

APPLICATION FOR LICENSING OF MARIJUANA ESTABLISHMENTS IN THE CITY OF FALL RIVER

BACKGROUND:

Whereas the City of Fall River, has a desire to issue Letters of Non-Opposition to only the highest quality Marijuana cultivators, retailers, manufacturers and delivery service providers, the City of Fall River is working with the Fall River Cannabis Review Commission (FRCRC) to issue an Application for Licensing of Marijuana Establishments within the City to interested parties, assisting applicants to complete the application and prepare the application for submission and review to the FRCRC to conduct initial reviews of all marijuana applicants looking to secure a Letter of Non-Opposition from the City of Fall River.

MARIJUANA ESTABLISHMENT LICENSES TO BE ISSUED:

The following licenses are available to be reviewed and voted upon by the River Cannabis Review Commission (FRCRC) and presented to the Mayor of the City of Fall River for further action: Independent Testing Laboratory; Marijuana Cultivator; Marijuana Product Manufacturer; Marijuana Research Facility; Marijuana Retailer; Marijuana Delivery Service and Cannabis Cafes under the provisions of MGL c. 94G and the provisions of 935 CMR 500 and specifically those conferring authorizations, approvals and enforcement of the Mayor of Fall River and as the local Licensing Authority.

FALL RIVER CANNABIS REVIEW COMMISSION

The Fall River Cannabis Review Commission (FRCRC) is an advisory committee to the Mayor of the City of Fall River and shall consist of the following members:

1. Police Chief
2. City Planner
3. City Council Member as appointed by Mayor
4. City of Fall River Department of Health Representative
5. City resident with medical background as appointed by the Mayor

PROCESS:

The Issuance of a Letter of Non-Opposition will follow these general steps:

- (i) The Application for Licensing of Marijuana Establishments in the City of Fall River is submitted to the City for review of completeness and submission to the advisory FRCRC;
- (ii) After review of the application, the FRCRC may also conduct interviews of the Applicants and request that the applicant proceed with the scheduling of a Community Outreach Meeting in the neighborhood in which the proposed facility is to be located;
- (iii) After a review of the financial strength and background of the applicants, the location of the proposed facility, the operational strength of the management company and the feedback from the community as part of the Community Outreach Meeting, the FRCRC will vote to approve or disapprove of the application;
- (iv) FRCRC will then forward its recommendation to the Mayor of the City of Fall River for further review and action regarding the issuance of a Letter of Non-Opposition.

FALL RIVER CANNABIS REVIEW COMMISSION APPLICATION COST

1. The total cost of the FRCRC Application process is Fifty Thousand Dollars (\$50,000.00). Two Thousand, Five Hundred Dollars (\$2500.00) is non-refundable and due upon the submission of this application. Twenty Two Thousand, Five Hundred Dollars (\$22,500.00) is due upon approval of the Letter of Non-Opposition issued by the Mayor of the City of Fall River and Twenty Five Thousand Dollars (\$25,000.00) is due upon approval of a License from the Massachusetts Cannabis Control Commission.
2. The total cost for Massachusetts Cannabis Commission Certified Economic Empowerment Priority Applicants and/or Certified Social Equity Plan Participants, the cost of the FRCRC Application is Twenty Five Thousand Dollars (\$25,000.00). Two Thousand, Five Hundred Dollars (\$2500.00) is non-refundable and due upon the submission of this application. Ten Thousand Dollars (\$10,000.00) is due upon approval and securement of the Letter of Non-Opposition issued by the Mayor of the City of Fall River and Twelve Thousand Five Hundred Dollars (\$12,500.00) is due upon approval of a License from the Massachusetts Cannabis Control Commission.
3. **ALL CHECKS ARE TO BE MADE PAYABLE TO THE CITY OF FALL RIVER**

APPLICATION SUBMISSION REQUIREMENTS

Please provide seven (7) copies in separate spiral bound folders of the information requested below along with the noted attachments. Please note that your Personal Financial Statements(s) and Credit History(s) will be kept Confidential by the City of Fall River and not subject to submission to the FRCRC. Your credit score will be reported to the FRCRC as follows: Very Poor 300 – 579; Fair 580 – 669, Good 670 – 739 and Very Good 740+.

Each Binder shall contain the following in separately marked tabs:

- A. Names of corporation, partnership, affiliate and/or subsidiary firm (if any);
- B. If applicable, proof of MA CCC Certification for Certified Economic Empowerment Priority Applicants and/or Certified Social Equity Plan Participants,
- C. Resumes of principal(s); Identification of all owners with a 5% ownership interest;
- D. Current personal financial statement for each principal, partner and officer as well as each stockholder with 20% or more business ownership;*
- E. Credit Check Form Authorization for each principal, partner and officer as well as each stockholder with 20% or more business ownership;*
- F. Personal tax returns for past three years for each principal, partner and officer as well as each stockholder with 20% or more business ownership;
- G. If applicable, the past three years federal and state Corporate tax returns (Schedule C)
- H. If applicable, Partnership Agreement / Documentation
- I. Articles of Organization / Incorporation (Certified by Secretary of State, MA)
- J. Certificate of Corporate Existence (provided by the Secretary of State, MA)
- K. Certificate of Good Standing for a Corporation filed with the Secretary of State or Doing Business As (d/b/a) Certificate filed with the City Clerk's Office
- L. CORI Check Form Authorization for each principal, partner and officer as well as each stockholder with 20% or more business ownership;*
- M. If applicable, Resolution from Corporation's Board of Directors authorizing the submission of an application

- to the City of Fall River for the issuance of a Letter of Non-Opposition for the requested marijuana use;
- N. Number of positions to be created, by job category, including hourly wage/salary, benefit package;
 - O. Local Resident Hiring Policy;
 - p. Project Business Plan and Market Demand Analysis;
 - Q. Location address physical size of the proposed project;
 - R. Identification of the number of secured off street parking spaces;
 - S. Evidence of project location ownership of minimum five year lease;
 - T. Partnerships with local businesses;
 - U. Operating Plan Information Identifying (i) Days and Hours of Operation; (ii) Premises Alarm and Monitoring ; (iii) Minor Control; and (iv) Transportation ; and
 - V. Plan identifying Waste Management and Odor Control;

*SEE ATTACHED FORMS TO BE COMPLETED AND SUBMITTED WITH REQUESTED INFORMATION.

**Non-Refundable \$2,500.00 Application Fee Made Payable To the City of Fall River
To Be submitted along with Application**

Please Print

Date _____

BUSINESS RECORD

- Corporation
- Partnership
- Proprietorship

Name of Business _____

Kind of Business _____ Telephone No. _____

Address _____
(Street) (City or Town) (State) (Zip)

E-Mail/Web Site _____

Year Business Established _____ Annual Rent \$ _____ Lease Expires _____

Business Checking Account _____
(Name of Bank and Account Number)

OWNERSHIP DISTRIBUTION

Name _____ Percent of Ownership _____ Title _____

Name _____ Percent of Ownership _____ Title _____

Name _____ Percent of Ownership _____ Title _____

Please add separate sheet to add information about additional ownership

Accountant _____ Tel# _____ Ins. Agent _____

Attorney _____ Tel# _____

The Lender is hereby authorized to make any investigation, permitted by law, of my credit history.

Signed: _____ Date: _____

Fall River, MA 02721

PERSONAL FINANCIAL STATEMENT

(TO BE COMPLETED BY ALL OWNERS OR PARTNERS WITH 20% OR MORE OWNERSHIP)

Name _____ Date _____

Address _____

For the purpose of procuring and maintaining credit from time to time in any form whatsoever with the above named Lender, for claims and demands against the under signed submits the following as being a true and accurate statement of the undersigned's financial condition on the preceding date, and agree that if any change occurs that materially reduces the means or ability of the undersigned to pay all claims or demands against the undersigned, the undersigned will immediately and without delay notify the said Lender, and unless the Lender is so notified it may continue to rely upon the statement herein given as a true and accurate statement of the financial condition of the undersigned as of the close of business.

ASSETS				LIABILITIES			
Cash on hand and in Banks				Notes payable to Banks - Secured			
U.S. Government Securities - see schedules				Notes payable to Banks - Unsecured			
Listed Securities - see schedules				Notes payable to relatives			
Unlisted Securities - see schedules				Notes payable to others			
Accounts and Notes Receivable Due from relatives and friends				Accounts and bills due			
				Unpaid income tax			
Accounts and Notes Receivable Due from others - good				Other unpaid taxes and interest			
				Real Estate Mortgages Payable - see schedule			
Accounts and Notes Receivable Doubtful				Chattel Mortgages and other Liens payable			
Real Estate owned - see schedule							
Real Estate Mortgages Receivable				Other debts - itemize			
Automobiles and other Personal Property							
Cash Value - Life Insurance							
Other Assets - itemize							
				TOTAL LIABILITIES			
				NET WORTH			
TOTAL ASSETS				TOTAL LIABILITIES & NET WORTH			

NOTICE: Do not include any income from Alimony, Child Support or Separate Maintenance Payments, unless you desire the Lender to rely upon such income.

SOURCES OF INCOME		PERSONAL LIABILITIES	
Salary	\$	Date of Birth	S.S. Number
Bonus and Commission	\$		
Dividends	\$	Business or Occupation	
Real Estate Income	\$	Partner or Officer in any other venture	
Alimony, Child Support or Separate Maintenance Payments	\$	Number of Dependents	
Income, please advise how received <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Agreement			

Other Income - Itemize (Do not include any income from Alimony, Child Support or Separate Maintenance Payments, Unless you desire the Lender to rely upon such income. \$
TOTAL

CONTINGENT LIABILITIES		GENERAL INFORMATION
As endorser, co-maker or guarantor	\$	Are my assets pledged? - see schedule
On leases or contracts	\$	Are you a defendant in any suits or legal actions?
Legal Claims	\$	
Provision for Federal Income Taxes	\$	Personal Bank Accounts carried at
State Income Taxes	\$	
Other special debt	\$	Are you now or have been involved in bankruptcy proceedings within the past 14 years? Explain:

SCHEDULE OF U. S. GOVERNMENTS, STOCKS AND BONDS OWNED			
No. of shares or Face value (Bonds)	Description	In name of	Market value

SCHEDULE OF REAL ESTATE MORTGAGES RECEIVABLE				
Description of Property covered	Date of Acquisition	In name of	Amount	Maturity

SCHEDULE OF REAL ESTATE OWNED						
Description of property and improvements	Date Acquired	Title in name of	Cost	Market Value	Mortgage	
					Amount	Maturity

SCHEDULE OF LIFE INSURANCE CARRIED, INCL. N.S.L.I. AND GROUP INSURANCE				
Amount	Name of Company	Name of Beneficiary	Cash Surrender Value	Loans

SCHEDULE OF ASSETS PLEDGED		
Description	Value	To Whom Pledged

(COMPLETE SCHEDULES ON NEXT PAGE)

GIVE NAMES OF BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED			
Name	Date		Basis

I hereby certify that the facts set forth in this Personal Financial Statement are true and complete to the best of my knowledge. The Lender is hereby authorized to make any investigation, permitted by law, of my credit history.

Signed under the penalties of perjury this _____ day of _____, 20_____

Signature

CREDIT AUTHORIZATION FORM

(TO BE COMPLETED BY ALL OWNERS OR PARTNERS WITH 20% OR MORE OWNERSHIP)

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

NAME: : _____

ADDRESS: : _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

NAME: : _____

ADDRESS: : _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

I (We) authorize the City of Fall River or an agent thereof, to obtain any and all credit information required to process a loan under the Revolving Loan Fund.

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

MISCELLANEOUS INFORMATION

Are Tax Liabilities Current? YES NO. If YES, please provide details under Additional Information Below or on Separate Piece of Paper.

Has the business or a principal owner ever declared bankruptcy? YES NO. If YES, please provide details under Additional Information Below or on Separate Piece of Paper.

Is the business or principal owner(s) currently subject to any lawsuits or legal proceedings? YES NO. If YES, please provide details in Additional Information Below or on Separate Piece of Paper.

Are any of the business's assets encumbered by lines or attachments of any type? YES NO. If YES, please provide the following information:

What _____ By Whom _____ Amount _____

What _____ By Whom _____ Amount _____

What _____ By Whom _____ Amount _____

Does the business have a pension fund? YES NO

Does the business have a profit sharing plan? YES NO

VI. ADDITIONAL INFORMATION

VII. CERTIFICATION

The undersigned certified that, to the best of his or her knowledge and belief, all information in this loan application and in the accompanying statements and documents is true, complete, and correct. The undersigned agrees to notify the City of Fall River immediately of any material changes in this information. With the consent of the applicant the undersigned authorizes the City to contact any bank and trade creditors it deems necessary without further notice.

Business Name (print) _____ Date _____

Authorized Signature _____

Title _____

ASSURANCES

The applicant(s) gives assurance of compliance with the Title VI of the Civil rights Act of 1964, as amended. The Act prohibits discrimination on grounds of race, sex, color, religion, marital status, handicap, age or national origin.

The applicant(s) further gives assurances that:

The applicant(s) will comply with Federal and State air and water regulations and obtain all necessary permits and certifications for all environmental requirements.

The applicant(s) warrants that all Federal, State and Municipal tax liabilities are current, and that no assets of the applicant are encumbered due to non-payment of taxes.

The applicant(s) will insure accessibility to the handicapped for construction projects to which the public will have access.

The applicant(s) is a citizen or permanent legal resident of the United States.

The applicant will wherever possible give consideration for employment to Fall River residents.

I/We have read and given these assurances and affix my signature on this _____ day of _____, 20 _____.

Signed: _____

Title: _____

Signed: _____

Title: _____

FOR MORE INFORMATION CONTACT

City of Fall River, Mayor's Office
One Government Center
Fall River, MA 02722
Tel: 508.324.2600

