

CITY OF WORCESTER PLANNING BOARD



SPECIAL PERMIT APPLICATION FOR ADULT USE MARIJUANA CHECKLIST & REQUIREMENTS

Division of Planning & Regulatory Services

455 Main Street, Room 404, City Hall, Worcester, MA 01608

Office 508-799-1400 ext. 31440 – Fax 508-799-1406

One original and 15 copies of the following documents and plans:

A. Zoning Determination Form

- Form is provided by the Building & Zoning Division of Department of Inspectional Services located at 25 Meade Street.
- Form must be signed by an authorized Building & Zoning Division staff member. There is no fee for the zoning determination form.

B. Application

- An application with original signatures by all petitioners.
- If you are not the owner of the subject property and are a lessee or optionee, provide supporting information such as a lease or a purchase and sale agreement that shows your interest in the property, including confirmation of the lessor's consent to operate a Marijuana Establishment at the property.

C. Certification of Tax/Revenue Collection Compliance

- All current owners of subject property and applicants must certify that all local taxes, fees, assessments, betterments, or any other municipal charges of any kind are current with the City Treasurer's Office (part of the application).

D. Plan of Land - All applications that require site plan or parking plan approval shall include such plans as part of the special permit application. Applications that do not require site plan or parking plan approval shall include a plan of land meeting the following minimum requirements:

- The plan shall be at least 8.5" x 11" or 11" x 17", drawn to scale 1 inch equals 40 feet.
- A directional arrow indicating a north point.
- Names of streets.
- Summary of zoning classification requirements, parking requirements and minimum yard dimensions.
- Names of owners of properties up to abutters of abutters within 300 feet of the applicant's property lines,
- The location of any existing buildings or use of the property.
- Distances from adjacent buildings.
- Property lines shall be verified in the field and shown on the plan.
- Dimensions of the lot.
- Percentage of the lot covered by the principal and accessory buildings, proposed and existing.
- Existing rights of way, entrances and exits, circulation.
- Location, size and arrangement of lighting and signs.
- Fences (existing and proposed).

- ❑ Walkways and sidewalks.
 - ❑ Landscaped areas.
 - ❑ Dumpster location.
 - ❑ Parking and loading spaces, driveways, aisles.
 - ❑ Security plan elements, including the arrangement of pedestrian circulation and access to the public points of entry to the premises from the nearest public or private street or off-street parking area, as well as the location of any walkway structures, lighting, gates, fencing, and landscaping (see item F below).
 - ❑ Locus plan and legend.
- E. Certification of Minimum Distance Requirements** - A plan or written certification signed by a licensed surveyor demonstrating compliance with the 500 foot linear distance requirements from any public or private, primary or secondary school, licensed daycare center, public library, public park or playground, or any Marijuana Storefront Retailer (as applicable). The submitted plan shall include a map depicting the lines of measurement between the site and any of the aforementioned uses; if no such uses are located within 800 foot of the site, this map may be omitted. Linear distances are to be measured in a straight line from the nearest point of the facility in question to the nearest point of the proposed Establishment.
- F. Security Plan** - Detail how the property will be monitored and secured so as to avoid, deter and prevent illegal activities from taking place upon or about the applicant' s premises. Security plan should reference the plan of land showing the arrangement of pedestrian circulation and access to the public points of entry to the premises from the nearest public or private street or off-street parking area, as well as the location of any walkway structures, lighting, gates, fencing, and landscaping.
- G. Odor Control Plan** - Plan demonstrating how all resulting odors, smoke, vapor, fumes, pesticides, insecticides or other chemicals, gases and particulate matter from marijuana or its processing or cultivation shall be effectively confined to the premises or so disposed. Said plan shall detail the specific odor-emitting activities or processes to be conducted on-site, the source of those odors, the locations from which they are emitted from the facility, the frequency of such odor-emitting activities, the duration of such odor-emitting activities, and the administrative and engineering controls that will be implemented to control such odors, including maintenance of such controls.
- H. CCC Documents** - Copies of all licenses, permits and documentation demonstrating application status, registration or licensure by the Commonwealth of Massachusetts Cannabis Control Commission.
- I. List of Management Personnel** - A list of all managers, officers, directors, persons or entities having direct or indirect authority over the management, policies, security operations or cultivation operations of the Marijuana Establishment.
- J. Disclosure of Financial Interest** - A list of all persons or entities contributing 10% or more of the initial capital to operate the Marijuana Establishment, including capital in the form of land or buildings.
- K. Business Registration** - Proof that the Marijuana Establishment is registered to do business in the Commonwealth of Massachusetts as a domestic business corporation or another domestic business entity in compliance with 935 CMR 500 and is in good standing with the Secretary of the Commonwealth and Department of Revenue.
- L. Executed Host Agreement** - Copy of the executed Host Agreement with the City of Worcester for the proposed use.
- M. Certified Map and List of Abutters**
- ❑ The original, signed by the Assessor (2nd Floor, City Hall at Room 209).

N. Two Sets of Stamped Envelopes with Assessor's Address Labels for abutters and applicant.

- ❑ Request two (2) sets of Assessor's Address Labels (listing all abutters and abutters to abutters) from the Assessor's Office – there is a fee for this service.
- ❑ Create two (2) identical sets of stamped envelopes addressed to the abutters (using the Assessor's labels above).
- ❑ The return address on the envelopes should read: City of Worcester, Division of Planning and Regulatory Services; City Hall; 455 Main Street, Room 404; Worcester, MA 01608. (The office has a return address stamp if you'd like to use it).

These envelopes will be used by DPRS staff to send notices of the public hearing and its outcome.

O. Appropriate fee according to the most updated Fee Schedule. Please make checks payable to the City of Worcester.

P. Digital Copy. All applications, plans and materials must also be submitted as a PDF file to planning@worcesterma.gov prior to or at the time of application submittal to the office. All electronic files must be in the following format:

- ❑ Portable Document Format (.pdf), readable by Adobe Acrobat v.7.0 and later, named by project address and application type (ex. 455 Main Street – PB – SP)
- ❑ Minimum resolution of 200 dpi
- ❑ No single file should be greater than 50 MB (collections may be broken into separate files)

Failure to provide any part of these requirements deems this application incomplete.

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SPECIAL PERMIT APPLICATION FOR ADULT USE MARIJUANA

Division of Planning & Regulatory Services
City Hall, 455 Main Street, Room 404, Worcester, MA 01608
Office 508-799-1400 ext. 31440 – Fax 508-799-1406

1. Street Address of the Property in this Application: _____

Assessor's Map, Block & Lot: _____

2. Name of Applicant: _____

3. Address of Applicant: _____

4. Telephone: _____

5. E-mail: _____

6. Interest in Property:

- A. Owner B. Developer C. Other

7. Owner of Record, if different from Applicant: _____

8. Address of Owner of Record: _____

9. *If the applicant is different from the owner, fill out the following:*

AUTHORIZATION: I, _____, Owner of Record of the property listed with the Assessing Division of the City of Worcester, Massachusetts as Map _____ Block _____ Lot(s) _____, do hereby authorize _____ to file this application with the Division of Planning & Regulatory Services of the City of Worcester on this the _____ day of _____, 20____.

On this _____ day of _____, 20____, before me personally appeared _____, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

NOTARY PUBLIC

My Commission Expires: _____

(If there is more than one owner of the land to be considered in this application, a notarized authorization is required for each owner.)

10. What type of Marijuana Establishment Special Permit/s Are You Applying For? (check all that apply):

- Club, lodge, other private grounds (non-profit and private) allowing on-site consumption of marijuana or marijuana products, but not operating as a licensed marijuana social consumption operator.
- Marijuana Cultivator
- Marijuana Delivery- Only Retailer
- Marijuana Independent Testing Laboratory
- Marijuana Product Manufacture (Greater than 5,000 SF)
- Marijuana Product Manufacture (5,000 SF in size or less)
- Marijuana Research Facility
- Marijuana Storefront Retailer
- Marijuana Transporter
- Micro- Business

11. Zoning Classification(s) including overlay districts:

12. Present Use:

13. Describe Proposed Use/General Description of Proposed Development of Property (include information about buildings (area, etc.) to be retained and proposed uses (in SF) of all buildings on site). Attach additional sheets if necessary:

14. Proposed Hours and Days of Operation:

15. Land Use Approvals / Relief Previously Granted or Pending by other land use Boards:

WHEREFORE, the applicant(s) requests that this Board grant the special permit (s) as requested above.

By: _____
(Signature of Applicant or Applicant's Agent)
If more than one applicant, all applicants must fill out information.

(Name of Applicant)

(Address)

(Contact Phone Number)

(Email)

(Date)

By: _____
(Signature of Property Owner or Owner's Agent)
If more than one property owner, all owners must fill out information.

(Name of Property Owner)

(Address)

(Contact Phone Number)

(Email)

(Date)

**CERTIFICATION OF COMPLIANCE WITH
WORCESTER REVISED ORDINANCES GOVERNING REVENUE COLLECTION**

***Note: This form must be completed and signed by both the applicant(s) and owner(s) of the property certifying payment of all local taxes, fees, assessments, betterments, or any other municipal charges of any kind. Failure to include a fully completed certification form with the application shall result in the application being deemed incomplete and ineligible for further processing by the Zoning Board of Appeals.**

Pursuant to Massachusetts General Law, Chapter 40, Section 57 and the City of Worcester General Revised Ordinance, Chapter 11, Section 26-28, the undersigned applicant and all parties having an ownership interest therein, hereby certify, under the pains and penalties of perjury, that the applicant(s) and owner(s) have complied with the laws of the Commonwealth of Massachusetts and the City of Worcester regarding payment of all local taxes, fees, assessments, betterments or any other municipal charges of any kind.

(Give first and last names in full. In case of a corporation give names of President, Treasurer and Manager; and in case of firms, give names of individual members.)

(1) If a Proprietorship or Single Owner of residential property:

Name of Owner _____

Business Address _____

Home Address _____

Business Phone _____ Home Phone _____

Signature of owner (certifying payment of all municipal charges):

_____ Date: _____

(2) If a Partnership or Multiple Owners of residential property:

Full names and address of all partners

Printed Names

Addresses

Business Address _____

Business Phone _____

Signature of all owners of property (certifying payment of all municipal charges -attach multiple pages if necessary)

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

(3) If a Corporation:

Full Legal Name _____

State of Incorporation _____

Principal Places of Business _____

Place of Business in Massachusetts _____

Printed Names of Officers of Corporation:	Title
_____	_____
_____	_____
_____	_____

Owners of Corporation:		
Printed Names	Address	% of stock
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of all owners of property (certifying payment of all municipal charges -attach multiple pages if necessary)

_____	Date: _____

(4) If a Trust:

Name of Trust _____

Business Address _____

Printed Names of Trustees:	Address
_____	_____
_____	_____
_____	_____
_____	_____

Printed Names of Beneficiaries:	Address
_____	_____
_____	_____
_____	_____
_____	_____

Signature of trustees of property (certifying payment of all municipal charges -attach multiple pages if necessary)

_____	Date: _____

(5) Signature of Applicant (if different from owner, certifying payment of all municipal charges):

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

DO NOT SUBMIT THIS PAGE – FOR YOUR INFORMATION ONLY

The City of Worcester, by this document, does not provide legal advice. Questions about Special Permits should be directed to your legal counsel.

If your special permit petition is approved, obtain a certified copy of the approved decision from the city clerk’s office and record the decision at the registry of deeds.

Special Permit Decisions: Final decisions are typically signed at the next scheduled Board Meeting and filed the following day with the City Clerk. Typically, if there is no appeal of the decision after twenty days (20) has elapsed from the date the decision was filed with the City Clerk’s office, the applicant may obtain a properly certified copy of the approved decision from the City Clerk (Massachusetts General Law, Chapter 40A, Section 11).

City Clerk, City Hall
455 Main Street -Second Floor, Room 206
508-799-1121
Monday 8:45am - 5:00pm
Tuesday - Friday 8:45am - 4:15pm
www.worcesterma.gov

Recording Special Permit (s): Upon obtaining a properly certified copy of the approved decision, the applicant must bring the same copy to the Worcester District Registry of Deeds and have the decision recorded (Massachusetts General Law, Chapter 40A, Section 11).

Worcester District Registry of Deeds
City Square - 90 Front Street, Level 2 - 508-798-7717
Recording Hours: Monday – Friday 9 am to 4 pm
Closed on State or Federal Holidays
www.worcesterdeeds.com

Lapse of Special Permit(s): Per the City of Worcester Zoning Ordinance, Article II, § 9 (D)(5): If the activity authorized by a special permit granted by the PB or SPGA is not initiated within one (1) year of the date of grant of such special permit except in the case of phased construction as approved by the PB or SPGA and/or if the activity is not completed within two (2) years, then the special permit shall lapse unless the Director of Code Enforcement makes a determination that failure to complete was for good cause. Otherwise, after a lapse, the special permit may be re-established only after notice and a new hearing pursuant to this Ordinance (Massachusetts General Law, Chapter 40A, Section 11).

Your decision must be recorded prior to use of approved Special Permit