

## City of Fitchburg Non-Medical Marijuana Checklist

In addition to the materials required under Section 181.94 (Site Plan Review) and Section 181.93 (Special Permits) of this Ordinance, the following materials are required of all non-medical marijuana establishments. Where appropriate, state and local regulation citations are included to ensure compliance with relevant statutes.

**Please check the box indicating conformance with criteria, and denote specifically where this information can be found in your application (e.g. "Operating Procedures, p.3). Submit this checklist along with your completed application.**

<b>Applicant Name:</b>			
<b>Proposed Location:</b>			
<b>Marijuana Establishment (ME) Type:</b>		<input type="checkbox"/> <b>Marijuana Cultivator (MC)</b> <input type="checkbox"/> <b>Marijuana Product Manufacturer (MPM)</b> <input type="checkbox"/> <b>Marijuana Retailer (MR)</b> <input type="checkbox"/> <b>Marijuana Transporter</b> <input type="checkbox"/> <b>Independent Testing Lab</b> <input type="checkbox"/> <b>Craft Marijuana Cultivator Cooperative</b>	
Included in application?	Section & page # where information can be found	Relevant Statute	Criteria
<b>Basic Applicant Information</b>			
<input type="checkbox"/>		181.645(a)	The name and address of each owner of the ME facility/operation.
<input type="checkbox"/>		181.655(3)	The name, address, email address, and phone number of all designated Managers of the ME.
<input type="checkbox"/>		181.645(n)	Description of Activities. A narrative providing information about the type and scale of all activities that will take place on the proposed site, including but not limited to cultivating and processing of marijuana or marijuana infused products, on-site sales, off-site deliveries, distribution of educational materials, and other programs or activities.
<input type="checkbox"/>		181.645(o)	Service Area. A map and narrative describing the area proposed to be served by the ME and the anticipated number of clients that will be served within that area. This description shall indicate where any other ME exist or have been proposed within the expected service area.
<input type="checkbox"/>		181.656(6)	300 Foot Buffer Map. A map indicating the 300-foot radius surrounding the proposed ME (as measured from the nearest point of the structure of the ME to the nearest point of the property line of the protected use) as evidence that the facility is located at least 300 feet from facilities where minors congregate (schools, parks, residences, etc.). Include actual distances to each property within 300 feet.
<input type="checkbox"/>		181.656(3)	Evidence that the applicant has entered into an approved Host Community Agreement under which the applicant pays a host fee or Impact Fee to the City with the Mayor of the City of Fitchburg
<input type="checkbox"/>		181.656(5)a.	If setback reduction < 300 ft. requested – Applicant to demonstrate, by clear and convincing evidence that: 1) ME will employ adequate measures to prevent product diversion to minors, 2) the ME is adequately buffered, and 3) demonstration that a shorter distance will suffice to accomplish the objectives under 181.652.
<input type="checkbox"/>		181.655(2)	Proof of approval from the Commonwealth of Massachusetts for the proposed ME by submitting copies of all required registrations, licenses and permits issued to the applicant by the state and any of its agencies for the proposed ME.
<input type="checkbox"/>		181.656(3)	Evidence demonstrating that the ME will be operated in a responsible manner that does not materially adversely affect the public health, safety or the general welfare of the City or the immediate neighborhood where the ME is located. This may include but shall not be limited to evidence of Moral Character.
<input type="checkbox"/>		935 CMR 500.050	Proof that the ME is registered to do business in the Commonwealth as a domestic business corporation or another domestic business entity in compliance with 935 CMR 500.000.
<b>Notarized Documents</b>			
<input type="checkbox"/>		181.655(3) 181.653(8)	Notarized "Moral Character" Disclosure Form <i>(provided by Community Development Department)</i>
<input type="checkbox"/>		181.645(c)	A notarized statement signed by the organization's Chief Executive Officer and corporate attorney disclosing all of its designated representatives, including officers, directors, shareholders, partners, members, managers, or other similarly-situated individuals and entities and their addresses. If any of the above are entities rather than persons, the applicant must disclose the identity of all such responsible individual persons.
<input type="checkbox"/>		181.655(3)	A notarized Authorization for Release of Information form, for all designated Managers of the ME, which authorizes the Fitchburg Police Department to conduct a detailed background check on designated managers. <i>(provided by Community Development Department)</i>
<input type="checkbox"/>		181.645(d)	Evidence that the Applicant has site control and right to use the site for a ME facility in the form of a recorded deed or valid purchase and sales agreement or, in the case of a lease or option, a notarized statement from the property owner and a copy of the lease agreement.

<b>Site Information</b>			
<input type="checkbox"/>		181.945	<p>Detailed site plans, in compliance with 181.945, that includes the following information:</p> <p>(1) Compliance with the requirements for parking and loading spaces, for lot size, frontage, yards and heights and coverage of buildings, and all other provisions of this Ordinance.</p> <p>(2) Convenience and safety of vehicular and pedestrian movement on the site and for the location of driveway openings in relation to street traffic.</p> <p>(3) Convenience and safety of vehicular and pedestrian movement off the site, if vehicular and pedestrian traffic off-site can reasonably be expected be substantially affected by on-site changes.</p> <p>(4) Adequacy as to the arrangement and the number of parking and loading spaces in relation to the proposed use of the premises, including designated parking for home delivery vehicle(s), as applicable.</p> <p>(5) Design and appearance of proposed buildings, structures, signage, trash receptacles, screening and landscaping.</p> <p>(6) Adequacy of water supply, surface and subsurface drainage and light.</p> <p>(7) A detailed floor plan of the premises identifying the square footage available and describes the functional areas of the ME, including areas for any preparation of MIPs.</p> <p>(8) Details showing all exterior proposed security measures for the ME including lighting, fencing, gates and alarms, etc. ensuring the safety of employees and patrons and to protect the premises from theft or other criminal activity.</p>
<input type="checkbox"/>		181.6545	If a proposed MR is located in a building containing other retail, commercial, residential, industrial, or any other uses, including other types of MEs, the MR is separated by full walls from any and all other uses.
<b>Policies and Procedures</b>			
<input type="checkbox"/>		181.645(h) & 935 CMR 500.105	A copy of operating procedures, in compliance with 935 CMR 500.105 General Operating Requirements for ME's. Including additional operating requirements as applicable: 500.120 (cultivation), 500.130 (manufacturers), 500.140 (retail sales), 500.145 (social consumption), 500.160 (testing)
<input type="checkbox"/>		181.645(f) & 935 CMR 500.110	A description of the security measures, including employee security policies for the ME. Refer to 935 CMR 500.110 Security Requirements for MEs.
<input type="checkbox"/>		181.645 (g)	A traffic study to establish ME facility impacts at peak demand times.
<input type="checkbox"/>		181.645(i)	A copy of emergency procedures. Refer to 935 CMR 500.105 and 935 CMR 500.110 Security Requirements for MEs.
<input type="checkbox"/>		181.645(j)	(If applicable) A copy of the policies and procedures for home-delivery.
<input type="checkbox"/>		181.645(k)	A copy of the policies and procedures for the transfer, acquisition, or sale of marijuana
<input type="checkbox"/>		181.645(l) 181.645(l) & 935 CMR 500.105(12)	A copy of proposed waste disposal procedures
<input type="checkbox"/>		181.645(f)	Demonstration that an active security system will be installed for all locations and all security measures are approved by the Fire and Police Chiefs.
<input type="checkbox"/>		935 CMR 500.105(12)	Waste Disposal.
<input type="checkbox"/>		181.655	Proof that the detailed security plan, operation and management plan, and emergency response plans have been submitted to the Fitchburg Police Department and the Department of Planning and Community Development for comment and review at the same time or prior to the submission of the application, and any comment or response received by the applicant.
<input type="checkbox"/>		181.645(m)	A description of state or local waivers requested for the ME .
<input type="checkbox"/>		935 CMR 500.105(13)	Transportation Between Marijuana Establishments.
<b>For Experienced Operators (i.e. Operators with an approved Medical Marijuana Establishment)</b>			
<input type="checkbox"/>			Proof of approval from the Commonwealth of Massachusetts for the proposed ME by submitting copies of all required registrations, licenses and permits issued to the applicant by the state and any of its agencies for the proposed ME.

## AUTHORIZATION FOR RELEASE OF INFORMATION

Please submit this form along with your application for a Marijuana Establishment to the Fitchburg Planning Board. **In addition to this authorization form, all background checks and fingerprints will be processed at the Fitchburg Police Department. It is the applicant's responsibility to submit this authorization, in addition to evidence of FPD fingerprinting, to the Community Development Department at least 19 days in advance of the next Planning Board hearing.**

Print Name: \_\_\_\_\_

Maiden or former Married name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

Number/Street/ City / State / Zip Code

Previous Address: \_\_\_\_\_

Number/Street/ City / State / Zip Code

*To process this form, the following information has been requested by the Fitchburg Police:*

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Date of Application: \_\_\_\_\_

TO WHOM IT MAY CONCERN: I am an applicant for a marijuana establishment (ME) with the City of Fitchburg (hereinafter "City"). I hereby consent to having a full background investigation into my employment and personal history. I authorize any member of the CITY bearing this release to obtain any and all information relating to my employment and personal history. I hereby direct you to release all such information upon the request of the bearer. I do hereby authorize full disclosure of all records, whether said records are of a public, private, or confidential nature. I consent to the release of any and all public and private information including my work record, my military service records, educational records, my financial status, my criminal history records, including any arrest records, any information contained in investigators files, efficiency ratings, complaints or grievances filed by or against me, attendance records, and any internal affairs investigations and discipline, including any files which are deemed to be confidential.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing any information requested, including any liability of damage pursuant to any state or federal

laws. I hereby release you, as the custodian of such records of \_\_\_\_\_ organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

In consideration of the CITY's acceptance and processing of my application for employment, I agree to hold the CITY, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the CITY.

I understand that should any information of a criminal nature surface as a result of this investigation, said information may be turned over to the proper authorities which could result in a full criminal investigation.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974 with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Department in conjunction with employment procedures.

A copy of this release form will be valid, as an original thereof, even though the said copy does not contain an original writing of my signature. Should there be any question as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of compliance with this request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Then personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

known to me by a government issued identification, \_\_\_\_\_

and made oath that the aforementioned statements are true, and those made upon information and belief are true to the best of his/her knowledge.

\_\_\_\_\_

Notary Public

My Commission Expires \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MORAL CHARACTER FORM - Individual**

Please complete a Moral Character Form - Individual sheet for all individual(s) who have a direct or indirect interest, with or without ownership, in this license. This includes people with a financial interest and people without financial interest (i.e. board of directors for not-for-profit clubs). All individuals with direct or indirect financial interest must also submit a CORI Authorization Form.

An individual with direct beneficial interest is defined as someone who has interest directly in the proposed licensee. For example, if ABC Inc. is the proposed licensee, all individuals with interest in ABC Inc. are considered to have direct beneficial interest in ABC Inc. (the proposed licensee).

An individual with indirect beneficial interest is defined as someone who has ownership in a parent level company of the proposed licensee. For example, if ABC Inc. is the proposed licensee and is 100% owned by XYZ Inc., all individuals with interest in XYZ Inc. are considered to have an indirect interest in ABC Inc. (the proposed licensee).

Salutation:  First Name:  Middle Name:  Last Name:   
 Suffix:  Title:  Date of Birth:   
 Social Security:  Email:   
 Primary Phone:  Fax Number:   
 Mobile Phone:  Alternative Phone:

**Business Address**

Street Number:  Street Name:   
 City/Town:  State:   
 Zip Code:  Country:

**Mailing Address**

Check here if your Mailing Address is the same as your Business Address

Street Number:  Street Name:   
 City/Town:  State:   
 Zip Code:  Country:

**Types of Interest (select all that apply)**

- Contractual     Partner     Landlord     Sole Proprietor     Stockholder  
 LLC Member     Director     Revenue Sharing     Officer     Other

**Ownership / Interest**

Using the definition above, do you hold a direct  Direct or indirect interest in the proposed licensee?  Indirect

If you hold a direct beneficial interest in the proposed licensee, please list the % of interest you hold.

**If you hold an indirect beneficial interest in this license, please complete the Ownership / Interest Table below.**

**Familial Beneficial Interest**

Does any member of your immediate family have ownership interest in any other Massachusetts Marijuana Licenses? Immediate family includes parents, siblings, spouse and spouse's parents. Please list below.

Relationship to You	License Number	Type of Interest (choose primary function)	Percentage of Interest

**Ownership / Interest**

If you hold an indirect interest in the proposed licensee, please list the organization(s) you hold a direct interest in which, in turn, hold a direct or indirect interest in the proposed licensee. These generally include parent companies, holding companies, trusts, etc.

Name of Beneficial Interest - Organization	FEIN

**Prior Disciplinary Action**

Have you ever been involved directly or indirectly in a marijuana license that was subject to disciplinary action? If yes, please complete the following:

Date of Action	Name of License	State	City	Reason for suspension, revocation or cancellation

**MORAL CHARACTER FORM- Individual** (continued)

Yes  No

Have you ever been convicted of a state, federal, or military crime?

Yes  No

Ever had a professional license denied, suspended or revoked?

Yes  No

Ever had a business license denied, suspended or revoked?

Yes  No

Ever had a marijuana-related business license denied, suspended, revoked, or placed on administrative hold, or was subjected to a fine for violation or a marijuana-related zoning ordinance?

Yes  No

Ever had a business temporarily or permanently closed for failure to comply with any tax, health, building, fire, zoning or safety law?

Yes  No

Ever have an administrative, civil or criminal finding of delinquency for failure to file or failure to pay employment, sales, property or use taxes?

Yes  No

Ever been convicted of a felony, sex offense, or other offense involving violence distribution of controlled substances, excluding marijuana-related possession offenses, or other moral turpitude?

Yes  No

Within the previous sixty months been convicted of a misdemeanor or other offense involving the distribution of controlled substances, or driving under the influence of alcohol or other substance (DUI, OUI) convictions?

1. If you selected yes for any of the above, please explain:

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2. Please attach any additional evidence of moral character.

Signed under the pains and penalties of perjury on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_:

Print \_\_\_\_\_

Signature \_\_\_\_\_

Certificate of Acknowledgement

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(date) (notary)

personally appeared, \_\_\_\_\_,  
(signers)

personally known to me

-- OR --

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

\_\_\_\_\_

(notary signature)

My Commission Expires: \_\_\_\_\_

(seal)

# Special Permit Application/Site Plan Review Checklist

Application Requirements: Any applicant (person, corporation, partnership, etc.) who desires to obtain a Special Permit or Site Plan Review from the Planning Board shall file with the Board these items:

- Application Form + Application Fee (see back for fee schedule) \*\*\*
- Letter of Zoning Determination from the Building Commissioner
- One (1) copy of signed *Special Permit Application + Site Plan* checklist (see back)
- Tax Compliance Certificate, obtained at City Treasurer's office
- Eight (8) copies of the site plan, meeting Site Plan Requirements below\*\*\*  
(electronic copies strongly encouraged)
- Supplementary Materials (*for specially-regulated developments only, see 181.6*)
- Narrative describing conformance with Special Permit criteria (*Section 181.932*)  
(*Optional but strongly recommended for Special Permit applications*)\*\*\*

**\*\*\*Must be Submitted 19 days prior to next Planning Board Meeting**

Site Plan Requirements: Site plans accompanying Special Permit and Site Plan Review applications shall be prepared by a Massachusetts Registered Professional Land Surveyor or Professional Engineer, or other professional as approved by the Planning Board. Plans must include:

- Name of property owner
- Name and stamp of the surveyor, engineer, etc. who prepared the plan
- A locus plan, at the scale of one inch (1") equals one hundred feet (100'), or other scale deemed acceptable by the Board, showing the entire project in relation to its adjoining areas
- Location of all existing and proposed buildings, structures, signs, parking and loading areas
- Waterways, floodplain, wetland areas and wetland buffer zones
- Outdoor lighting and landscaping areas, areas for snow storage after plowing
- Existing and proposed topography and drainage plan, at two-foot intervals and plans for handling stormwater drainage. Unless deemed unnecessary by the Community Development Department, the site plan shall be accompanied by drainage calculations by a registered professional engineer. Storm drainage design must conform to City of Fitchburg Subdivision Regulations
- Eight (8) Plans in 11 x 17 form for distribution to Board members

Application Procedure and Timeline

**It is the responsibility of the applicant to ensure a completed application is submitted.** An application shall not be deemed complete until all copies of the required information and the application fee have been failed, or a waiver of the applicable requirements is requested in writing. Community Development staff will review application materials for completeness prior to forwarding a copy of the Application with the City Clerk’s Office.

Application Form + Site Plan, Supplementary Materials, and Narrative (optional) must be submitted within fifteen (19) days of next Planning Board meeting. **Full applications, including this completed checklist, must be submitted less than eight (8) business days prior to the next Planning Board meeting.**

**Failure to follow the above timeline will result in application being placed on the following month’s agenda.**

Fee Schedule

Special Permit and Site Plan Review application fees are listed below. **No review will occur, nor public hearing scheduled, without the receipt of the appropriate filing fee.** Checks shall be made payable to the “City of Fitchburg”. Note: application fees are non-refundable.

Special Permits	
Special Permit (other than PUD/Flexible Dev)	\$300
Planned Unit Development (PUD) or Flexible Development	\$25 per dwelling unit (plus \$75 publication fee)
Modification or Amendment to Special Permit	\$100

Site Plan Review	
Nonresidential Use	\$300
Multifamily Residential Use	\$100 per dwelling unit
Flexible Development	\$25
Minor Site Plan	\$25
Modification/Revision of an approved Site Plans	\$25

This application checklist is completed, to the best of my knowledge and abilities, in accordance with the requirements listed in the Special Permit and/or Site Plan Review Checklist.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_ Address of Project: \_\_\_\_\_