

TOWN OF FRANKLIN

Medical Marijuana License Application

Application Fee \$250.00 Non-Refundable

Only One License per Application

X	License Requested
	Medical Marijuana – Registered Caregiver Retail Store
	Medical Marijuana Manufacturing Facility – Tier I
	Medical Marijuana Manufacturing Facility – Tier II
	Medical Marijuana Testing Facility

X	Applicant Type
	Individual
	Partnership
	Corporation
	LLC

Please carefully read all requirements.

Section 1 -- Individual, Please Complete This Section (Then Skip to Section 5)	
Legal Name --	State of Residency
Alais/DBA --	
Legal Address --	Proof of 21+ (attached)

Section 2 -- Partnership, Please Complete This Section (Then Skip to Section 5)	
Partnership Name --	
Partner - Legal Name --	State of Residency
Legal Address --	Proof of 21+ (attached)
Partner - Legal Name --	State of Residency
Legal Address --	Proof of 21+ (attached)
If more than two partners, please provide on separate page.	

Section 3 -- Corporation, Please Complete This Section (Then Skip to Section 5)

Corporate Name --

Aliases/DBA --

Date of
Incorporation

Legal Address --

Evidence of Good Standing Under State Law -- Attached

Name of Registered Corporate Agent --

Name of All Officers/Directors/Principal Stockholders

State of Residency

Proof of 21+
(attached)

If more than four Officers/Directors/Principal Stockholders, please provide on separate page.

Section 4 -- LLC, Please Complete This Section (Then Skip to Section 5)

Legal Name --

Date of
Establishment

Aliases/DBA --

Legal Address --

Operating
Agreement
(attached)

Evidence of Good Standing Under State Law -- Attached

Name and Capacity of All Members

State of Residency

Proof of 21+
(attached)

If more than four Members, please provide on separate page.

Section 5 – Operating the Medical Marijuana Establishment with an Assumed Name?

Yes _____ (complete the following) No _____ (Go to Section 6)

Assumed Name --

Required Registration Documents Attached

Section 6 – Previous License Holder of Medical Marijuana Establishment OR Application that has been Denied, Suspended, or Revoked

Yes _____ (complete the following) No _____ (Go to Section 7)

Name of Establishment --

Location of Establishment --

Date of Denial, Suspension, or Revocation --

Was the Applicant a – Partner -- Yes _____ No _____
 LLC -- Yes _____ No _____
 Officer/Director/Stockholder of a Corporation - Yes _____ No _____

Section 7 – Current License Holder of Medical Marijuana Establishment in another Location

Yes _____ (complete the following) No _____ (Go to Section 8)

Name of Establishment --

Location of Establishment --

Type of Establishment --

Section 8 – Type of Medical Marijuana Establishment Applicant is Applying a License**Section 9 – Location of Proposed Medical Marijuana Establishment**

Location --

Legal Description of Property --

Street Address --

Telephone Number of Applicant --

Section 10 – Proposed Medical Marijuana Establishment Documentation Demonstrating Right, Title, and Interest

Lease, Rental Agreement, Purchase/Sale Agreement Deed or other arrangement for possession and use of the premises.

Please describe and attach copy.

Section 11 – Applicant’s Mailing Address and Residential Street Address

Mailing Address

Residential Street Address, if different

Section 12 – Recent Passport-Style Photograph(s) of the Applicant(s)

Attached

Section 13 – Recent Driver’s License Copy of the Applicant(s)

Attached

Section 14 – State Licenses Applications and Supporting Documentation, as filed with State

Describe Applications and attach copies

Section 15 – Town Map Copy, including all properties within one thousand (1000) feet of Property containing any preexisting public or private schools as defined in Ordinance.

Proposed Property -- Tax Map # _____ Lot # _____

Preexisting Public or Private Schools – Yes _____ No _____

Section 16 – Diagram of Premises, as described in Ordinance.

Please Attach

Section 17 – Safety Data Sheets for MM Testing Facility

Product Name/Chemical Name	CAS #	Attached

If additional space is required, please use a separate page.

I hereby sign this application as truthful and accurate.

Printed Name --

Signature --

Date --

Witness --

I hereby sign this application as truthful and accurate.	
Printed Name --	
Signature --	Date --
Witness --	

OFFICE USE ONLY		Original Date --	By --
Inc App Date --	By --	Date Notified --	By --
Notes --		Date Returned --	By --
Completed Date --	By --	Cash ____ Check #____	By --
Tax Collector – Taxes Paid -- Yes ____ No ____		Tax Collector --	
Selectboard Public Hearing		Costs Paid --	
Planning Board Public Hearing		Costs Paid --	
PB Chair --		Date --	Brian Abbott
CEO --		Date --	Millard Billings
Fire Chief --		Date --	Robert Grindle

Application Approval for Local License --

Dawn R Carter	
Jeffrey Albee	
Joey Smith	

License Fee -- _____

Cash ____ Check #____ Received By -- _____