



# OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

## Maine Medical Use of Cannabis Program Inherently Hazardous Substance Manufacturing Facility Local Authorization Form

This Local Authorization Form must be completed by the host municipality where an Inherently Hazardous Substances (IHS) Manufacturing Facility Certificate holder intends to locate an IHS manufacturing facility. The authorized local official responsible for completing this Form must return it to the Office of Cannabis Policy at [Licensing.OCP@maine.gov](mailto:Licensing.OCP@maine.gov) or 162 State House Station, Augusta, Maine 04333.

**If the authorized local official in receipt of this Form has questions regarding the local authorization process and OCP's expectations for completion of this Form, please contact the Director of Licensing, at [Licensing.OCP@maine.gov](mailto:Licensing.OCP@maine.gov) or (207) 624-7530.**

<b>Section 1: IHS Manufacturing Facility Information.</b> Information to be completed by the applicant.			
Applicant's Legal Name:		Doing Business As Name:	
Physical Address of the Proposed IHS Manufacturing Facility:		City:	State: Zip:
Mailing Address:		City:	State: Zip:
Primary Phone:		E-mail Address:	
<b>Section 2: Medical IHS Manufacturing Facility and Local Authorization Information.</b> This section to be completed by the Municipality in receipt of request for Local Authorization.			
Physical Location of the Facility (include unit number):		Municipality:	
Tax Map #:		Tax Lot #:	
Owner of Record of the Physical Location Listed Above:			
Date Local Authorization Form Presented to the Municipality:		Date Local Authorization Form Approved by Municipality:	
<b>Section 3: Local Authorization of IHS Manufacturing Facility within Municipalities.</b> This section to be completed by the Municipality in receipt of request for approval of Local Authorization.			
<b>Section 3(a): Request for approval of local authorization to operate a registered IHS manufacturing facility in municipality prohibited unless authorized by municipal ordinance or warrant article, or unless in operation with municipal approval prior December 13, 2018.</b> A person or entity operating a medical IHS manufacturing facility within a municipality may not request approval of local authorization to operate the medical IHS manufacturing facility, and a municipality may not accept as complete the person's request for approval of local authorization, unless the municipality permits, by ordinance or warrant article, the operation of registered IHS manufacturing facilities within the municipality, or unless the IHS manufacturing facility was operating with municipal approval in the municipality prior December 13, 2018.			

<p>Is an ordinance or warrant article in effect that allows the operation of a registered IHS manufacturing facilities within the municipality?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
<p>Is a copy of the ordinance or warrant article attached to this form or on file with the Office of Cannabis Policy?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
<p>If you answered “No”, that an ordinance or warrant article is not in effect, was the IHS manufacturing facility operating with municipal approval in the municipality prior to December 13, 2018?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
<p><b>Section 3(b): Local authorization required for operation of a registered IHS manufacturing facility within municipality.</b> A person may not to operate a registered IHS manufacturing facility within the municipality unless the following question is answered in the affirmative.</p>	
<p>Has the person obtained all applicable municipal approvals, permits, or licenses that are required by the municipality for the operation of a registered IHS manufacturing facility? By selecting “yes” below, the municipality is affirming that no further action by the municipality is required prior to the Office of Cannabis Policy’s approval of the applicant’s registration certificate. <i>Please attach a copy of all applicable approvals, permits or licenses, including dates of issuance and expiration to this form.</i></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	
<p><b>Statutory Guidance for Municipalities</b></p>	
<p>Pursuant to 22 MRS § 2429-D, a municipality may regulate registered IHS manufacturing facilities within that municipality, and may not permit a registered IHS manufacturing facility to operate within that municipality unless the municipal legislative body has voted to adopt or amend an ordinance or warrant article allowing the operation of a registered IHS manufacturing facility within that municipality, or unless that registered IHS manufacturing facility has been continuously operating, as a registered IHS manufacturing facility, by the same person or entity, within that municipality since before December 13, 2018.</p>	
<p><b>The completed Maine Medical Use of Cannabis Program Inherently Hazardous Substance Manufacturing Facility Local Authorization Form can be emailed to the Office of Cannabis Policy at <a href="mailto:Licensing.OCP@maine.gov">Licensing.OCP@maine.gov</a> or sent to Office of Cannabis Policy, 162 State House Station, Augusta, ME 04333-0162.</b></p>	
<p><b>Municipality</b></p>	
<p>Legal Name and Title of Authorized Municipal Official:</p>	<p>City:</p>
<p>I hereby affirm and acknowledge that the information above is truthful and complete to the best of my knowledge.</p>	
<p>Signature of Municipal Official: (Do not sign until witnessed by notary):</p>	<p>Date:</p>
<p><b>Notarization</b></p>	
<p>The foregoing instrument was acknowledged before me this _____ day of _____, 20____, at _____, Maine, by _____ to be the free act and deed of the above-named municipal official.</p>	
<p>Name of Notary Public (Printed)</p>	<p>Signature of Notary Public</p>
<p>Notary Public, State of Maine</p>	<p><b>STAMP/SEAL</b></p>
<p>My commission expires:</p>	