

GARDINER CITY COUNCIL AGENDA ITEM INFORMATION SHEET





Date Re

Date Received in Office 2 26
Received by: 200 (
Office Amount Received
\$ 200 (

☐ New Application ☑ Renewal Applicat	License Application	s Business	\$2000 Approved	Denied
Type of Business				
☐ Testing Facility ☐ Nursery/Grow Sto	cility-Connercial Uniteder	ι.		
Medical Cannabis or Red	creational- <u>Kccraturel</u>			
If cultivation, what Tier? ☐ Tier 1 -30-60plant ☐ Tier 2- <2000sf of ☐ Tier 3 —2k-7ksf of ☐ Tier 4—7ksf of cal	canopy canopy			
Applicant Information	on Eric McMaster	-		
Address	13 Endependence D	L. Brindwick, M.	5 oyou	
Phone	201-215-7516		-	
 Email	MMaster 628 Qg	mail.com		

Do you own/ have financial interest in any other Cannabis businesses in Maine and/or other states?

describe: Medocal langues -
Do you currently hold a State of Maine Caregiver card or State of Maine conditional Cannabis license? Rhak an actual cease with Somfocf. *If so, please provide a copy of your States of Maine Caregiver Card or State of ME Conditional license
and any documentation submitted to obtain these licenses.
Business Location
Physical address of proposed Cannabis business Uay
Map Z9 Lot IA Zone MUV
Property owner's name and address Enc McMaster 13 Blude feedem Dr. Brunswill Mc our N
Property owner's 207. 215 - 7576
Property owner's emailMCMaster 625 @gmaJ. Com
*Please provide property owners permission documentation to operate a Cannabis business at this location.
Business Information ,
Name of business The Choclet Factory
Number ofemployees
Hours of operation Mon - Fri San - 5pm
Brief description of the Connercial Ketchen for making edibles to Wholesak in the Adult Use Conners Morket
to Wholesak in the Adult use Councies Morket

Square feet of retail space
Square feet of indoor/Outdoor plant canopy
Square feet of manufacturing space 560
Describe any security protocols Monstered Canua, Barted Wife Ferrey Meterized gate
If 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
Describe any fire protection/suppression equipment hand held five extraorshr, Fore day monitored five System/Alam
Please describe odor control measures to be used at the site.
If manufacturing, please describe the processes as well as the products that will be manufactured Commercial In when to make Chicolady gimmy; baled goods.
2/20/24 Signature Date

For Municipal Use Only

Approvals

Code Enforcement Date 3/1/24	
Economic Development Multiple	Date 3/11/24
City Manager Date 3/1/24	
Gardiner Fire Department	Date
Gardiner Police Department Date	
Public Works Date 3-11-24	<u>-</u>
City Council Approval Date:	





OFFICE OF CANNABIS POLICY Maine Medical Use Of Cannabis Program

Individual Caregiver Registration

ID #: CGR26279

ERIC S. MCMASTER

DOB:

Date Issued: 01/07/2024

Expiration Date: 01/06/2025

