



TOWN OF LEE

Office of Select Board
32 Main Street
Lee, Massachusetts 01238

Tel. (413) 409-5975
Fax (413) 243-5523
Email: selectboard@lee.ma.us
Website: lee.ma.us

MARIJUANA SPECIAL PERMIT APPLICATION REVIEW CRITERIA

	SCORE
Completeness & Quality of Application: 35%	
7% Includes business plan with sound financial resources, scale of operation, and source of inventory	___%
7% Includes a strong employee training process and plan to ensure regulatory compliance	___%
7% Includes a well-organized and comprehensive security plan	___%
7% Includes a comprehensive traffic plan	___%
7% Includes a comprehensive parking plan	___%
Industry Experience: 10%	
10% Applicant has demonstrated experience in the cannabis industry or a similar industry with age restricted products	___%
Local Business Experience: 10%	
10% Applicant has business experience in Lee or other areas of Massachusetts	___%
Geographic Balance: 10%	
10% Maintenance of geographic balance in the distribution of marijuana establishments	___%
Commitment to Community: 10%	
10% Commitment to youth safety, abuse preventions, and community education	___%
Diversity: 25%	
5% Application includes WMBE Attestation	___%
5% Applicant is a Social Equity Program Participant or an Economic Empowerment Priority Applicant	___%
5% Applicant is an individual or entity most impacted by the War on Drugs (including prior Marijuana-related criminal offense or conviction)	___%
5% Applicant is an individual or entity that is part of an Area of Disproportionate Impact	___%
5% Applicant is an individual or entity comprised of individuals of Black, African American, Hispanic, Latino, Native American or indigenous descent	___%
TOTAL SCORE: _____% out of 100%	



TOWN OF LEE

Office of Select Board
32 Main Street
Lee, Massachusetts 01238

Tel. (413) 409-5975
Fax (413) 243-5523
Email: selectboard@lee.ma.us
Website: lee.ma.us

MARIJUANA SPECIAL PERMIT APPLICATION

Business Name:
d/b/a:
Business Physical Address:
Business Mailing Address:
Name of Primary Point of Contact:
Contact's Email:
Contact's Phone:

Is your business a minority or women-owned business (see pages 5 & 6)? ☐ Yes ☐ No

Please submit:

- ☐ DOR Certificate of Good Standing, and
- ☐ Business Structure Documents
 - If Sole Proprietor, **Business Certificate**
 - If partnership, **Partnership Agreement**
 - If Corporation of LLC, **Articles of Organization** from the Secretary of the Commonwealth

Proposed Address for Marijuana Establishment:
Applicable Section of Zoning Bylaw:
Map and Lot Number (can be obtained from the Land Use office):
Is the proposed location at least 500 feet from any school, place of worship, or any type of child-care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please check the type of license(s) being applied for:

- ☐ Retail ☐ Cultivation ☐ Manufacturing

If Retail, please state proposed hours of operation:
--

Description of Premise:

Total Square Footage:		Number of Entrances/Exits:	/
Number of Floors:		Occupancy Number:	

Officers, Stock, or Ownership Interest

List all individuals or entities that will have a direct or indirect, beneficial or financial interest in this license. The individuals and titles listed in this section must be identical to those filed with the Massachusetts Secretary of State.

Name of Principal	Residential Address	SSN	DOB
Title/Position	% of Ownership	Director/LLC Manager	MA Resident
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race (Optional)			

Name of Principal	Residential Address	SSN	DOB
Title/Position	% of Ownership	Director/LLC Manager	MA Resident
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race (Optional)			

Name of Principal	Residential Address	SSN	DOB
Title/Position	% of Ownership	Director/LLC Manager	MA Resident
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race (Optional)			

Name of Principal	Residential Address	SSN	DOB
Title/Position	% of Ownership	Director/LLC Manager	MA Resident
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race (Optional)			

Name of Principal	Residential Address	SSN	DOB
Title/Position	% of Ownership	Director/LLC Manager	MA Resident
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race (Optional)			

Criminal History

Has any individual listed above been convicted of a State, Federal or Military Crime? If yes, attach an affidavit providing details of any and all convictions.

☐ Yes ☐ No

Operations Information

Proposed timeline to be operational:

I hereby request a hearing before the Select Board with reference to the above-noted marijuana special permit application.

Print Name:	Title:	Date:

Signature:

--

Please submit payment of \$350.00 to apply against advertising and notice costs for this hearing. Costs incurred by the Town in excess of this fee must be paid by the applicant prior to the hearing date.

A completed application and payment must be submitted at least three weeks prior to scheduled hearing date.

For Office Use Only:

Date received:	Received by:



TOWN OF LEE

Office of Select Board
32 Main Street
Lee, Massachusetts 01238

Tel. (413) 409-5975
Fax (413) 243-5523
Email: selectboard@lee.ma.us
Website: lee.ma.us

MARIJUANA SPECIAL PERMIT

Women/Minority Business Enterprise (WMBE) Attestation Form

The Town of Lee has implemented a process for review of Marijuana Special Permit applications for minority ("MBE") and women-owned ("WBE") businesses that align with the Massachusetts Cannabis Control Commission (MACCC) expedited review of these same applicants pursuing a Marijuana Establishment Special Permit.

In order to proceed with the Town of Lee's Marijuana Special Permit local approval review for those applicants who are applying as the category of "Women or Minority Owned Business", the applicant must be certified with the Massachusetts Supplier Diversity Office ("SDO") as an MBE or WBE, or in the alternative, take the appropriate steps outlined below.

INSTRUCTIONS

Applicants Currently Certified by the Supplier Diversity Office

If the applicant is certified by the SDO as an MBE or WBE, please provide a copy of your current SDO certification letter with your application to ensure the appropriate designation has been made in your Marijuana Special Permit Application. If already certified by the SDO as an MBE or WBE, then this affidavit is not required.

Applicants Not Certified by the Supplier Diversity Office

If the applicant is not yet certified as an MBE or WBE, you may still proceed with local approval review if you comply with the following:

1. Sign up for, and attend, the [SDO's Pre-Certification Workshop Class](#); and
2. Submit a complete and notarized affidavit along with the SDO's Pre-Certification Workshop Class confirmation email.

Information pertaining to the SDO and certification is available on the SDO's website:

<https://www.mass.gov/supplier-diversity-office>

The following form provides information about how to proceed with the Town of Lee's Marijuana Special Permit local approval review while SDO certification is being pursued.

TOWN OF LEE, MA

SDO CERTIFICATION AFFIDAVIT

Business Name: _____

Name of Owner(s): _____

Name of those owners identifying as MBE or WME
(list full name and which category identifying as): _____

Each owner identifying as MBE or WME must complete an affidavit.

As an owner of the proposed Marijuana Establishment, I hereby attest to the following: (all applicants shall obtain full certification from the SDO and shall provide to the Town of Lee final approval upon issuance. The Town of Lee will revoke, or deny renewal of, the Town of Lee Marijuana Special Permit if final SDO certification is not secured and maintained through the life of the business. Attest by initialing each box next to the provision):

1. As an individual owner, I qualify to be certified as an MBE or WBE business by the SDO; _____
2. At least 51% of applicable owners of the proposed Marijuana Establishment, collectively as a group of individuals, qualify to be certified as an MBE or WBE by the SDO; _____
3. I, or a representative of the applicant, have provided the MBE or WBE designation in the Marijuana Special Permit Application; _____
4. I have signed up for the SDO's Pre-Certification class and received documentation (confirmation email) to that effect; _____
5. I understand that the application above will be reviewed for local approval only once all documentation has been submitted and reviewed for compliance; _____
6. I understand that as a condition of being reviewed for the Marijuana Special Permit local approval for the business listed above, the applicant's business will be required to attain final SDO certification as MBE or WBE prior to commencing the Marijuana Establishment operations; and _____
7. I understand that providing materially inaccurate, incomplete, or fraudulent information to the Town of Lee is grounds for denial of a renewal application, suspension, or revocation of any Marijuana Special Permit that I or the business may receive. _____

I affirm and certify that all of the information provided within is true, accurate, and made voluntarily.

Owner's Signature

Date

NOTARY ACKNOWLEDGMENT

Commonwealth of Massachusetts, County of _____

On this _____ [day] of _____ [month], 20____, before me the undersigned notary public, _____ [name of document signer] personally appeared, proved to me through satisfactory evidence of identification, which were _____ [type of identification], to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

Notary Public Signature

[SEAL]