



CITY OF MARLBOROUGH

BOARD OF HEALTH

140 Main Street, Lower Level
Marlborough, Massachusetts 01752
Facsimile (508) 460-3638 TDD (508) 460-3610

Joseph Tennyson, MD, Chair
James Griffin, Vice Chair
Phillip Short, Member
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REGULATION TO ENSURE THE SANITARY AND SAFE OPERATION OF MARIJUANA ESTABLISHMENTS AND THE SALE OF MARIJUANA

PERMIT FEE: \$500.00

NO PERMITS WILL BE ISSUED IF TAXES ARE OWED

Establishment Legal Name: _____

Establishment Name DBA: _____ Establishment Tel.#: _____

Establishment Address: _____

Mailing Address: _____

Email Address: _____

Owner Name and Corporate Officers: _____

Owner Address: _____ Owner cellular #: _____

Manager Name: _____ Manager cellular #: _____

Type of marijuana establishment (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> marijuana cultivator | <input type="checkbox"/> marijuana retailer: ___Rec/Adult ___Medical |
| <input type="checkbox"/> marijuana testing facility | <input type="checkbox"/> marijuana product manufacturer |
| <input type="checkbox"/> other type of marijuana-related business (SPECIFY) _____ | |

Current Cannabis Control License _____

(A copy of this license, MUST BE ATTACHED to this Application)

PLEASE MAKE ALL CHECKS OR MONEY ORDERS OUT TO CITY OF MARLBOROUGH

Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Signature of Owner or Corporate Officer

Date

Telephone#

RETAILERS: This form must be initialed and signed by the owner of the establishment applying for or renewing a Board of Health Marijuana Operating Permit.

No permit will be issued until this checklist has been initialed and signed.

_____ I understand that no person shall sell marijuana or marijuana products to a minor under 21 years of age unless a qualifying patient.

_____ I understand that each person selling marijuana or marijuana products not medically prescribed shall verify the age of every purchaser by means of a valid government issued photo identification.

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_____ I understand that the retail sale for adult use, not medically prescribed marijuana, shall be face-to-face between the seller and the buyer

_____ I understand that no person shall gift marijuana or marijuana products to a consumer contingent upon the sale of any other product

_____ I understand that no person shall accept or redeem any coupon that provides any marijuana products

_____ I understand that a Marijuana Operating permit is not transferable

_____ I understand that an establishment with a Marijuana Operating permit is prohibited from applying for a tobacco sales permit

_____ I understand that self-service marijuana products are prohibited

_____ I understand that all vending machines containing marijuana products are prohibited

_____ I understand that a "we card all" sign must be on display at every point of sale

_____ I will provide the Marlborough Health Department with proof of a current "Cannabis Control License" from the Massachusetts Cannabis Control Commission

_____ I understand that I am responsible for informing any and all persons who sell marijuana or marijuana products at my business about both state and local regulations pertaining to sales

_____ I understand that the Marlborough Board of Health or its designee will conduct frequent compliance checks of my business to ensure that marijuana and marijuana products are not sold to minors.

_____ I understand that penalties for violation of the regulation may include a written warning citation, a fine, a marijuana operating permit suspension, a marijuana operating permit revocation

_____ I have read and understand the Regulation of the City of Marlborough Board of Health regulation to ensure the sanitary and safe operation of marijuana establishments and the sale of marijuana

Signature _____ Date _____
(Owner or Corporate Officer)

Please Print Name _____ Title _____