TOWN OF FAIRFIELD

19 Lawrence Ave, P.O. Box 149, Fairfield, ME 04937
Tel (207) 453-7911 x106, Fax (207) 453-4280

MEDICAL CANNABIS DISPENSARY Annual MUNICIPAL LICENSE APPLICATION

In accordance with Maine Medical Use of Cannabis Act M.R.S.A. Title 22; the undersigned hereby certifies that he/she intends to engage in the type of business known as:

D/B/A: _____ PERMIT # _____
APPLICANT: _____
Business Phone: _____ Cell: _____ Email: _____
Business Address: _____, Fairfield, ME, 04937
Applicant Address: _____, _____, ____, _____

Council Public Hearing Notice Fee $_____ Date of Public Hearing: _____ ☐ Paid (non-refundable)

☐ Medical Use Cannabis Dispensary ☐ $5,000 annual fee ☐ Paid (non-refundable)

I agree to comply with all applicable State of Maine statutes and Town of Fairfield Ordinances, and understand that non-compliance may result in revocation of license by the Municipal Officers.

_____ _____
Signature of Applicant Printed or typed name of Applicant

STATE OF MAINE, Somerset, SS. Sworn to and subscribed before me this _____ day of _____, 20____. Then personally appeared the above-named and made oath to the foregoing certificate made is true to the best of their knowledge.

Before me,

_____ Pic ID provided: _____
ATTEST, Municipal Clerk / Notary Public ID Doc #: _____
Commission Expires: _____ DOB: _____

Date:_____ ☐ Council APPROVED ☐ Council DENIED ☐ FILED w/CLERK COPY: ☐ CEO, ☐ PD, ☐ FD, ☐ Applicant

☐ COPY within 14 days: *Per Title 28-B §406*; Office of Cannabis Policy, 162 State House Station Augusta, ME 04333

State Date Approved / Denied: _____ _____
If Approved, State Expiration: _____ Municipal Clerk

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Town of Fairfield, Land Use Ordinance, Excerpts 9.24:

9.24 Adult Use Cannabis Businesses & **Registered Medical Cannabis Dispensaries**

B. No Town Liability

By operating a medical cannabis dispensary pursuant to a conditional use permit issued by the Fairfield Planning Board, and an annual Town of Fairfield Medical Cannabis Dispensary municipal license issued by the Municipal Officers, a permit holder releases the Town of Fairfield, its officers, elected and appointed officials, employees, attorneys and agents from any liability for injuries, damages, or liabilities of any kind that result from any arrest or prosecution of the licensee or permit holder, its owners, operators, employees, clients or customers for a violation of any state or federal law, rule or regulations related to cannabis, or from forced closure of the licensed premises because the Maine Medical Use of Cannabis Act M.R.S.A. Title 22 is found to be invalid under any applicable law, including but not limited to Federal law. As part of the conditional use permit application and the Town of Fairfield Medical Cannabis Dispensary municipal license application for an adult use cannabis facility in the Town of Fairfield, an applicant shall sign and submit a waiver that states the following:

1. By applying for and accepting a Conditional Use Permit issued by the Fairfield Planning Board, and an annual Town of Fairfield Medical Cannabis Dispensary municipal license issued by the Municipal Officers, the permit holder waives and releases the Town of Fairfield, its officers, elected and appointed officials, employees, attorneys and agents from any liability for injuries, damages or liabilities of any kind that result from any arrest or prosecution of business owners, operators, employees, clients or customers for a violation of state or federal laws, rules or regulations.
2. By applying for and accepting a Conditional Use Permit, and an annual Town of Fairfield Medical Cannabis Dispensary municipal license all permit holders, jointly and severally if more than one agree to indemnify, defend, and hold harmless the Town of Fairfield, its officers, elected and appointed officials, employees, attorneys and agents against all liability, claims and demands on account of any injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever arising out of or in any manner connected with the operation of the adult use cannabis business that is subject of the conditional use permit and an annual Town of Fairfield medical cannabis dispensary municipal license.

_____ _____

Signature of Applicant Printed or typed name of Applicant

STATE OF MAINE, Somerset, SS. Sworn to and subscribed before me this _____ day of _____, 20____.
Then personally appeared the above-named and made oath to the foregoing certificate made is true to the best of their knowledge.

Before me,

_____ Pic ID provided: _____

ATTEST, Municipal Clerk / Notary Public ID Doc #: _____

Commission Expires: _____ DOB: _____