

PLAINVILLE BOARD OF HEALTH MARIJUANA ESTABLISHMENT

PERMIT APPLICATION

Date of Application: _____

Type of Permit: **MARIJUANA OPERATING PERMIT**

Permit # _____

Received _____

Fee _____

Paid (ck or cash) _____

License granted _____

FOR OFFICE USE ONLY

Fee: \$

Establishment Name:	Email:
Establishment Address:	
Establishment Mailing Address (if different):	
Establishment Telephone Number:	Fax:
Applicant Name:	Title:
Applicant Telephone Number:	Email:
Owner Name (if different from applicant):	Title:
Owner Address:	
Owner Telephone Number:	Fax:
Corporation Name (if applicable):	
Corporate Office Address:	
Corporate Office Telephone Number:	Fax:

Renewal of an Existing Marijuana Operating Permit Only:

By checking this box, I certify the existing Marijuana Establishment and operations have not changed since the last renewal and inspection. If there are no changes skip to section B. (Section A does NOT have to be completed unless there are changes).

Type of Establishment:	Days and Hours of Operation:
<input type="checkbox"/> Marijuana Cultivator <input type="checkbox"/> Marijuana Testing/ Research Facility <input type="checkbox"/> Marijuana Product Manufacturer <input type="checkbox"/> Marijuana Retailer (no food products) <input type="checkbox"/> Marijuana Retailer (with food products) <input type="checkbox"/> Delivery Only <input type="checkbox"/> Craft Marijuana Cooperative	Sunday: _____ Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____

SECTION A: To obtain a Marijuana Operating Permit (new establishment/owner) or if there are facility /operational changes in the existing establishment submit the following:

<input type="checkbox"/>	Completed application. Incomplete applications and missing documents may delay the permitting process
<input type="checkbox"/>	Fee: \$600.00 Plan Review (includes Food Plan Review) made payable to the Town of Plainville
<input type="checkbox"/>	Fee: \$300.00 Marijuana Operating Permit
<input type="checkbox"/>	Fee: \$150.00 Retail Food Establishment Permit (offering pre-packaged edibles for sale, not manufacturing)
<input type="checkbox"/>	Fee: \$300.00 Food Establishment Permit (manufacturing of edibles)
<input type="checkbox"/>	Copy of Marijuana Operating Permit from Massachusetts Cannabis Control Commission
<input type="checkbox"/>	Signed and Approved Security Plan by the Plainville Police Department
<input type="checkbox"/>	Employee Training Certificates as required by 935 CMR 500.000
<input type="checkbox"/>	Contract with Waste Disposal Company
<input type="checkbox"/>	Contract with Pest Control Company
<input type="checkbox"/>	Completed "Workers' Compensation Insurance Affidavit" form include first page of the policy
<input type="checkbox"/>	<ul style="list-style-type: none">• Floor Plan drawing of the proposed establishment. Include and Identify the following on the plan:• Kitchen, sinks, and equipment if applicable• Location of customer waiting area• Location cleaning area/chemicals

SECTION B: To Renew a Marijuana Operating Permit, please submit the following:

<input type="checkbox"/>	Completed application. Incomplete applications and missing documents may delay the permitting process
<input type="checkbox"/>	Fee: \$300.00 made payable to the Town of Plainville
<input type="checkbox"/>	Fee: \$150.00 Retail Food Establishment Permit (offering pre-packaged edibles for sale, not manufacturing)
<input type="checkbox"/>	Fee: \$300.00 Food Establishment Permit (manufacturing of edibles)
<input type="checkbox"/>	Completed "Workers' Compensation Insurance Affidavit" form include first page of the policy

STATEMENT: I, _____ received, read and understand the Town of Plainville's regulations governing Marijuana Operating Permits. I understand that any deviation from the submitted and approved plan(s) without prior approval from the Plainville Board of Health may cause a delay in the permitting process.

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature: _____ Print: _____

Social Security or Federal Identification Number _____

* This license or permit will not be issued unless this certification clause is signed by applicant.

** Your social security number may be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c.62C s.49A.