

City of Hallowell Application for Cannabis Business Licenses

(License fee of \$250 must accompany completed application; fee will be returned if not approved)

PLEASE PRINT CLEARLY: ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED.

This application is for a: New License Renewal – current license expires: _____

Type of Business:

Cultivation Facility Manufacturing Facility Testing Facility Retail Seller

Corporation Name <u>Homegrown of Hallowell LLC</u>			Business Name (D/B/A) <u>Homegrown of Hallowell LLC</u>		
Applicant(s) <u>Catherine Lewis</u>		DOB: <u>4-28-69</u>	Physical Location <u>109 WATER ST.</u>		
		DOB:	City/Town <u>Hallowell</u>	State <u>ME</u>	Zip Code <u>04347</u>
Address <u>662 Stanley Rd</u>			Mailing Address <u>662 Stanley Rd</u>		
City/Town <u>Winthrop</u>	State <u>ME</u>	Zip Code <u>04364</u>	City/Town <u>Winthrop</u>	State <u>ME</u>	Zip Code <u>04364</u>
Telephone Number <u>207-395-5447</u>		Fax Number <u>207-226-2000</u>		Business Telephone Number <u>207-480-1511</u>	
Federal I.D. # [REDACTED]		Seller Certificate # or Sales Tax # [REDACTED]			
Email Address: <u>info@mainehomegrow.net</u>			Website: <u>www.homegrownhealthcare.net</u>		

If business is NEW or under new ownership, indicate starting date: N/A

Requested inspection date: anytime Business hours: Tues-Sat 12-6pm

Is applicant a corporation, limited liability company or limited partnership? YES NO

If Yes, please complete the Corporate Information required for Business Entities who are licensees.

Do you own or have any interest in any other businesses related to Cannabis? YES NO

If yes, please list License Number, Name, and physical location of any other business related to Cannabis.

[REDACTED] Homegrown Healthcare of Maine LLC (Use an additional sheet(s) if necessary.)
 License # _____ Name of Business
662 Stanley Rd Winthrop Retail, Mfg, Education
 Physical Location City / Town Type of Business

If manager is to be employed, give name: Nicholas Lewis

Business records are located at: 662 Stanley Rd Winthrop, Me 04364

Is the lineal distance less than 1,000 feet from the premises to the **NEAREST** public school, private school, or public recreational facility (including, but not limited to, public parks, ball fields, playgrounds, or other areas of public active or passive recreation), measured from the nearest lot line of the premises to the nearest lot line of said school or public recreational facility?

Type of facility: _____ Distance: _____

Describe in detail the premises to be licensed: **(Diagram of Premises Required)** Small (850 sq. ft)
Open concept retail space, w/consulting office, small secure storage area
non-public restroom

If there are additional facilities listed above that are within 1,000 feet of the proposed premises, please list them here, along with the type and distance:

Have you received any assistance financially or otherwise (including any mortgages) from any source other than yourself in the establishment of your business? YES NO

If YES, give details:

The City of Hallowell or its agent is hereby authorized to obtain and examine all books, records and tax returns pertaining to the business, for which this license is requested, and also such books, records and returns during the year in which any license is in effect.

Dated at: Hallowell, Maine on 12-20-19
Town/City, State Date

S/ _____
Signature of Applicant or Corporate Officer(s)

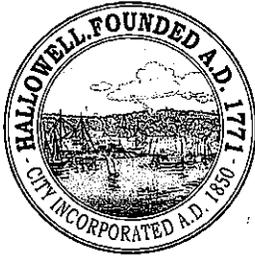
Signature of Applicant or Corporate Officer(s)

Catherine Lewis
Printed Name

Printed Name

Approved by the City Council on: _____
Date

The Municipal Officers of the City of Hallowell, Maine:



CITY OF HALLOWELL

City Clerk's Office

1 Winthrop Street
HALLOWELL, MAINE 04347

TEL: (207) 623-4021 FAX: (207) 621-8317
Diane D Polky, City Clerk

TO: Code Enforcement Officer
FROM: City Clerk
RE: Cannabis Business License Renewal
DATE: January 6, 2020

Homegrown, The Offering

at 109 Water Street has/have applied for renewal of a Cannabis Business License. Pursuant to the City Council's Protocol on Cannabis Business License Applications, please provide your recommendation on this application.

Please fill out this memo as soon as possible and return it to me, thank you.

- This Department recommends approval of this application without comment.
- This Department recommends approval of this application with the following comment:

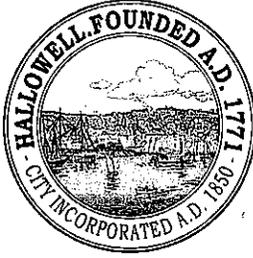
- This Department recommends denial of this application for the following reason(s):

S/

Code Enforcement Officer

1/6/20

Date



CITY OF HALLOWELL

City Clerk's Office

1 Winthrop Street
HALLOWELL, MAINE 04347

TEL: (207) 623-4021 FAX: (207) 621-8317
Diane D Polky, City Clerk

TO: Chief of Police
FROM: City Clerk
RE: Cannabis Business License Renewal
DATE: January 6, 2020

Homegrown, The Offering

at 109 Water Street has/have applied for renewal of a Cannabis Business License. Pursuant to the City Council's Protocol on Cannabis Business License Applications, please provide your recommendation on this application.

Please fill out this memo as soon as possible and return it to me, thank you.

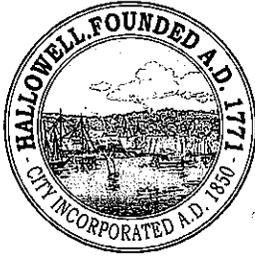
- This Department recommends approval of this application without comment.
- This Department recommends approval of this application with the following comment:

- This Department recommends denial of this application for the following reason(s):

S/

Chief of Police

1-6-2020
Date



CITY OF HALLOWELL

City Clerk's Office

1 Winthrop Street
HALLOWELL, MAINE 04347

TEL: (207) 623-4021 FAX: (207) 621-8317
Diane D Polky, City Clerk

TO: Fire Chief
FROM: City Clerk
RE: Cannabis Business License Renewal
DATE: January 6, 2020

Homegrown, The Offering

at 109 Water Street has/have applied for renewal of a Cannabis Business License. Pursuant to the City Council's Protocol on Cannabis Business License Applications, please provide your recommendation on this application.

Please fill out this memo as soon as possible and return it to me, thank you.

- This Department recommends approval of this application without comment.
- This Department recommends approval of this application with the following comment:

- This Department recommends denial of this application for the following reason(s):

S/

Fire Chief

1-6-2019

Date