



TOWN of HOLLIS
CODE ENFORCEMENT OFFICE
Phone: 929-2251 Fax: 929-3686
www.hollismaine.org

Office Use Only

Date Pd: _____

Amount: _____

Check #: _____

Cash: _____ CC: _____

Permit # _____

ADULT USE & MEDICAL CANNABIS BUSINESS APPLICATION

Type of Application*

☐ Adult Use Cannabis Cultivation Facility

Tier: 1 2 3 4 (circle one)

☐ Adult Use Cannabis Store

☐ Medical Cannabis Cultivation

☐ Adult Use Cannabis Products Manufacturing Facility

☐ Adult Use Cannabis Testing Facility

☐ Caregiver Retail Store

*Conditional State License from State of Maine Required

Property Owner Information

Property Owner Name: _____

Physical Address: _____

Mailing Address (if different from above): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Property Information

Zone: _____ Map #: _____ Lot #: _____ Address: _____

Lot Size: _____ Acre(s) Existing Use of Property _____

Business Information

☐ Individual

☐ Corporation

☐ Partnership

☐ LLC

☐ Other

Cannabis Business Classification: _____

Maine License Certification #: _____

Registered Business Name to be Used: _____

Days and Hours of Operation: _____

Proof of Right, Title, or Interest Documentation (attach as necessary).

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING APPLICATION

“I hereby apply for a permit for a Cannabis business in Hollis, Maine. I agree, prior to starting any electrical or plumbing work, to secure permits from the electrical and plumbing inspector. I understand that there may be other permits required from other agencies that I must obtain before being allowed to operate. Under MRSA 25, Section 2357 and the Town of Hollis Land Use and Development Code, a Certificate of Occupancy **MUST** be obtained before the business hereby permitted is used or occupied. I understand that this permit application may be denied if not complete. A complete application may include construction documents as required by the Town of Hollis. **I understand that if the above information is not accurate, this application will be invalid, a Stop Work Order issued, and the Town of Hollis could levy fines against me for giving false information.**”

Signature of Applicant

Date

In addition to providing all information required for a Conditional Use Permit application under the Hollis Zoning Ordinance, please provide the following:

CHECKLIST FOR SUBMITTAL

	YES	NO	Not Applicable	CEO Initials	F.D. Approval
Application Fee Submitted:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
All Owners / Partners Listed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
License Type Listed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
ME License Certified:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Right, Title, Interest Verified:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
ID Attached (License, Passport, etc):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Sketch Attached:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Town Map Attached:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	

STANDARDS

School Setback:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Cannabis Business Setback:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Security Standards & Plan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Fumes / Odor Plan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Operating Plan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Waste Disposal Plan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Signage Plan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Pesticide Application License (if applicable):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Inherently Dangerous Substances License: (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Edible Food Products License: (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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Date Application Received: _____ Date CEO Review: _____ Approved _____ Denied _____

Date Town Planner Reviewed: _____ Date Planning Board Review: _____

Reason for Denial: _____

CEO Signature: _____

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