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**Maine Medical Cannabis Program**

**Caregiver Retail Store Local Authorization Form**

This Local Authorization Form must be completed by the host municipality where a caregiver registry identification card applicant intends to locate a caregiver retail store. The authorized local official responsible for completing this Form must return it to the Office of Cannabis Policy at [Licensing.OCP@maine.gov](mailto:Licensing.OCP@maine.gov) or 162 State House Station, Augusta, Maine 04333.

**If the authorized local official in receipt of this Form has not recently met with the Office of Cannabis Policy to discuss the local authorization process and OCP’s expectations for completion of this Form, please contact the Director of Licensing, at** [**Licensing.OCP@maine.gov**](mailto:Licensing.OCP@maine.gov) **or (207) 624-7530, prior to filling it out.**

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| **Section 1: Caregiver Information.** Information to be completed by the caregiver applicant. | | | | | | | | | |
| **Section 1(a): Required information for all applicants for caregiver registry identification cards.** | | | | | | | | | |
| Caregiver’s Legal Name | Doing Business As Name | | | | | Primary Phone | | | |
| Physical Address of the Proposed Caregiver Retail Store | | City | | | State | | Zip | | |
| Caregiver Mailing Address | | City | | | State | | Zip | | |
| **Section 2: Medical Cannabis Caregiver and Local Authorization Information.** This section to be completed by the Municipality in receipt of request for Local Authorization. | | | | | | | | | |
| Physical Location of Caregiver Retail Store (include unit number) | | | Municipality | | | | | State | Zip |
| Tax Map # | | Tax Lot # | | | | | | | |
| Owner of Record of the Physical Location Listed Above | | | | | | | | | |
| Date Local Authorization Form Presented to the Municipality | | Date Local Authorization Form Approved by Municipality | | | | | | | |
| **Section 3: Local Authorization of Caregiver Retail Store within Municipalities.** This section to be completed by the Municipality in receipt of request for approval of Local Authorization. | | | | | | | | | |
| **Section 3(a): Request for approval of local authorization to operate a registered caregiver retail store in municipality prohibited unless authorized by municipal ordinance or warrant article, or unless in operation with municipal approval prior December 13, 2018.** A person operating a medical caregiver retail store within a municipality may not request approval of local authorization to operate the medical caregiver retail store, and a municipality may not accept as complete the person's request for approval of local authorization, unless the municipality permits, by ordinance or warrant article, the operation of registered caregiver retail stores within the municipality, or unless the caregiver retail store was operating with municipal approval in the municipality prior December 13, 2018. | | | | | | | | | |
| 1. Is an ordinance or warrant article in effect that allows the operation of a registered caregiver retail store within the municipality?   Yes  No | | | | | | | | | |
| 1. Is a copy of the ordinance or warrant article attached to this form?   Yes  No | | | | | | | | | |
| 1. Was the caregiver retail store operating with municipal approval in the municipality prior to December 13, 2018? 3. Yes  No | | | | | | | | | |
| **Section 3(b): Local authorization required for operation of a registered caregiver retail store within municipality.** A person may not to operate a registered caregiver retail store within a municipality unless the following question is answered in the affirmative. | | | | | | | | | |
| 1. Has the person obtained all applicable municipal approvals, permits, or licenses that are required by the municipality for the operation of a registered caregiver retail store? By selecting “yes” below, the municipality is affirming that no further action by the municipality is required prior to the Office of Cannabis Policy’s approval of the applicant’s registry identification card. The Office of Cannabis Policy encourages the municipality to coordinate the issuance date of a local license with the Office when appropriate. *Please attach a copy of all applicable approvals, permits or licenses, including dates of issuance and expiration to this form.*   Yes  No | | | | | | | | | |
| **Statutory Guidance for Municipalities** | | | | | | | | | |
| Pursuant to 22 MRS § 2429-D, a municipality may regulate registered caregiver retail stores within that municipality, and may not permit a registered caregiver retail store to operate within that municipality unless the municipal legislative body has voted to adopt or amend an ordinance or warrant article allowing the operation of a registered caregiver retail store within that municipality, or unless that registered caregiver retail store has been continuously operating, as a registered caregiver retail store, by the same caregiver, within that municipality since before December 13, 2018.  **The completed Maine Medical Cannabis Program Caregiver Retail Store Local Authorization Form can be emailed to the Office of Cannabis Policy at** [**Licensing.OCP@maine.gov**](mailto:Licensing.OCP@maine.gov) **or sent to Office of Cannabis Policy, 162 State House Station, Augusta, ME 04333-0162.** | | | | | | | | | |
| **Municipality** | | | | | | | | | |
| Legal Name and Title of Authorized Municipal Official: | | | | City: | | | | | |
| I hereby affirm and acknowledge that the information above is truthful and complete to the best of my knowledge. | | | | | | | | | |
| Signature of Municipal Official:(Do not sign until witnessed by notary): | | | | Date: | | | | | |
| **Notarization** | | | | | | | | | |
| The foregoing instrument was acknowledged before me this       day of      , 20     , at      , Maine, by       to be the free act and deed of the above named municipal official. | | | | | | | | | |
| Name of Notary Public (Printed) | | Signature of Notary Public | | | | | | | |
| Notary Public, State of Maine | | **STAMP/SEAL** | | | | | | | |
| My commission expires: | |