

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

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

Hallowell 4Twenty LLC was formed and organized in Maine but the individual owners of the parent company, Leaf Lion Investments, Inc. are not Maine residents

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
Gerald A. Lessard Jr., Manager of Hallowell 4Twenty LLC	[REDACTED]	Lansdale, PA
Residence address on all of the above for previous five years (Limit answer to city & state)		
Telford, PA		

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): _____

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: _____
DSW Holdings, LLC c/o Dennis Wheelock, 50 Sewall Street, Portland, ME 04102

Please provide proof of ownership or lease of the premises to be licensed. - See attached

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? N/A YES NO

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

See attached.

The premises is currently operating as a compliant registered dispensary retail store and this application is to add the use of the kitchen for cannabis manufacturing

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:

N/A

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:

Leaf Lion Investments, Inc. is the owner of Hallowell 4Twenty LLC and provides financing for the company's operations.

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: Telford, PA on 8-8-24
Town/City, State Date

S/

Signature of Applicant or Corporate Officer(s)

Signature of Applicant or Corporate Officer(s)

Gerald A. Lessard Jr.

Printed Name

Printed Name

Approved by the City Council on: _____
Date

The Municipal Officers of the City of Hallowell, Maine:

DIAGRAM OF PREMISES

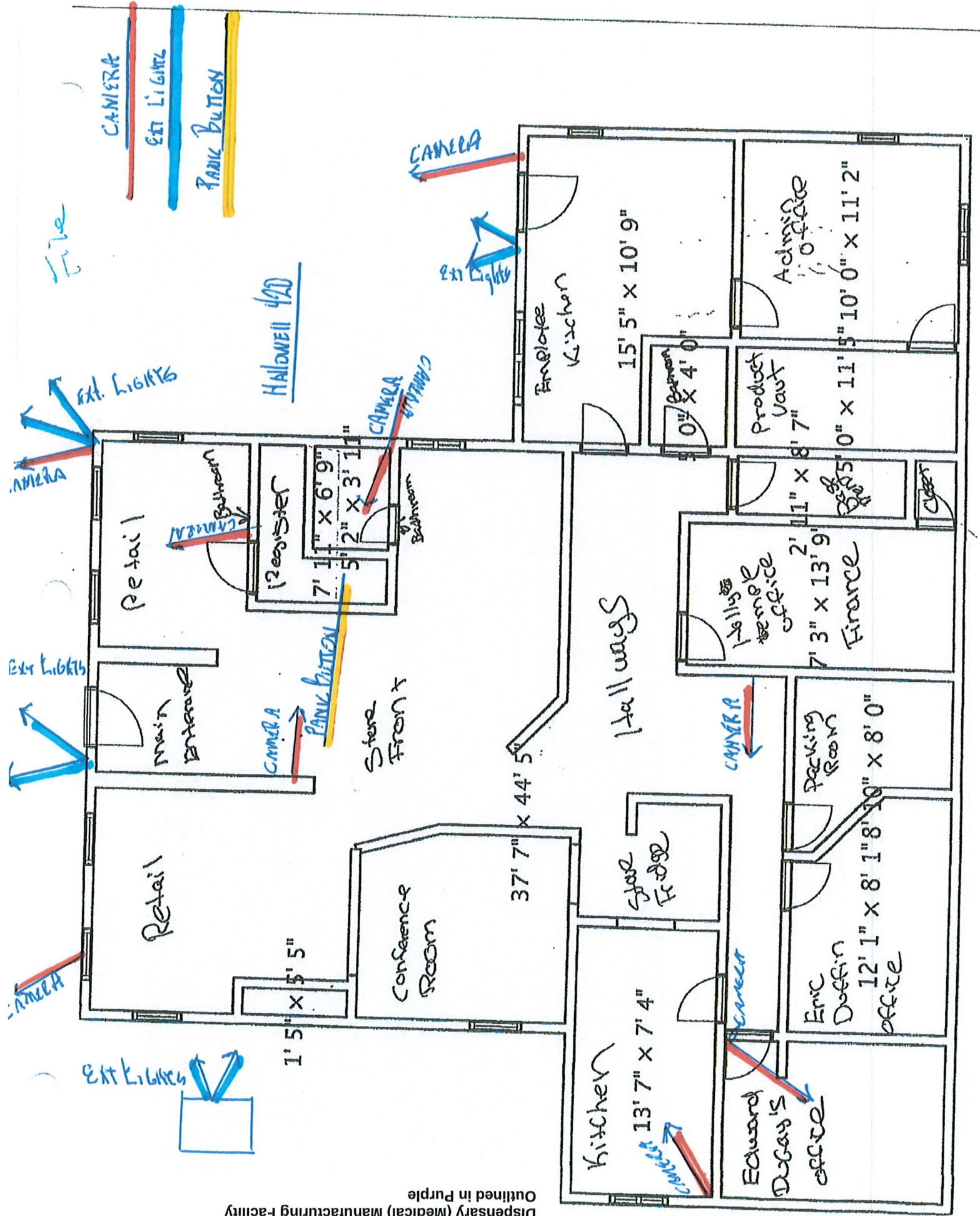
In an effort to clearly define your license premises and the areas in which the cultivation, storage, sale or consumption of adult-use marijuana is allowed, the City requires all applicants to submit a diagram of the premises to be licensed in addition to a completed license application.

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.

See attached.



Dispensary (Medical) Manufacturing Facility
Outlined in Purple



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: Hallowell 4Twenty LLC
2. Doing Business As, if any: _____
3. Date of filing with Secretary of State: 05/26/2020 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:
N/A
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
Gerald A. Lessard Jr.	26 Ridge Road, Telford, PA 18969 (same address for prior 5 years)	[REDACTED]	Manager	Owner through Leaf Lion Investments Inc.
Leaf Lion Investments, Inc.	See attachment for information regarding ownership of Leaf Lion Investments, Inc.	N/A	Member	100%

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

6. If Co-Op, number of members: N/A (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: N/A 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: N/A
 Date of Conviction: _____
 Offense: _____
 Location of Conviction: _____
 Disposition: _____

Signature:



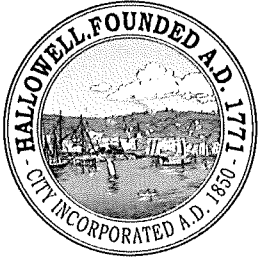
 Signature of Duly Authorized Person

8-8-24

 Date

Gerald A. Lessard Jr.

 Print Name of Duly Authorized Person



CITY OF HALLOWELL

City Clerk's Office

1 Winthrop Street
HALLOWELL, MAINE 04347

TEL: (207) 623-4021 FAX: (207) 621-8317
Lisa Gilliam, City Clerk

TO: Chief of Police
FROM: City Clerk
RE: Marijuana Business License Application
DATE: August 28, 2024

Hallowell4Twenty LLC

at 31 Water Street has/have applied for a

Marijuana Business License for a Registered Dispensary (Medical).

Pursuant to the City Council's Protocol on Marijuana Business License Applications, please provide your recommendation on this application. Marijuana

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

This Department recommends approval of this application with the following comment:

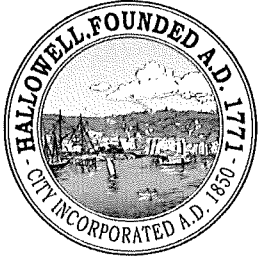
No reported problems at this location.

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

S/ Chris Lewis

Chief of Police

08/29/24
Date



CITY OF HALLOWELL

City Clerk's Office

1 Winthrop Street
HALLOWELL, MAINE 04347

TEL: (207) 623-4021 FAX: (207) 621-8317
Lisa Gilliam, City Clerk

TO: Code Enforcement Officer
FROM: City Clerk
RE: Marijuana Business License Application
DATE: August 28, 2024

Hallowell 4Twenty LLC (new ownership)
at 31 Water Street has/have applied for a
Marijuana Business License for a Manufacturing Facility.

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 completed the required inspection(s) on _____.

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

9/3/24
Date