



Town of Maynard

Marijuana Use Host Community Agreement Application

Please find additional marijuana commerce information on our [website](#).

Date: _____

Section 1: Project Information

Business Name: _____ Proposed Use: _____

Business DBA, if different: _____

Project Description:

Status of State License Application: _____

Section 2: Rules and Regulations

- [Town of Maynard Marijuana Rules and Regulations for Retailers](#)

- [Town of Maynard Marijuana Cultivators, Manufacturers & Testing Facilities Rules and Regulations](#)

I certify that I have read the above rules and regulations.

Owner Signature: _____ Date: _____

Section 3: Applicant Information

List all Owners Names:

Phone Number for Primary Contact: _____

Mailing Address for Primary Contact: _____

Email Address for Primary Contact: _____

1. Have any of the owners ever obtained a marijuana related license in any jurisdiction? Yes/No
If yes, explain: _____
2. Do any of the owners have any interest in any other marijuana establishment(s), including registered marijuana dispensaries or medical marijuana treatment centers? Yes/No
If yes, please provide the name and physical location of any other establishments.

3. Have any of the owners ever had any type of business license denied, revoked, or suspended in any jurisdiction? Yes/No
If yes, explain: _____
4. Have any of the owners ever received a Notice of Violation in any jurisdiction? Yes/No
If yes, explain: _____
5. Have any of the owners been in compliance for the last 3 years (or since being in business in Maynard, whichever is more), and is the Applicant currently in compliance, with all laws and regulations of the Town of Maynard? Yes/No
If no, explain: _____
6. Have any of the owners been charged in any jurisdiction with any form of wage theft in the last three years? Yes/No
If yes, explain: _____

Section 4: Property Location and Zoning Compliance

Address: _____ Zoning Designation: _____

HCA applicants are reminded that Section 3.0 of the [Maynard Zoning Bylaws](#) limit marijuana businesses to districts set forth in Table 3.1.2 Table A. Marijuana Businesses require Special Permit approval and if applicable, Site Plan review from the Planning Board.

HCA applicants must verify that the site identified above, to the best of their knowledge complies with section 3.0 and either section 7.7 Registered Marijuana Dispensary or section 7.9 Marijuana Retailers of the Maynard Zoning Bylaws with respect to siting restrictions.

I _____, owner or duly authorized agent of _____ (legal name of Applicant, hereby certify that:

The proposed site of the Marijuana Establishment as described in this application is consistent with all requirements of the Zoning Bylaws for the intended use.

The proposed site of the Marijuana Establishment as described in this application is not within 300 feet of a K-12 public or private school.

- Please note, distance shall be calculated by direct measurement of a straight line from the nearest point of the school to the nearest point of the Marijuana Establishment premises to be licensed.

Section 5: Business Experience/Plan

Provide a preliminary business plan with particular attention to your proposed scale of retail operation, inventory sources, products to be sold, plan for inventory management, financial resources, marketing expectations, and anticipated costs and revenues. (please attach your preliminary plan.)

1. Describe your business experience in Maynard if any.

2. Describe your experience operating a business within the Commonwealth of Massachusetts.

3. Describe your employee training process and plan to ensure regulatory compliance. If available, provide copies of any employee training manuals or policies to employ or plan to employ.

4. Describe the professional experiences and qualifications of the management and security teams.

Section 6: Project Logistics

- Provide a preliminary security plan identifying your priority security concerns and any site-specific issues and proposed means of addressing them (please attach your full preliminary plan).

- Provide a preliminary traffic circulation and parking plan demonstrating basic feasibility of the proposed site and/or intended traffic and parking mitigation strategies (please attach preliminary plan.)

- SITE MAP: Provide a preliminary site plan for the property showing all entrances and exits and parking areas

Section 7: Community Impact

1. Describe how you will prevent and educate youth and families about dangers of underage exposure to, and the consumption of, recreational marijuana. Describe how the Applicant will sustain these efforts over time.

2. Describe the additional economic value the business would bring to Maynard, e.g., new jobs, additional local tax revenue, increased property value, commitment to diverse and local hiring, commitment to use of local businesses for construction, supplies, product, and other business needs, openness to long-term community impact fees, support for community organizations, etc.

3. Describe how your business will support the unique character of your site's neighborhood, as well as the Town's overall character, history, and culture.

4. Describe the work you have completed with respect to community outreach and provide your plan for addressing community concerns.

5. Describe the proposed sustainable and renewable energy practices you plan to execute.

6. Describe how your proposal will support the [Maynard Community Development Principles](#).

7. Describe how your proposal will support the Maynard [Master Plan](#), please be as specific as possible.

8. If the proposed location is within the [Downtown Overlay District](#), describe how you will demonstrate consistency with of Section 9.4.6 of the Zoning Bylaws.

9. Describe how your proposed location reflects geographic diversity of the establishments in relation to other establishments or permitted marijuana retailer establishments.

Responsive applicants shall also be invited to make a 10-minute presentation to the Board of Selectmen after all applications have been received and examined by a Preliminary Review Team. In addition to the foregoing, the presentation will provide applicants an opportunity to address those matters you believe present the best case for your business seeking a licenses.

Owner Signature: _____

Date: _____

Print Name: _____

Title (Owner, Present, Agent, Etc.): _____

Email: _____

Phone: _____

Please submit this application to Assistant Town Administrator, Megan Zammuto
mzammuto@townofmaynard.net