggregate for bodily injury, death, and property damage
  - b. Coverage shall not include any bodily injury or property damage restrictions or exclusions associated with cultivation or sale of medical cannabis.

- Q) Premises shall have video surveillance capable of covering the exterior and interior of the facility.
  - a. Premises will have lockable doors and windows with an alarm system that includes both an audible alarm and a Somerset County Sheriff's Department notification.
  - b. Surveillance system shall be operated with continuous recording twenty-four (24) hours per day, seven (7) days per week with video retention for a minimum of thirty (30) days.
- R) The permitted premises must display a sign to enable emergency responders to locate the premises. Signs may only contain the Permittee's business/trade name and address in plain non-stylized typeface. No additional content, including logos, are permitted.
- S) Permittee attests that all federal and state regulations relating to employee health and safety have been met.
- T) Permittee attests they are not affiliated with any illegal or criminal organizations.

**SKETCH:** Please provide a detailed sketch of the proposed permitted premises that includes setbacks from the property lines, dimensions of the premises where cultivation and storage of cannabis and chemicals/hazardous materials and where it is used.

I, \_\_\_\_\_, certify that all requirements listed above and within the corresponding *Medical Cannabis Registered Caregiver Permitting Ordinance* have been met.

Owner/Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Office Use Only**

**Conditions**

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**Michael Boone, Code Enforcement Officer**

**Date Approved:** \_\_\_\_\_

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**Paul Doughty, Fire Chief**

**Date Approved:** \_\_\_\_\_