

City of Hallowell Application for Marijuana 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: 9-14-24

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>Kennebec River Cannabis Co.</u>
Applicant(s) DOB: <u>Catherine Lewis</u> [redacted]	Physical Location <u>109 Water St.</u>
DOB: <u>Nicholas Lewis</u> [redacted]	City/Town State Zip Code <u>Hallowell ME 04347</u>
Address <u>P.O. Box 168</u>	Mailing Address <u>P.O. Box 168</u>
City/Town State Zip Code <u>Manchester ME 04351</u>	City/Town State Zip Code <u>Manchester, ME 04351</u>
Telephone Number Fax Number <u>207-215-4295 207.226.2000</u>	Business Telephone Number Fax Number <u>207.480.1511</u>
Federal I.D. # [redacted]	Seller Certificate # or Sales Tax # <u>1195691</u>
Email Address: <u>info@mainehomegrown.net</u>	Website: <u>www.mainehomegrown.net</u>

If business is NEW or under new ownership, indicate starting date: _____
Requested inspection date: _____ Business hours: mon-12-8pm, Tues-Thurs 9-8pm, FRI 9-9pm, SAT 12-9pm, Sun-10-6pm

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 marijuana? YES NO
If yes, please list License Number, Name, and physical location of any other business related to marijuana.

CG 250816 Homegrown Health care of maine (Use an additional sheet(s) if necessary.)
License # Name of Business
Lakeside Farm Road Winthrop, ME 04364 CG, mfg
Physical Location City / Town Type of Business

If manager is to be employed, give name: Nicholas Lewis
Business records are located at: 141 B Lakeside Farm Road, Winthrop, ME 04364

Is/are applicants(s) citizens of the United States? YES NO

Is/are applicant(s) residents of the State of Maine? YES NO

Has/have applicant(s) formerly held a business license related to marijuana? YES NO

List name, date of birth, and place of birth for all applicant(s) and manager(s). Give maiden name, if married: Use a separate sheet of paper if necessary.

Name in Full (Print Clearly)	DOB	Place of Birth
CATHERINE LEWIS	[REDACTED]	AUGUSTA, ME
NICHOLAS LEWIS	[REDACTED]	AUGUSTA, ME

Residence address on all of the above for previous five years (Limit answer to city & state)

Catherine Lewis - Readfield 2017-2021, Winthrop ²⁰²¹⁻ current

Nicholas Lewis - Readfield 2017-2018, Portland 2018-2019
Hallowell 2020-2024, Winthrop 2024-current

Has/have applicant(s) or manager(s) ever been convicted of any violation of the law, other than minor traffic violations, of any State of the United States? YES NO

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____ (use additional sheet(s) if necessary)

Does/do applicant(s) have all the necessary permits / licenses required by the pertinent State licensing department?

YES NO Applied for (date): ADULT USE 7-20-21 thru current

For new applicants, please provide a copy of the state license or application for license.

Will any law enforcement official benefit financially either directly or indirectly in your license, if issued?

YES NO If Yes, give name: _____

Does/do applicant(s) own the premises? YES NO If No, give name and address of owner: _____

Ben Spencer, 48 Pine Knoll Rd, Winthrop, Me 04364

Please provide proof of ownership or lease of the premises to be licensed. Lease good thru 2027 with previous owner, BRIAN Skehan.

The City of Hallowell limits the number of retail marijuana business licenses in the Downtown District (DT) to a limit of three licenses. If the premises is located in Downtown District, have you checked with the City Clerk to see if a license is available and if a lottery has been scheduled for issuance of a retail marijuana business license? YES NO

Describe in detail the premises to be licensed: **(Diagram of Premises Required)**

see attached
850 sq. ft

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? YES NO

If yes, type of facility: _____ Distance: _____

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: Winthrop, ME on 7-23-24
Town/City, State Date

S/

Signature of Applicant or Corporate Officer(s)
Catherine Lewis
Printed Name

S/

Signature of Applicant or Corporate Officer(s)
Nicholas Lewis
Printed Name

Approved by the City Council on: _____
Date

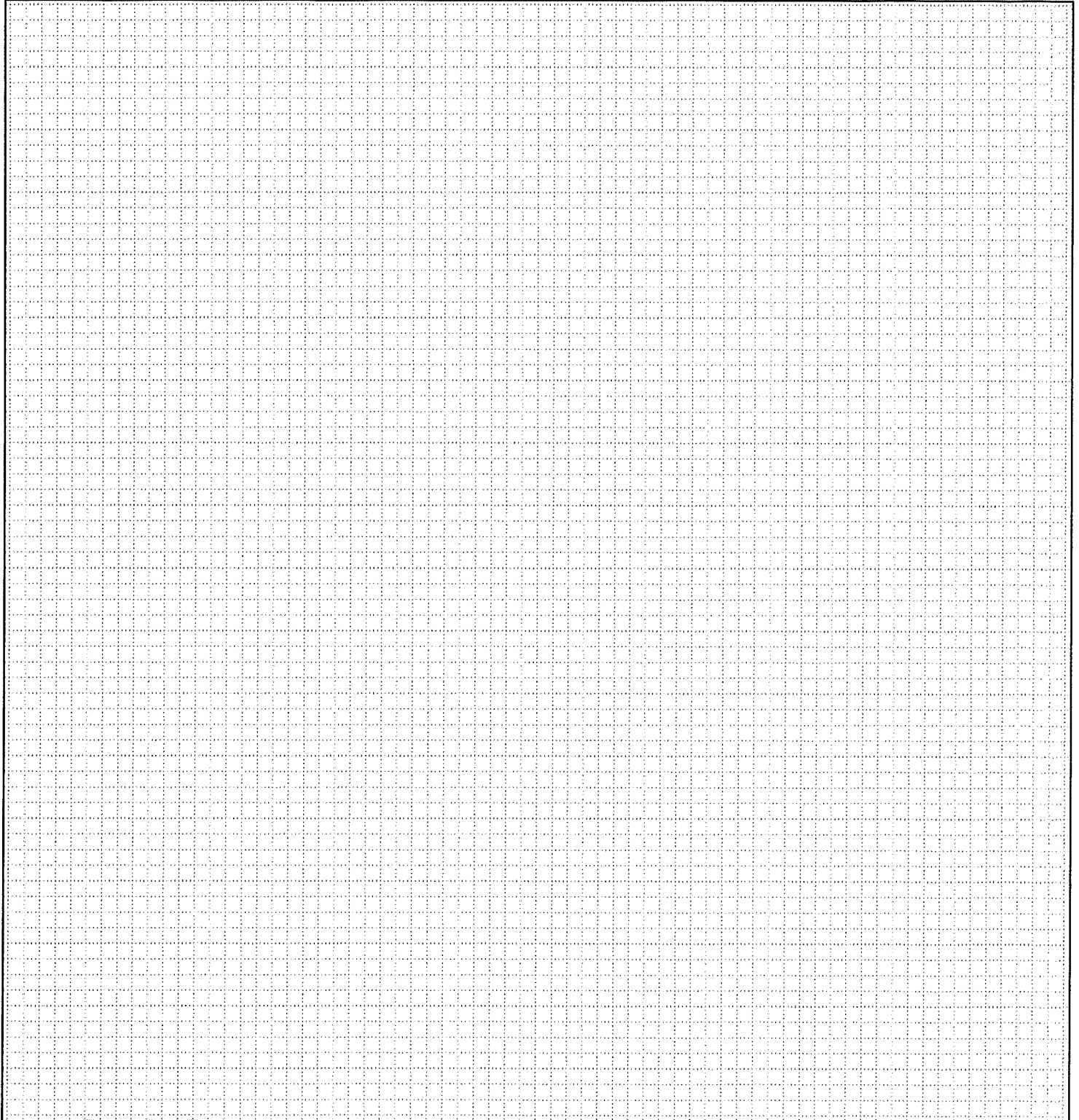
The Municipal Officers of the City of Hallowell, Maine:

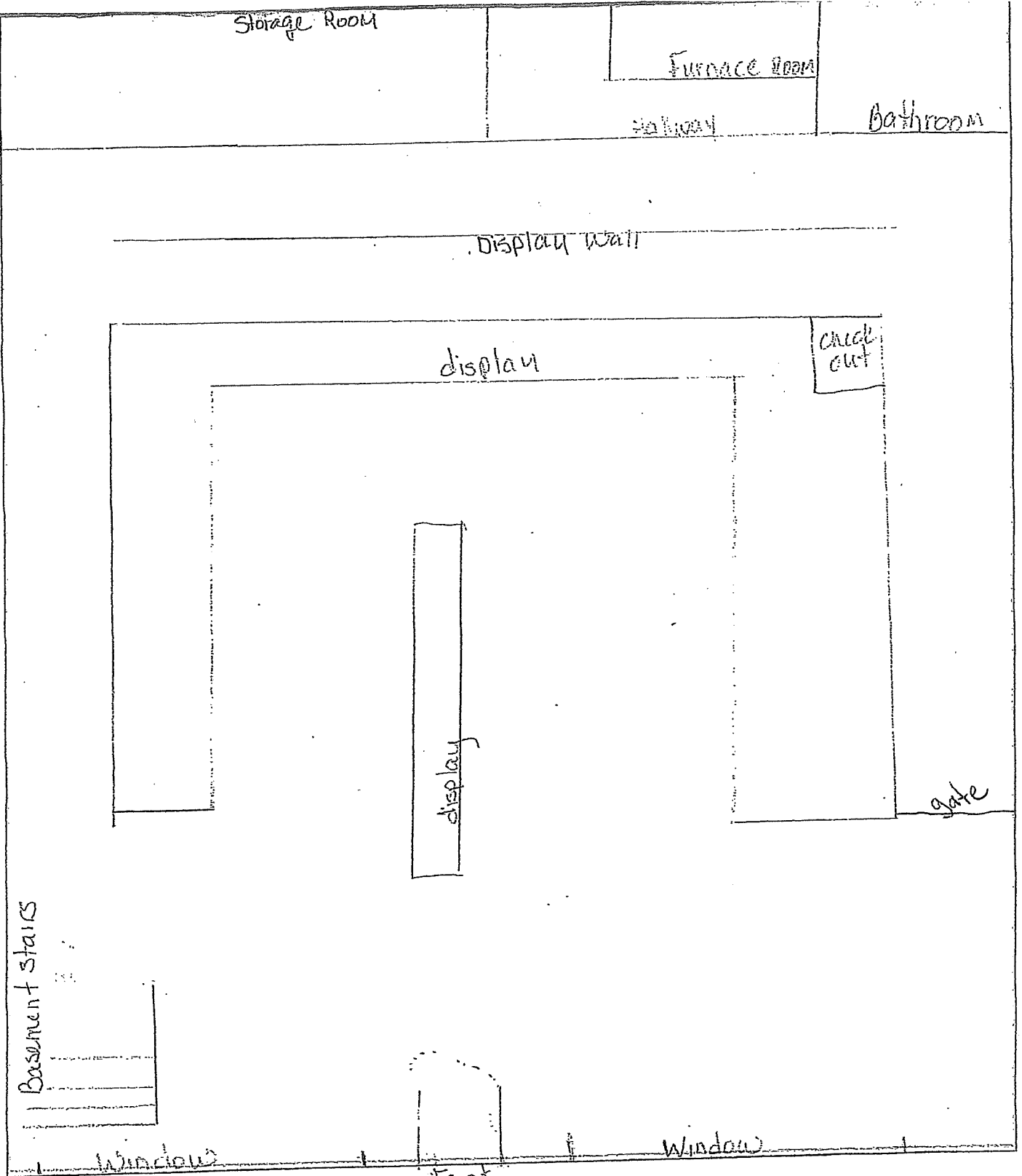
See attached

DIAGRAM OF PREMISES

In an effort to clearly define your license premises and the areas in which the cultivation, storage, sale or consumption of adult-use marijuana is allowed, the City requires all applicants to submit a diagram of the premises to be licensed in addition to a completed license application.

Diagrams should be submitted either as a sketch on this form or as a computer-generated drawing attached to it. The diagram should be as accurate as possible. Be sure to label the areas of your diagram including entrances, office area, kitchen, storage areas, dining rooms, lounges, function rooms, restrooms, decks and all areas for which you are requesting approval.





No windows open
1 door only

OMP_OP_MS
Rev. 12/2019

July 23, 2024

Corporate Information Required for Business Entities Who Are Licensees

Questions 1 to 4 must match information on file with the Maine Secretary of State's office. If you have questions regarding this information, please call the Secretary of State's office at (207) 624-7752.

Please clearly complete this form in its entirety.

1. Exact legal name: Homegrown of Hallowell LLC
2. Doing Business As, if any: Kennebec River Cannabis Co
3. Date of filing with Secretary of State: 11.27.18 State in which you are formed: Maine
4. If not a Maine business entity, date on which you were authorized to transact business in the State of Maine:

5. List the name and addresses for previous 5 years, birth dates, titles of officers, directors and list the percentage ownership: (attach additional sheets as needed)

NAME	ADDRESS (5 YEARS)	DOB	TITLE	% OWNERSHIP
CATHERINE Lewis	141 Lakeside Farm Winthrop		owner	80%
	44 Beaver Dam Rd. Readfield, ME			
Nicholas Lewis	141 Lakeside Farm Rd Winthrop		owner	20%
	Hallowell, ME 110 Waterst.			

(Stock ownership in non-publicly traded companies must add up to 100%.)

6. If Co-Op, number of members: _____ (list primary officers in the boxes above)
7. Is any principal person involved with the entity a law enforcement official?
 YES NO If Yes, Name: _____ Agency: _____
8. Has any principal person involved in the entity ever been convicted of any violation of the law, other than minor traffic violations, in the United States? YES NO
9. If Yes to Question 8, please complete the following: (attached additional sheets as needed)

Name: _____
 Date of Conviction: _____
 Offense: _____
 Location of Conviction: _____
 Disposition: _____

Signature:

S/

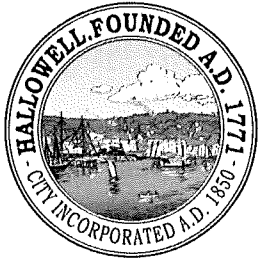
 Signature of Duly Authorized Person

Catherine Lewis

 Print Name of Duly Authorized Person

7-23-24

 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: Marijuana Business License Renewal
DATE: August 1, 2024

Homegrown of Hallowell LLC

at 109 Water Street has/have applied for renewal of a Marijuana Business License for a Retail Marijuana Seller - Adult Use. Pursuant to the City Council's Protocol on Marijuana 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:

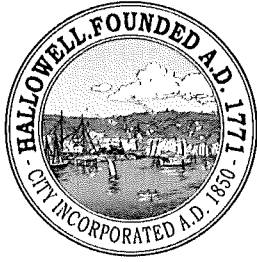
- This Department recommends denial of this application for the following reason(s):

S/ Chris Giles, Police Sergeant

Chief of Police

8-1-24

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: Code Enforcement Officer
FROM: City Clerk
RE: Marijuana Business License Renewal
DATE: August 1, 2024

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- 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/ Andy McMullen

Code Enforcement Officer

8/2/24
Date