

WORCESTER LICENSE COMMISSION



Application for Retail Marijuana License

Worcester City Hall - 455 Main St., Room 404, Worcester, MA 01608
Phone 508-799-1400 ext. 31440 • Fax 508-799-1406 • Office Hours: 8:30 a.m. – 5:00 p.m.

PLEASE TYPE OR PRINT CLEARLY

No person shall operate a Marijuana Establishment pursuant to General Laws chapter 94G, unless a license is issued therefor by the license commission. This section shall not apply to a Registered Medical Marijuana Dispensary, as defined in chapter 369 of the acts of 2012, licensed by the city of Worcester Board of Health.

The undersigned respectfully requests that a license be granted to keep and operate a Retail Marijuana License

Name of License Holder:

Address

Manager:

Hours of Operation:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Phone #:

E-mail:

License Commission applications can be accessed from the City's website (as fillable pdfs) or obtained at the DPRS office. <http://www.worcesterma.gov/planning-regulatory/boards/license-commission>.

City of Worcester License Commission
c/o Division of Planning & Regulatory Services
Worcester City Hall, 455 Main Street, Room 404 (4th floor), Worcester, Massachusetts 01608
Telephone: (508) 799-1400 x31440 Fax: (508) 799-1406
Email: planning@worcesterma.gov
Website: www.worcesterma.gov/planning-regulatory



<u>Filing Requirements</u>	
Filing Fee & Advertising Fee:	\$100 Initial license \$50 Annual renewal
Annual License Fee:	Marijuana Retailer New - \$2,750
Items to be submitted with application	<input type="checkbox"/> Planning Board Approval Decision <input type="checkbox"/> Plan of premises <input type="checkbox"/> Security Plan <input type="checkbox"/> Odor Control Plan <input type="checkbox"/> CCC License <input type="checkbox"/> List of Management Personnel- & Contact Information <input type="checkbox"/> Management Plan <input type="checkbox"/> Disclosure of Financial Interest <input type="checkbox"/> Business Registration <input type="checkbox"/> Copy of the executed Host Community Agreement with City of Worcester <input type="checkbox"/> Lease or proof of ownership of premises <input type="checkbox"/> Plan describing how persons under 21 years of age will be identified and prevented from entering.

I, _____, as an owner for the applicant business, state under penalty of perjury that the application and all supporting documents are true and correct to the best of my knowledge and belief.

Signature: _____ Date _____

APPROVALS (FOR OFFICE USE)

PLANNING & REGULATORY SERVICES: _____ Date _____

BUILDING DEPARTMENT: _____ Date _____

POLICE DEPARTMENT: _____ Date _____