



**GARDINER CITY COUNCIL  
AGENDA ITEM INFORMATION SHEET**



<b>Meeting Date</b>	06/02/2021	<b>Department</b>	Planning/Economic Dev
<b>Agenda Item</b>	5.c) First Reading of an application for a Tier 3 Medical Marijuana Cultivation facility		
<b>Est. Cost</b>			

**Background Information**

Eric McMaster is applying for a Tier 3 Medical Marijuana Cultivation facility located at 15 Lions Way, Gardiner Maine.

All documents are attached to this agenda item.

<b>Requested Action</b>	"I would like to make a motion to move this item to a Second Read on June 16, 2021 at 6PM via a publicly accessible Zoom meeting of the Gardiner City Council."
<b>City Manager and/or Finance Review</b>	Acting City Manager approves the above action.
<b>Council Vote/ Action Taken</b>	
<b>Departmental Follow-Up</b>	

<b>City Clerk Use Only</b>	1 <sup>st</sup> Reading _____	Advertised _____	EFFECTIVE DATE _____
	2 <sup>nd</sup> Reading _____	Advertised _____ w/in 15 Days	
	Final to Dept _____	Updated Book _____	Online _____

Marijuana Business License Application

- New Application
- Renewal Application
- Existing Facility as of 12/13/20
- Medicinal to Adult Use Conversion

**Adult Use Business**

- Retail Marijuana Store \$1500
- Cultivation Facility
- Tier 3 2k-7k sq ft of canopy \$2000
- Tier 4 > 7k sq ft of canopy \$2500
- Manufacturing Facility \$2000
- Testing Facility \$500
- Nursery \$1500

**Medical Business**

- Medical Retail Marijuana/Dispensary \$1000
- Medical Marijuana Cultivation Facility
- Tier 1 30-60 plants \$500
- Tier 2 <2000 sq ft of canopy \$1500
- Tier 3 2k-7k sq ft of canopy \$2000
- Tier 4 > 7k sq ft of canopy \$2500
- Medical Marijuana Manufacturing Facility \$2000
- Medical Marijuana Testing Facility \$500

**Applicant Information**

Name Eric McMaster

Address 13 Independence Drive Brunswick, ME 04011

Phone 207.215.7516

Email McMaster628@gmail.com

Do you own any other marijuana businesses? Yes

If yes, Please list and describe: Medical storefront in Farmingdale

Do you currently hold any marijuana licenses or conditional marijuana licenses?  
Yes, Medical & ICE Adult Use Card

Are you licensed caregiver? Yes

**Property Information**

Physical address of proposed marijuana business 15 Irons Way  
Map 029 Lot 001A Zone MUV  
Property owner's Name and address Robin Spencer  
Property owner's phone 207. 242. 0030  
Property owner's email N/A

**Business Information**

Type of marijuana business medical cultivation  
Name of Business True Blooms Wellness  
Number of employees 4  
Hours of operation 8-5 Mon - Sunday  
Brief description of the business Medical Cannabis Cultivation

Square feet of retail space Ø

Square feet of indoor plant canopy 1000 sq ft

Square feet of outdoor plant canopy Ø

Square feet of manufacturing space 6500 sq ft

Describe any security protocols Barbed wire fence, locked fence gate, Dead bat, SimpliSafe monitored security, sound alarm

extraction will be performed, please describe the process to be used and the machines/chemicals



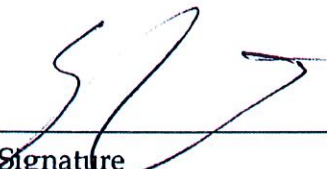
involved \_\_\_\_\_

Are there any Hazardous processes or chemicals to be used at the business, if so please describe MA

Describe any fire protection/suppression equipment \_\_\_\_\_

Do you own or have financial interest in any other marijuana businesses in any state \_\_\_\_\_

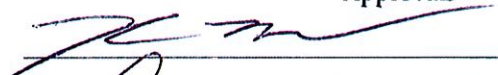

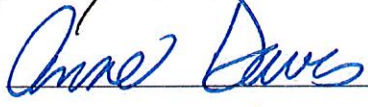
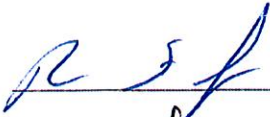
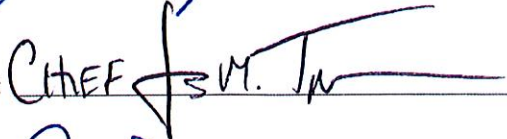
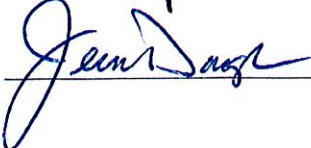
If manufacturing, please describe the processes as well as the products that will be manufactured \_\_\_\_\_

  
Signature \_\_\_\_\_

3/8/21  
Date \_\_\_\_\_

For Municipal Use Only

Approvals

Code Enforcement		Date <u>5-7-21</u>
Economic Development		Date <u>5/19/2021</u>
City Manager		Date <u>5/19/21</u>
Gardiner Fire Department		Date <u>5/21/21</u>
Gardiner Police Department		Date <u>5/21/21</u>
Public Works		Date <u>5/24/21</u>

City Council Approval Date: \_\_\_\_\_







**STATE OF MAINE**  
**Office of Marijuana Policy**  
**Medical Use of Marijuana Program**  
**Caregiver Application**

**SECTION 1: Caregiver Information.**

- New
- Renewal
- Modification to plant count
- Change to canopy-based cultivation

Legal Name: Eric McMaster

Date of Birth: [REDACTED]

Telephone Number: [REDACTED]

Home Address: 13 Independence Drive

City: Brunswick

State: Maine

Zip: 04011

Mailing Address: 13 Independence Drive

City: Brunswick

State: Maine

Zip: 04011

Email Address (required): McMaster628@gmail.com

SSN or Federal EIN: [REDACTED]

Sales Tax Registration Number: 1202840

**SECTION 2A: Cultivation Location.**

Street Address: 15 lions way

City: Gardiner

State: Maine

Zip: 04345

Indoor OR  Outdoor. Please describe:

4500 square feet of indoor cultivation

**SECTION 2B: Property Owner.**

Legal Name of Property Owner: Robin Spencer

Street Address:

City:

State:

Zip:

**SECTION 3: Caregiver Retail Store.**

Legal Business Name: Tru Blows Wellness

Doing Business as Name, if applicable:

Street Address: 498 maine ave

City: Farmington

State: Maine

Zip: 04344



**SECTION 8: Attestation.**

**I have read and attest to the following:**

- A. All information on this application is true and correct. Misrepresentation on this application may jeopardize my status as a registered caregiver in the Maine Medical Use of Marijuana Program (MMMP).
- B. I have reviewed the rules and statute to allow me to execute my duties, rights and responsibilities as a caregiver under the laws and regulations governing the MMMP.
- C. In the event that law enforcement, MMMP staff, and/or their representatives question my status as a card holder, I must provide my registry identification card and current government-issued photo ID.
- D. I will comply with inspections, as required, and refusal of entry could jeopardize my status as a caregiver.
- E. I will comply with applicable regulations and requirements if I am producing edibles with medical marijuana or using pesticides in the cultivation of medical marijuana.
- F. I will abide by packaging and labeling requirements as defined in MMMP rules and statute.
- G. I will not sell, furnish or give marijuana to a person who is not allowed to possess marijuana for medical purposes.
- H. I may operate one retail store to sell harvested marijuana to qualifying patients for the patients' medical use.
- I. I may employ assistants to assist in performing the duties of the caregiver and they must be registered with the State of Maine in accordance with state law.
- J. I have provided my social security number or federal identification number for reporting to the Maine Revenue Service for tax purposes only.
- K. I will collect and remit sales tax related to my sales and transactions of medical marijuana.
- L. I have reviewed local/town/municipal ordinances and my status as a caregiver does not violate any ordinances currently in place.
- M. I will submit to annual background checks as required in statute or as required by program policy.
- N. I must submit to the department annually, a report of the number of qualifying patients and visiting qualifying patients I have assisted.
- O. I must submit a new application each time I apply for a card and renew a card.
- P. If any of my information changes after this application is processed, I must notify MMMP.
- Q. I am a Maine resident.
- R. If I do not comply with these requirements, the Department of Administrative and Financial Services may revoke authorization to serve as a caregiver under the Maine law.
- S. I will use the inventory tracking system specified, developed, and maintained by the Department or its designee. I will track, using the inventory tracking system specified by the Department, marijuana plants, marijuana, marijuana concentrate, and marijuana products from immature plant to point of sale.
- T. I authorize the Department to transfer the information contained in this application to its third party inventory tracking system vendor for the purposes of establishing credentials in the inventory tracking system. I will use the inventory tracking system specified, developed and maintained by the Department or its designee to track all marijuana plants, marijuana, marijuana concentrate and marijuana products from immature plant to point of sale.

**Signature - This application cannot be accepted without a signature.**

I understand and agree that federal, state and local officials or other persons and organizations may verify the information I have given. I understand that if I have given incorrect information, my application may be denied. I have read and understand the questions above.

Applicant's Signature

Date

12 / 1 / 2020

**Submit completed application and applicable fees (personal checks are not accepted) to the following address:**

Medical Use of Marijuana Program  
Office of Marijuana Policy  
162 State House Station  
Augusta, ME 04333-0162  
Tel: (207) 287-3282; Fax: (207) 287-2671; TTY users: Dial 711 (Maine Relay)  
E-mail: [licensing\\_omp@maine.gov](mailto:licensing_omp@maine.gov)  
Website: <https://www.maine.gov/dafs/omp/medical-use/>



**SECTION 4: Registered Caregiver Authorized Activities.** Please check all that apply.

- Standard caregiver cultivation activities
- Standard caregiver processing and manufacturing activities (no inherently hazardous substance extraction)
- Processing or manufacturing of marijuana from a patient, caregiver, or dispensary
- Processing or manufacturing marijuana using inherently hazardous substances
- Manufacturing edible marijuana products
- Standard caregiver transfer, donation and/or sale of medical marijuana, concentrate and products to patients
- Operation of one caregiver retail store
- Purchase or other receipt of wholesale marijuana from other caregivers or dispensaries
- Sale or other transfer of wholesale marijuana to other caregivers or dispensaries

**SECTION 5: Fees.** The fee is \$240 for each group of up to six (6) mature marijuana plants cultivated by a caregiver.

**Caregiver cultivating/servicing patients**

(Elect either plant count or canopy.)

**Plants**

	Fee
<input type="checkbox"/> 6 mature/12 immature plants	\$240
<input type="checkbox"/> 12 mature/24 immature plants	\$480
<input type="checkbox"/> 18 mature/36 immature plants	\$720
<input type="checkbox"/> 24 mature/48 immature plants	\$960
<input type="checkbox"/> 30 mature/60 immature plants	\$1200

**Canopy**

- 500 Sq. Ft. Canopy

Number of mature plants to be cultivated within canopy: 55-60      \$ 2400

**Example plant canopy fees:**

- 31-36 mature marijuana plants, \$1440
- 37-42 mature marijuana plants, \$1680
- 43-48 mature marijuana plants, \$1920
- 49-54 mature marijuana plants, \$2160
- 55-60 mature marijuana plants, \$2400

Application Fee: 2400  
 Background Check Fee: \$31.00  
 Total Enclosed: 2431.00

**Caregiver non-cultivating/servicing patients**

(Purchasing from a registered caregiver or dispensary)

**Harvested marijuana from:**

	Fee
<input type="checkbox"/> 6 mature/12 immature plants	\$240
<input type="checkbox"/> 12 mature/24 immature plants	\$480
<input type="checkbox"/> 18 mature/36 immature plants	\$720
<input type="checkbox"/> 24 mature/48 immature plants	\$960
<input type="checkbox"/> 30 mature/60 immature plants	\$1200

Application Fee: \_\_\_\_\_  
 Background Check Fee: \$31.00  
 Total Enclosed: \_\_\_\_\_

**SECTION 6: Local Authorization.**

Upon receipt of the completed application, the Office of Marijuana Policy will send a Local Authorization form to the applicant. It will be the applicant's responsibility to obtain Local Authorization pursuant to Title 22, Section 2429-D.

**SECTION 7: Required Submissions.**

- A cashier's check or money order made payable to "Treasurer, State of Maine." **All fees are non-refundable.**
- Copy of State of Maine-issued photographic identification.
- Copy of food establishment/processing license, if applicable.



City of Gardiner  
----- Receipt -----

04/16/21 9:45 AM 10:KOC #12732-1  
TYPE----- REF--- BANK---  
Marijuana Fiers  
Cult Rec Tier 3 2,000.00

Total: 2,000.00\*  
Paid by: Eric MacMaster  
Remaining Balance: 0.00

Check : 2,000.00  
471293 - 2,000.00



<b>CURRENT OWNER</b>		<b>TOPO</b>		<b>UTILITIES</b>		<b>STRT/ROAD</b>		<b>LOCATION</b>		<b>CURRENT ASSESSMENT</b>	
CAPITAL AREA PROPERTIES LLC		1 Level		1 All Public		1 Paved		2 Suburban		Code Appraised Assessed	
PO BOX 573										3222 92,800 54,100	
GARDINER ME 04345		GIS ID 029001A		Assoc Pld#						3510 GARDINER, ME	

<b>RECORD OF OWNERSHIP</b>		<b>BK-VOL/PAGE</b>		<b>SALE DATE</b>		<b>QU</b>		<b>V/I</b>		<b>SALE PRICE</b>		<b>VC</b>	
CAPITAL AREA PROPERTIES LLC		12132 0201		10-14-2015		U I		U I		230,000		1E	
MAINE STATE OF		1324 0369				U V				0 1			

<b>EXEMPTIONS</b>		<b>OTHER ASSESSMENTS</b>	
Year	Code	Description	Amount

<b>ASSESSING NEIGHBORHOOD</b>	
Nbhd	0001
Nbhd Name	B
Tracing	Batch

<b>NOTES</b>	
Appraised Bldg. Value (Card) 92,400	
Appraised Xf (B) Value (Bldg) 0	
Appraised Ob (B) Value (Bldg) 400	
Appraised Land Value (Bldg) 54,100	
Special Land Value 0	
Total Appraised Parcel Value 146,900	
Valuation Method C	

<b>BUILDING PERMIT RECORD</b>		<b>APPROAISED VALUE SUMMARY</b>	
Permit Id	Description	Amount	Total
			146,900

<b>LAND LINE VALUATION SECTION</b>											
B Use Code	Description	Zone	Land Type	Land Units	Unit Price	I. Factor	Site Index	Cond.	Nbhd.	Nhbd Adj	Notes
1	3222 COMM BLDG			43,560 SF	1.08	1.15000	F	1.00		1.000	Location Adjustment
Parcel Total Land Area: 1.1100											

<b>VISIT / CHANGE HISTORY</b>					
Date	Id	Type	Is	Cd	Purpose/Result
05-03-2017	CL			26	Building Permit Visit
03-30-2016	CL			43	Assessor Review
01-26-2016	CL			43	Assessor Review
05-26-2009	CL			15	Building Permit Inspection
09-04-2007	RS			00	Measure + Listed
09-04-2007	RS			07	Measure/Info at Door

<b>ADJUSTED VALUE SUMMARY</b>	
Appraised Bldg. Value (Card)	92,400
Appraised Xf (B) Value (Bldg)	0
Appraised Ob (B) Value (Bldg)	400
Appraised Land Value (Bldg)	54,100
Special Land Value	0
Total Appraised Parcel Value	146,900
Valuation Method	C

**VISION**

Total Appraised Parcel Value 146,900

Parcel Total Land Area: 1.1100

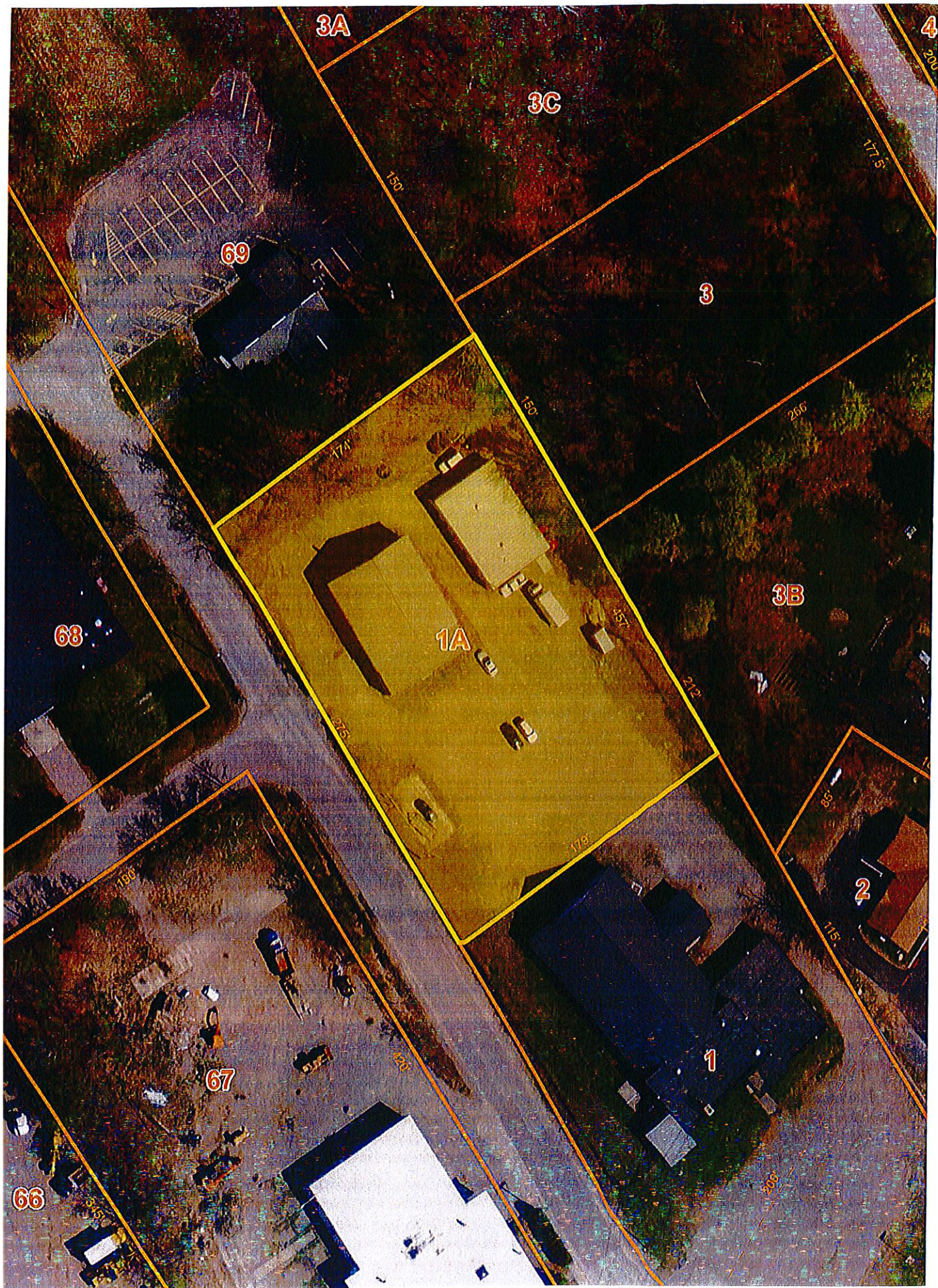
Total Land Value 54,100

This signature acknowledges a visit by a Data Collector or Assessor











## Capital Area Properties

100 Bowler St  
Gardiner ME 04345  
207-271-0114

April 21 2021

To whom it may concern,

Our tenant Eric McMaster / Tru Blooms Wellness renting two buildings located at 333 Brunswick Ave Gardiner ME 04345 has permission to cultivate cannabis on the property.

Warm Regards,

**Evan Spencer**  
Manager





CITY OF  
**Gardiner**

*Moving Forward*

Eric McMaster  
15 Lions Way  
Gardiner Maine, 04345

Dear Eric,

Based on the information you provided for your medical marijuana cultivation practice located at 15 Lions Way, the Public Works Department does not anticipate any safety concerns. If any information you provided were to change, I would ask that you inform us of those changes.

Thank You,

Jerry Douglass  
Public Works Director  
Phone: 582-4408

Department of Public Works  
6 Church Street | Gardiner, ME 04345  
207-582-4800 | 207-582-6895 (fax) | [jdouglass@gardinermaine.com](mailto:jdouglass@gardinermaine.com)  
[www.GardinerMaine.com](http://www.GardinerMaine.com)





**CITY OF GARDINER  
FIRE & RESCUE DEPARTMENT**



*Fire Chief Richard Sieberg*

*March 11, 2021*

Dear Eric McMaster,

I have received your request for a letter from the Fire Department regarding your existing business at 15 Lions Way.

Due to the fact no change is being made to the already established business, and after speaking with Code Enforcement, I see no issues for the Fire Department.

As always we look forward to working with all of the businesses in the City. Please feel free to reach out to the Fire Department if you have questions or concerns.

Sincerely,

Richard Sieberg  
Gardiner Fire Department  
Fire Chief





## ***GARDINER POLICE DEPARTMENT***



*Chief James M. Toman*

CEO Kris McNeill  
Gardiner Planning Board  
Office of Economic and Community Development

Mr. Eric McMaster  
15 Lions Ave  
Gardiner, Maine 04345

Per review criteria 6.5.1.13- Based upon information provided and based upon my site visit, this business appears to have appropriate operational and safety and security measures in place to operate in the City of Gardiner. Since the appropriate systems are in place, with additional features soon to be added, it is my belief that the Gardiner Police Department will have the ability to respond safely and effectively to any emergency or criminal activity that may occur at the business location. This business may result in some calls for police services, however, it is not anticipated that these calls will have an impact on the overall services that the Gardiner Police Department delivers.

Sincerely,

Chief James M. Toman  
Gardiner Police Department  
City of Gardiner





March 23, 2021

Eric McMaster  
15 Lions Way  
Gardiner Maine, 04345

Dear Eric,

Based on the information you provided for your medical marijuana cultivation practice located at 15 Lions Way, the Wastewater Department does not anticipate any additional usage on the system. If any information you provided were to change, I would ask that you inform us of those changes.

Thank You,

Doug Clark  
Wastewater Superintendent  
582-1351

Department of Public Works  
6 Church Street | Gardiner, ME 04345  
207-582-4800 | 207-582-6895 (fax) | [jdouglass@gardinermaine.com](mailto:jdouglass@gardinermaine.com)  
[www.GardinerMaine.com](http://www.GardinerMaine.com)





# GARDINER WATER DISTRICT

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P.O. Box 534 • Gardiner, Maine 04345 • 207-582-5500 • Fax: 207-582-3095

March 31, 2021

Eric McMaster  
15 Lions Way  
Gardiner Maine 04345

Dear Mr. McMaster,  
The Gardiner Water District has the capacity to serve your business located at 15 Lions Way in Gardiner.  
Please contact me if you need anything further.

Sincerely,

Paul Gray Supt. GWD





## Office of Code Enforcement

6 Church Street  
Gardiner, Maine 04345

Phone: 207 582-6892  
Fax: 207 582-6895

May 7, 2021

Eric McMaster  
15 Lions Way  
Gardiner Maine, 04345

Mr. McMaster,

After reviewing your application for a medical marijuana cultivation facility license, I find that it complies with all applicable land use ordinances. I approve of the license being issued.



Kris McNeill  
Code Enforcement Officer