



GARDINER CITY COUNCIL AGENDA ITEM INFORMATION SHEET



Meeting Date		Department	
Agenda Item			
Est. Cost			
Background Information			
Requested Action			
City Manager and/or Finance Review			
Council Vote/ Action Taken			
Departmental Follow-Up			

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



Date Received in Office	5/12
Received by:	Amc
Office Amount Received	\$1500 ⁰⁰
Approved	_____
Denied	_____

Marijuana Business License Application

- ☐ New Application
☒ **Renewal Application**

Type of Business

- ☒ Retail Marijuana Store
☐ Cultivation Facility
☐ Manufacturing Facility
☐ Testing Facility
☐ Nursery/Grow Store

Medical Marijuana or Recreational- Recreational

If cultivation, what Tier?

- ☐ Tier 1 -30-60plants
☐ Tier 2- <2000sf of canopy
☐ Tier 3 --2k-7ksf of canopy
☐ Tier 4 – 7ksf of canopy

Applicant Information

Name Sinsemilla South, LLC

Address Mailing Address: 225 First Flight Drive, Auburn, ME 04210 - Physical Address: 35 Bridge Street, Gardiner, ME

Phone 207-576-7168

Email sean@ruggedrootsinc.com

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

If yes, Please list and describe: Yes, please see attached.

Do you currently hold a State of Maine Caregiver card or State of Maine conditional marijuana license? Yes, the active license from the State of Maine for this store is the relevant license for the renewal of this local license and is attached.

*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.

See attached final plans of record and supporting documentation filed with the Office of Cannabis Policy to obtain active license and for the annual renewal application.

Business Location

Physical address of proposed marijuana business 35 Bridge Street, Gardiner, ME 04345

Map 37 Lot 102 Zone Intown Commercial (IT)

Property owner's name and address Cobbossee Leasing LLC, 511 Litchfield Road, Farmingdale, ME 04344

Property owner's phone John Bobrowiecki - 207-215-8467

Property owner's email _____

*Please provide property owners permission documentation to operate a marijuana business at this location.

See attached lease.

Business Information

Name of business Sinsemilla South, LLC

Number of employees 4-6 employees

Hours of operation 8 am - 8pm

Brief description of the business Adult use cannabis store

Square feet of retail space 1,900 square feet

Square feet of indoor/Outdoor plant canopy N/A

Square feet of manufacturing space N/A

Describe any security protocols See attached facility plan with security details

If extraction will be performed, please describe the process to be used and the machines/chemicals involved _____
N/A

Are there any hazardous processes or chemicals to be used at the business, if so please describe _____
N/A

Describe any fire protection/suppression equipment _____
Please see attached.

Please describe odor control measures to be used at the site.
Please see attached.

If manufacturing, please describe the processes as well as the products that will be manufactured
N/A

Sean M. Bowie
Signature

4/22/2025
Date

For Municipal Use Only

Approvals

Code Enforcement

[Signature]

Date 5-15-25

Economic Development

Melissa L. [Signature]

Date 5/15/25

City Manager

[Signature]

Date 05/16/25

Gardiner Fire Department

[Signature]

Date 5/16/25

Gardiner Police Department

[Signature]

Date 5/16/25

Public Works

Date _____

City Council Approval Date: _____

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF CANNABIS POLICY
MAINE ADULT USE CANNABIS PROGRAM

This certifies that

SINSEMILLA SOUTH, LLC

35 BRIDGE ST
GARDINER ME

License Number AMS1246

Has qualified as required under 28-B M.R.S. and is licensed as:

ADULT USE CANNABIS STORE

This license is restricted from allowing public access to the licensed premises or engaging in sale of authorized products pursuant to 28-B M.R.S. §504(1) until 6:00 AM on October 9, 2020.

Issued on:
June 30, 2024

Expires on:
June 29, 2025



Elisa C. Ellis, Director of Licensing
OFFICE OF CANNABIS POLICY
MAINE ADULT USE CANNABIS PROGRAM

Other Cannabis Licenses - Sean Bowie and Ryan Richards

Entity 1

Name of Entity: Rugged Roots, LLC

Interest: Owner

Marijuana- Related (nature of license and jurisdiction): Yes – tier 3 adult use cannabis cultivation facility and manufacturing facility state and local licenses in Auburn, co-located with registered dispensary under the same entity (medical cannabis cultivation and manufacturing)

Entity 2

Name of Entity: ACOT, LLC

Interest: Owner

Marijuana- Related (nature of license and jurisdiction): Yes – conditional licenses issued by the Office of Cannabis Policy for planned adult use cannabis stores

Entity 3

Name of Entity: Rugged Roots South, LLC

Interest: Owner

Marijuana- Related (nature of license and jurisdiction): Yes – conditional licenses issued by the Office of Cannabis Policy for planned adult use cultivation and manufacturing

Entity 4

Name of Entity: Coast 2 Coast Extracts Cultivation, LLC

Interest: Owner through Rugged Roots South, LLC

Marijuana- Related (nature of license and jurisdiction): Yes – tier 3 adult use cannabis cultivation facility with state and local license

Entity 5

Name of Entity: Coast 2 Coast Extracts Manufacturing, LLC

Interest: Owner through Rugged Roots South, LLC

Marijuana- Related (nature of license and jurisdiction): Yes – adult use cannabis products manufacturing license issued by the Office of Cannabis Policy and local license issued by the City of Portland

Entity 5

Name of Entity: Coast 2 Coast Extracts Retail #1, LLC

Interest: Owner through Sinsemilla South, LLC

Marijuana- Related (nature of license and jurisdiction): Yes – adult use cannabis store license issued by the Office of Cannabis Policy and local license issued by City of Portland

Entity 6

Name of Entity: Sinsemilla South, LLC

Interest: Owner

Marijuana- Related (nature of license and jurisdiction): Yes – adult use cannabis store license issued by the Office of Cannabis Policy and local license

NOTE: See attached principal attestation forms for lists of additional cannabis businesses



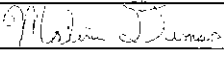
OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

OFFICIAL PLAN OF RECORD

Maine Adult Use of Cannabis Program Cannabis Store Facility Plan

The Facility Plan is an official Plan of Record. This document and use of this template are required. The Office of Cannabis Policy (OCP) understands that an applicant or licensee may have prepared other facility documents. Although the applicant or licensee may submit additional facility documents for reference, this Facility Plan is designed to be a succinct, standalone document.

Section 1: Maine Adult Use Cannabis Establishment – Applicant/Licensee Information			
Legal Business Name: Sinsemilla South, LLC		License Number: AMS1246	
Physical Address of Facility: 35 Bridge Street		City: Gardiner	State: ME Zip: 04345
Notice			
<p>OCP shall keep on file a copy of all facility plans, as well as copies of certifications of testing facilities. The most recent plan, whether submitted with the application for a cannabis establishment license, or by the subsequent approval of an application to change, shall be the Plan of Record with which the licensee must comply. OCP's Compliance Division will have access to all plans and will review all plans prior to an inspection or investigation. Failure to comply with the Plan of Record may lead to enforcement action.</p> <p>Any changes to the Facility Plan must be approved. The licensee shall submit an Application to Change an Official Plan of Record to OCP 14 days prior to any material change. OCP may deny an Application for Change to an Official Plan of Record if the changes requested are in violation of 28-B MRS, this Rule, conditions required for local approval or other applicable laws or rules.</p>			
Signature – This Plan of Record cannot be accepted without a signature			
Any information contained within this Plan of Record or otherwise found, obtained, or maintained by OCP, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.			
Authorizing Business Representative's Signature: 		Date: 9/9/2024	
Printed Name: Malina E. Dumas, Esq.	Email Address: malina.dumas@dentons.com	Phone Number: 207-835-4355	

Section 2: Facility Site Specific Information			
A. Ownership of the Premises			
Legal Name of Property Owner: Cobbossee Leasing, LLC			
Mailing Address of Property Owner: 511 Litchfield Road		City: Farmingdale	State: ME Zip: 04344
Property Owner Phone Number: 207-215-8467		Property Owner Email:	

B. Tax Map

Attach a copy of a tax map clearly indicating an area of 1000 feet in all directions from the premises, or in cases where a municipality or the Land Use Planning Commission has reduced the setback to no less than 500 feet, then showing the distance in all directions required by local authority, and indicating that the area around the premises does not include a pre-existing public or private school, as defined in 28-B MRS§§402(2)(A) and 403(2)(A).

C. Facility Diagram

1. Attach a diagram of the layout of the licensed premises, including:
 - (a) All limited access areas. (limited access area means a building, room or other area within the licensed premises of a cannabis establishment where a licensee is authorized to cultivate, store, weight, manufacture, package or otherwise prepare for sale adult use cannabis and adult use cannabis products.)
 - (b) Display areas.
 - (c) Square footage of the establishment and of the separate areas listed above in a and b.
 - (d) Any areas where the licensee intends to conduct curbside pick-up, including any areas adjacent to, but not within, the licensed premises where curbside pick-up will be conducted.
 - (e) Waste disposal area.
 - (f) Signage.
 - (g) Points of entry.
 - (h) Windows and doors, designating which are lockable.
 - (i) Alarm control panels and alarm sensors.
 - (j) Video cameras and surveillance storage devices.
 - (k) Communication devices (internet/telephone).
 - (l) Fences.
 - (m) Any other additional security measures.
 - (n) Legal ingress and egress onto and off the property from the closest maintained public way.
2. If the property is also used as a residence, clearly indicate on the diagram above, the location of that residence within the property and plans for complete separation of the residence from the facility, including:
 - (a) Entirely separate entrances to the residence and any portion of the property that is part of the licensed premises; and
 - (b) That no solvent extraction using potentially hazardous extraction methods or inherently hazardous extraction methods are in the same building or structure as the residence.
3. If the licensee co-locates adult use and medical use operations, clearly indicate the following:
 - The areas of the premises that will contain adult use cannabis plants, cannabis, cannabis products or cannabis concentrate;
 - The areas of the premises that will contain medical use cannabis plants, cannabis, cannabis products or cannabis concentrate;
 - The areas of the premises, if any, that will contain equipment, chemicals or other items that may be used for both adult use and medical use cannabis plants, cannabis or cannabis products.
4. For clarity, the use of numbering, labeling, and/or a diagram legend or key should be used to incorporate the information requested.

Section 3: Co-Location of Adult Use and Medical Use Operations

1. Is this Adult Use facility co-located with any other Adult Use facilities?

☐ Yes ☒ No

If yes, with who?

Adult Use Establishment Licensee Name:

Adult Use Establishment License Number:

Adult Use Establishment Licensee Name:

Adult Use Establishment License Number:

Adult Use Establishment Licensee Name:

Adult Use Establishment License Number:

2.	<p>Is this Adult Use facility co-located with any medical use operations?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, with who?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Medical Registered Caregiver or Dispensary Name:</td> <td style="width: 50%;">Registry Card/Certificate Number:</td> </tr> <tr> <td>Medical Registered Caregiver or Dispensary Name:</td> <td>Registry Card/Certificate Number:</td> </tr> <tr> <td>Medical Registered Caregiver or Dispensary Name:</td> <td>Registry Card/Certificate Number:</td> </tr> </table>	Medical Registered Caregiver or Dispensary Name:	Registry Card/Certificate Number:	Medical Registered Caregiver or Dispensary Name:	Registry Card/Certificate Number:	Medical Registered Caregiver or Dispensary Name:	Registry Card/Certificate Number:
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3.	<p>If the licensee co-locates adult use and medical use operations, describe the plans to ensure that all cannabis, finished cannabis concentrate and other cannabis products are correctly packaged and labeled for medical use or adult use.</p> <p>N/A</p>						
4.	<p>If the licensee co-locates adult use and medical use operations, describe how the licensee will separately track, including input to the tracking system, cannabis, cannabis concentrate and cannabis products for medical use separately from adult use cannabis, cannabis concentrate and cannabis products and will otherwise keep them from becoming intermixed.</p> <p>N/A</p>						
5.	<p>Describe how the licensee will ensure that each piece of equipment is not used simultaneously on medical cannabis and adult use cannabis, with the purpose of ensuring that medical cannabis, cannabis concentrate, and other cannabis products will remain separate from adult use cannabis, cannabis concentrate, and other cannabis products.</p> <p>N/A</p>						

<p>Section 4: Security Measures</p> <p>All cannabis establishments must enact security measures to prevent the diversion of cannabis or cannabis products that are being cultivated, manufactured, tested, packaged, stored, displayed or transported. Provide sufficient detail so that OCP may determine whether the requirements are met.</p>	
<p>A. Lights</p>	
1.	<p>Do gates and/or perimeter entry points have lighting sufficient for observers to see, and cameras to record, any activity within 10 feet of the gate or entry?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
2.	<p>Describe perimeter lighting at any point of entry or exit, whether it is a gate or access from a building.</p> <p>Lighting is sufficient for observers to see, and cameras to record, any activity within 10 feet of the entry.</p>
3.	<p>List equipment and provide rating for all lights as depicted and numbered/labeled in the facility diagram.</p> <p>EPOE 85ft IR starlight camera</p>
<p>B. Doors and Windows</p>	
1.	<p>Do all perimeter entry doors and all doors separating limited access areas from areas open to visitors and customers have commercial grade locks, appropriate for facilities requiring high levels of physical security?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
2.	<p>Are all external entrances to indoor facilities on the licensed premises lockable?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
3.	<p>List equipment and describe commercial grade locks on all perimeter and limited access doors as depicted and numbered/labeled in the facility diagram.</p>

ANSI Grade 1 commercial locks on perimeter and limited access doors	
4.	Are all perimeter windows in good condition and lockable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	List equipment and describe locks on each perimeter window as depicted and labeled in the facility diagram. There are no windows at this location.
C. Alarm System	
1.	Do you have an alarm system(s) monitored by a licensed security company capable of contacting the licensee and, if necessary, law enforcement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the system include an audible alarm, which is capable of being disabled remotely by the security company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3.	List equipment and describe the alarm system. Honeywell control panel/keypad combo, backup battery, WIFI module, 5 panic buttons.
4.	Concerning your licensed security company, provide the following: a. Name of the licensed security company: Seacoast Security b. Specific point of contact: Steve Hayden c. Point of contact's phone number: (207) 236-4876
5.	Do you have monitored sensors on all perimeter entry points and perimeter windows, or perimeter windows protected by appropriately located motion sensors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	List equipment and describe monitored sensors on all perimeter entry points and perimeter windows, or perimeter windows protected by appropriately located motion sensors as depicted and numbered/labeled in the facility diagram. 3 wireless door sensors, 10 wireless motion sensors
D. Video Surveillance	
1.	Do you have a video surveillance system that meets the following minimum requirements? Check all that apply. <input checked="" type="checkbox"/> Minimum resolution of 720p <input checked="" type="checkbox"/> Internet protocol capability <input checked="" type="checkbox"/> One of the following recording requirements: <input checked="" type="checkbox"/> Continuous recording 24 hours per day at a minimum of 15 frames per second, or <input type="checkbox"/> Motion activated cameras at a minimum of 15 frames per second and capturing and storing footage of no less than 120 seconds prior to motion activation and 120 seconds following the cessation of motion <input checked="" type="checkbox"/> Clear and accurate display of the time and date on all recorded images <input checked="" type="checkbox"/> Ability to copy and provide video surveillance recordings to OCP or law enforcement upon request
2.	List equipment and describe, in detail, the video surveillance system, including the number and location of all permanently fixed cameras as depicted and numbered/labeled in the facility diagram. 18 cameras and 3 fisheye cameras. See attached.
3.	Check each box below to confirm the following requirements are met and reflected in the facility diagram and corresponding description(s) above. <input checked="" type="checkbox"/> Cameras must be permanently fixed inside each entry/exit point (perimeter and limited access area) to allow identification of persons entering the premises and limited access areas. <input checked="" type="checkbox"/> Cameras must be permanently fixed outside each entry/exit point (perimeter and limited access area) to allow identification of persons exiting the premises and limited access areas.

<input checked="" type="checkbox"/> A sufficient number of cameras must be permanently fixed to allow the viewing, in its entirety, of any area where cannabis, cannabis plants, immature cannabis plants, seedlings, seeds, cannabis concentrate or cannabis products are cultivated, manufactured, stored or prepared for transfer or sale or where samples for mandatory testing are collected, and prepared and sealed for transport to a cannabis testing facility.	
<input checked="" type="checkbox"/> A sufficient number of cameras must be permanently fixed to allow the viewing, in its entirety, of any area where cannabis waste is stored before being made unusable, or where cannabis waste is made unusable.	
<input checked="" type="checkbox"/> Cameras, either mobile or fixed, must be maintained to allow recording of all sales conducted via delivery must be sufficient to record the entirety of the transaction and to ensure identity of the purchaser.	
4. The video surveillance storage device and the equipment used to record deliveries must be secured. Indicate below which of the following approved methods will be used to meet this requirement.	
<u>Video Surveillance Storage Device</u>	<u>Surveillance Equipment Used to Record Deliveries</u>
<input checked="" type="checkbox"/> On premise <input type="checkbox"/> Lockbox <input type="checkbox"/> Cabinet <input type="checkbox"/> Closet <input checked="" type="checkbox"/> Secured in another manner to protect from employee tampering or theft	<input type="checkbox"/> On premise <input type="checkbox"/> Lockbox <input type="checkbox"/> Cabinet <input type="checkbox"/> Closet <input type="checkbox"/> Secured in another manner to protect from employee tampering or theft
<input type="checkbox"/> Off premise, third-party server	
5. If the video surveillance storage device is secured on premise, list equipment and describe the manner in which it is secured. *Must be reflected in facility diagram. <input type="checkbox"/> N/A Secured in the security/IT room and access is restricted and controlled through the access control system.	
6. If the video surveillance storage device is secured off premise with a third-party server, provide the following: a. Name of the third-party server: N/A b. Specific point of contact: N/A c. Point of contact's phone number: N/A	
7. Describe the video surveillance records retention policy, including the minimum 45 days video surveillance records are maintained on the licensee's recording device. Video surveillance records will be maintained for 45 days.	
8. Describe how recordings of delivery sales are uploaded to the surveillance storage device, including the schedule for uploading delivery surveillance footage within 24 hours of completing sales by delivery. <input checked="" type="checkbox"/> N/A	
9. Describe how the applicant/licensee shall maintain a list of all persons with access to the video surveillance recordings and procedures for controlling access to the recordings. The licensee will maintain a list of any persons with access to the video surveillance recordings. If an individual leaves the business their access will be revoked. Access will be restricted to owners and managers	

Section 5: Controlling Access
A. Public Access to the Cannabis Establishment
1. Are all entry points designed so that no person under 21 years of age is allowed entry to the licensed premises, except for the cannabis store retail area when accompanied by the minor's parent, legal guardian or custodian? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2.	Describe all entry points designated as the place where the licensee or licensee's employee will verify the age and identity of all persons entering the premises as depicted and numbered/labeled in the facility diagram, except for the cannabis store retail area. The licensee or licensee's employee will verify the age and identity of any individual requiring access into a limited access area by reviewing a valid, government-issued form of identification in the retail sales area either immediately upon entry or at a point of sale station, prior to entry into a limited access area space.
3.	Describe all entry points designated as a place where the licensee or licensee's employees will receive mail or other deliveries as depicted and numbered/labeled in the facility diagram. Delivered to the mailbox outside of the facility and forwarded to owner's mailing address.
4.	Describe how licensee will ensure that licensee and all of it's employees and security guards maintain compliance with all laws and regulations related to firearms and other weapons in and around the cannabis establishment. The company expressly prohibits employees from possessing a firearm or other dangerous weapon within the licensed premises. The policy applies to all employees including, but not limited to, employees who possess a valid concealed carry permit, and the policy will be enforced.
B. Employee Access	
1.	Describe all entry points designated as employee entrances, including the manner in which employees gain access to the cannabis establishment (e.g. badge scanner or key locked doors), as depicted and numbered/labeled in the facility diagram. Employees access the licensed premise through the main entrance with keyed access.
2.	Describe how the licensee will ensure all owners, managers, and employees display valid individual identification cards at all times. The company will have a policy that all owners, managers and employees must have their individual identification cards with them at all times while on the licensed premise, either on a lanyard or other mechanism for keeping the IIC on their person and visible
3.	Describe any additional security measures aimed to prevent employee theft. N/A
C. Controlling Access to Limited Access Areas	
1.	Are the following security measures in place for all limited access areas? Check all that apply. <input checked="" type="checkbox"/> Identification checks <input checked="" type="checkbox"/> Locked doors <input checked="" type="checkbox"/> Video surveillance <input checked="" type="checkbox"/> Required signage
2.	Describe how the licensee will utilize the security measures listed above to control access to all limited access areas as depicted and numbered/labeled in the facility diagram. Limited access area signs will be posted on entrance and exit points going into or out of limited access areas. Doors leading into limited access areas will be kept locked. Visitors requiring access to a limited access area will sign in on the visitor log and wear a visitor badge. Video surveillance is positioned to capture faces going into or out of limited access areas and to cover any areas containing cannabis.
3.	Are security measures in place to control access to limited access areas by contractors and visitors, 21 years of age or older, who will not handle cannabis plants, cannabis or cannabis products? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are security measures in place to control access to limited access areas by sample collector and cannabis testing facility licensees or their employees displaying valid individual identification cards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	Describe all designated areas where contractors, visitors and other licensees will be required to provide proof of identification, sign a visitor entry log, and receive a visitor identification badge by establishment staff as depicted and numbered/labeled in the facility diagram. The licensee or licensee's employee will verify the age and identity of any individual requiring

access into a limited access area by reviewing a valid, government-issued form of identification in the retail sales area either immediately upon entry or at a point of sale station, prior to entry into a limited access area space.

D. Additional Security Measures Cannabis Stores

1. At which point will the licensee or licensee's employee check for a valid government issued form of identification:

- ☒ Prior to allowing access to areas of the premises designated for retail sales; or
☒ Prior to initiating a sale in the area of the premises designated for retail sales.

2. Are display cases lockable and secure to prevent the public from handling cannabis plants, cannabis or cannabis products without direct supervision of a licensee or employee?

☒ Yes ☐ No

3. Are counters of sufficient height to prevent the public from handling cannabis plants, cannabis or cannabis products without direct supervision of a licensee or employee?

☒ Yes ☐ No

4. Describe how product will be moved from storage in a limited access area to display cases to prevent the public from handling the cannabis plants, cannabis or cannabis products?

Cannabis will only be moved from storage in a limited access area to locked display cases on the sales floor when there are no customers in the retail sales area.

5. Describe all security measures taken to ensure compliance with the above requirements.

Cannabis will be kept in locked limited access areas (storage/display cases) and no member of the public will be able to access cannabis or cannabis products unless they are under direct supervision by an IIC holder (employee, manager, or owner).

Section 6: Cannabis Store Operation Specific Information

A. Days and Hours of Operation

Business Hours mean 9A.M. to 5P.M. Monday through Friday.

1. List any hours during Monday through Friday between 9A.M. and 5P.M. the facility will **NOT** be conducting authorized activities.

N/A

2. Does the licensee intend to conduct retail sales, including sales via curbside pick-up and/or delivery, to consumers only between the hours of 7A.M. and 10P.M., local time, or only those days and hours during which permitted by local regulation?

☒ Yes ☐ No

3. Does the licensee intend to operate seasonally?

☐ Yes ☒ No

If yes,

a. What dates does the licensee plan to open and close each year?

b. Will the licensee maintain product at the facility while seasonally closed? ☐ Yes ☐ No

B. Equipment and Approval Listing

1. List and describe all electrical equipment and all other equipment to be used.

4 LED TVs, 2 POS stations, ID scanner.

C. Plans for Compliance with Cannabis Legalization Act and the Adult Use Program Rules

1. Describe plans for shipping and receiving of cannabis and cannabis products.

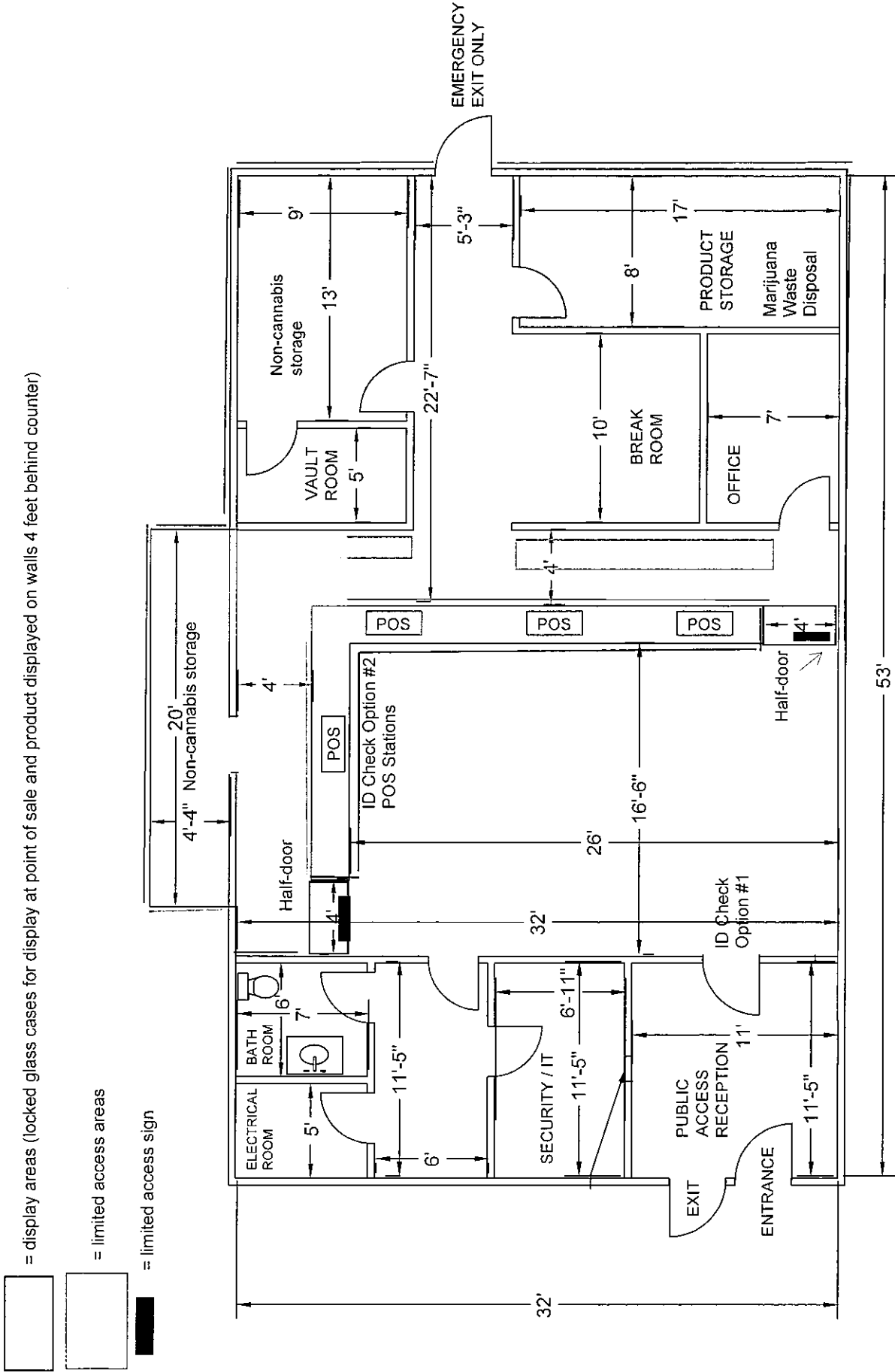
The company will only allow its cannabis and cannabis products to be transported by motor vehicle. Any vehicle used to transport will be insured at or above the legal requirements in Maine and equipped with a functional manufacturer-installed alarm system. Upon request by the Department, any company vehicle may be inspected. Company employees will generate a

Transport Manifest for each trip using the designated Inventory Tracking System. The Transport Manifest will include, as applicable, the recipient's name and contact information, address; product name and quantities (by weight or unit) of each cannabis or cannabis product contained in each transport; date of transport and approximate time of departure; arrival date and estimated time of arrival; delivery vehicle make and model and license plate number; name, IIC number, and signature of the employee accompanying the transport; name, IIC number, and signature of licensee/employee receiving the authorized transfer if applicable; the correct sales tax identification number and/or excise tax identification number for the licensee and transferee; and damaged or refused cannabis or cannabis products being returned to the original seller. Prior to departing originating premise, employee shall ensure that they have copies of all relevant Transport Manifests. At no time after the employee has departed from the premises, shall the employee make any changes to the Transport Manifest or void the Transport Manifest.

2. Describe plans to dispose of or destroy used, unused and waste cannabis and cannabis products.
All waste will be stored, secured, and managed in accordance with applicable state and local statutes, ordinances, and regulations. All cannabis waste generated from normal operations, excess production, contamination, adulteration, or expiration will be securely stored, rendered unusable using more than 50% non-cannabis waste, and disposed of in a manner that ensures that it cannot be reconstituted for any kind of use or benefit, as related to its psychoactive content, by an unauthorized individual or organization. Prior to being rendered unusable cannabis waste will be securely stored within a limited access area within the licensed premises and shall be under video surveillance. The process of rendering cannabis waste unusable will occur within the limited access area of the licensed premises where surveillance cameras are permanently fixed and must occur entirely on camera. The contracted waste management company will transport all cannabis waste from the retail store to a solid waste facility or landfill in compliance with local and state regulations. Facility management will ensure proper training and implementation of destruction and disposal procedures and protocols. All cannabis waste disposed of by the company will be recorded in the Inventory Tracking System, including the date and time of disposal, the employee or manager responsible, the reason for disposal (i.e. the type of waste), the lot, batch, or plant identifier (if applicable), the manner of disposal, and the quantity disposed
3. Describe how the facility plans to conduct a background screening process for employees and vendors.
The company shall not hire any individual as an employee unless the individual is 21 years of age or older. After a potential employee has been identified, the prospective employee must provide a government issued photo identification card showing a date of birth that makes the applicant 21 years of age or older. The prospective employee must either present an Individual Identification Card issued by the Office of Cannabis Policy or must obtain an Individual Identification Card prior to formally being hired. The company will confirm the status of a cannabis establishment's active registration with the state before engaging that establishment as a vendor.
4. Describe plans for refrigerating any cannabis products requiring refrigeration, including during transit for delivery sales.
Refrigeration of all cannabis products will occur in areas with limited access. Products will only be taken out of refrigeration when the customer has made an approved transaction. The company will follow USDA guidance for proper refrigeration of perishable goods, including maintaining refrigerated storage spaces at 32-40°F. The company shall ensure that refrigerators have enough open, slotted shelving to allow for air circulation around shelves and refrigerator walls to maintain proper food temperatures. Designated employees will be required to check refrigerators and freezers to ensure they are maintaining 40 degrees or less for refrigeration and 25 or under for freezers. Employees shall aim to keep refrigerator and freezer doors closed as much as possible and will check to ensure they are closing and sealing properly.
5. If providing sales via delivery, describe plans to train employees on how to properly verify age and identity of the adult use consumer purchasing and receiving cannabis and cannabis products. ☒ N/A
6. If providing sales via delivery, describe plans to ensure that any employee delivering cannabis or cannabis products does not convey a sales order to a purchaser who is not a least 21 years of age, who's identity cannot be verified, or who is visibly intoxicated. ☒ N/A

- | |
|---|
| |
| 7. If providing sales via delivery describe plans to ensure that deliveries are made only to private residences or business that have consented to allowing delivery, and only to private residences and consenting businesses not located in any safe zone designated by a municipality. <input checked="" type="checkbox"/> N/A |
| 8. If providing sales via delivery, describe plans to ensure that the order is appropriately packaged and labeled in accordance with Section 9 of the Rule and placed in exit packaging before the order is removed from inside the cannabis store. <input checked="" type="checkbox"/> N/A |
| 9. If providing sales via delivery, describe plans to ensure that all retail sales of cannabis and cannabis products conducted via delivery are accompanied by a sales delivery manifest and appropriately tracked in accordance with Section 4 of the Rule. <input checked="" type="checkbox"/> N/A |

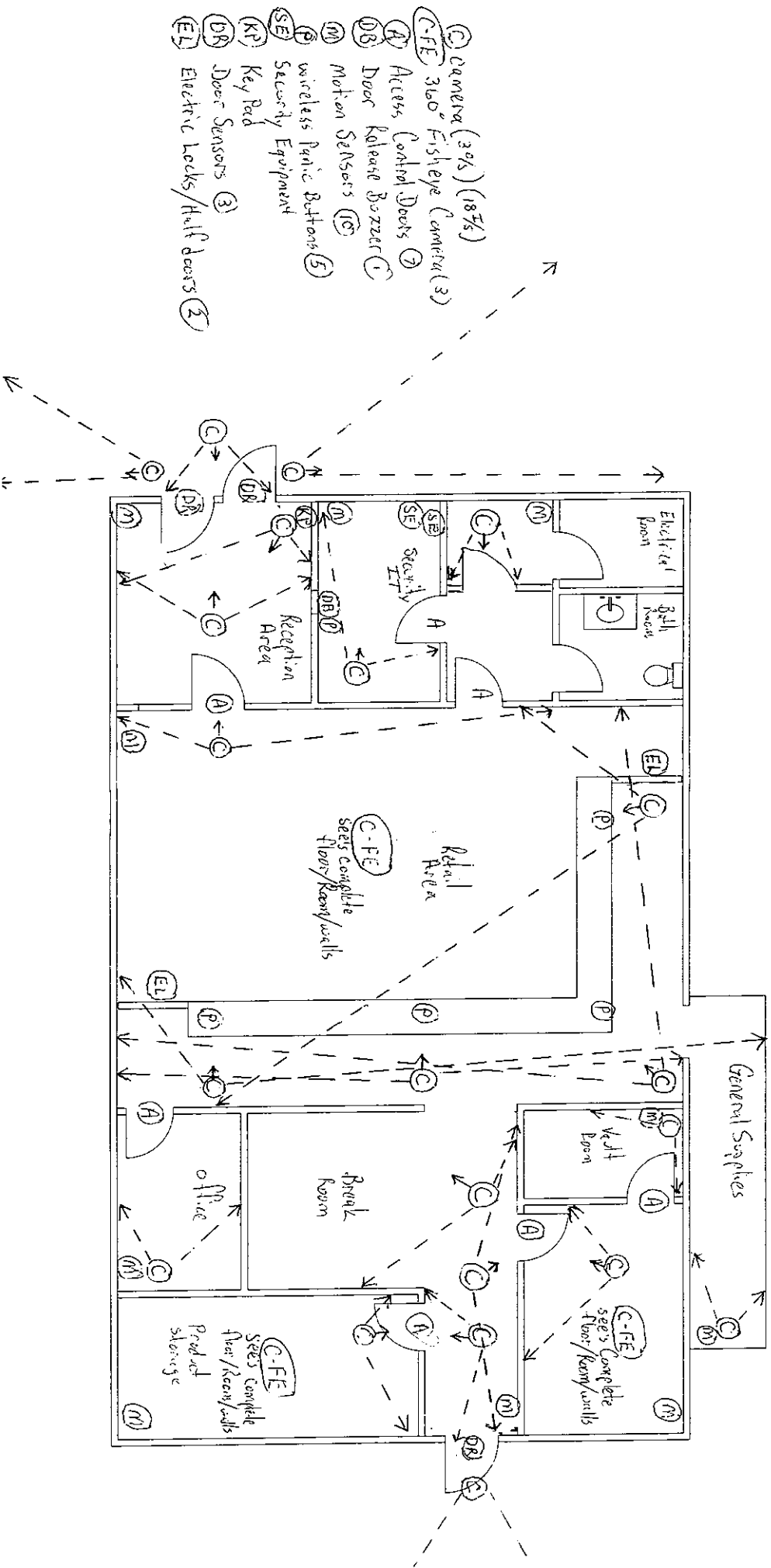
Section 7: Reports of Non-Compliant Conduct
Describe how the licensee will ensure any incident of non-compliance with the cannabis establishment licensee's authorized conduct will be reported in writing to the Department within 24 hours. The licensee shall report any incident of non-compliance to the Department in writing within 24 hours.



35 BRIDGE STREET GARDINER

1,900 square feet

35 BRIDGE STREET GARDINER, MAINE Official Plan of Record - Facility Plan



Legal ingress onto

HANNAFORD FOOD & DRUG STORE

(PER ASSESSOR'S RECORDS)

HANNAFORD PARKING SPACES

LIMIT OF EXIST'G DELINEA

APPROX. E/P
(PER PLAN REF. 1)

MAGNETIC NORTH
(PER DEED)

EXISTING CONCRETE RETAINING WALL

ROOF OVERHANG

DUNKIN DONUTS DRIVE THROUGH

DUNKIN DONUTS ORDER STATION

NEW CB#3
RIM: 19.65'
INV: 14.65'

NEW BOLLARD
(TYPICAL)

EXISTING DELINEATED NO PARKING AREAS

NEW 8' SIGN

SETBACK LINE

10'

13' NEW

10'

10'

10'

10'

10'

10'

10'

10'

10'

10'

10'

10'

10'

10'

10'

10'

10'

10'

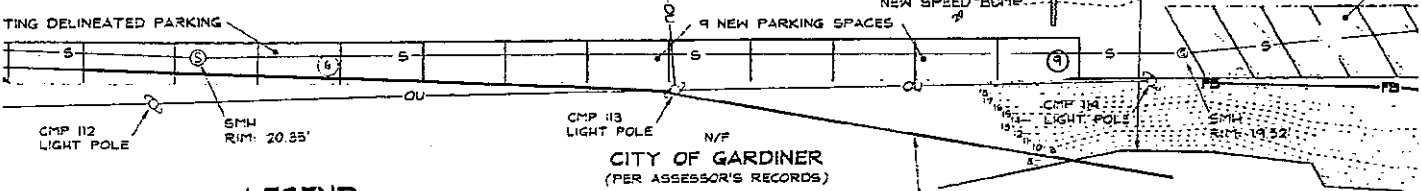
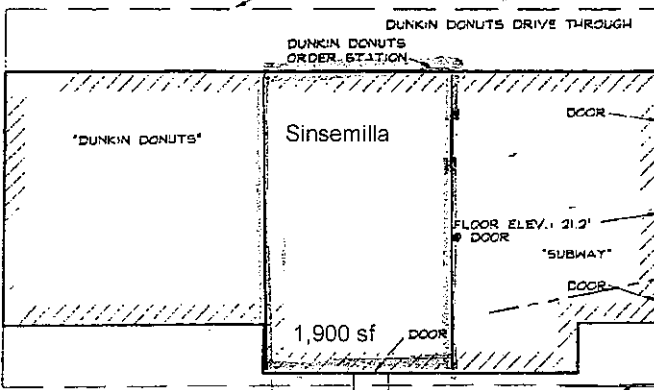
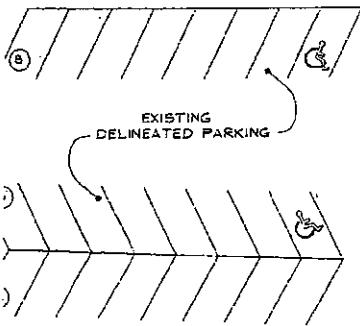
10'

10'

10'

10'

10'



LEGEND

N/F	NOW OR FORMERLY OF
6473/6	BOOK 6473, PAGE 6, KENNEBEC COUNTY REGISTRY OF DEEDS (FOR REFERENCE ONLY)
±	MORE OR LESS
R/W	RIGHT-OF-WAY
E/P	EDGE OF PAVEMENT
CMP 112	CENTRAL MAINE POWER COMPANY UTILITY POLE NO. 112
OU	OVERHEAD UTILITIES
→	TRAFFIC FLOW ARROW
☆	LIGHT POLE
SMH	SEWER MANHOLE
S	SEWER LINE (SEE NOTE 2)
20	EXISTING CONTOUR LINE, ELEV 20' (SEE NOTE 3)
20	NEW CONTOUR LINE, ELEV 20' (SEE NOTE 3)
CB #1	NEW CATCH BASIN #1
SD	NEW STORM DRAIN
L	LENGTH OF PIPE
S	SLOPE OF PIPE
HDPE	HIGH DENSITY POLYETHYLENE PIPE
INV	INVERT
FB	NEW FILTER BARRIER

CITY OF GARDINER
(PER ASSESSOR'S RECORDS)

APPROX PROPERTY LINE
(SEE NOTE 1)

COBBOS
STR

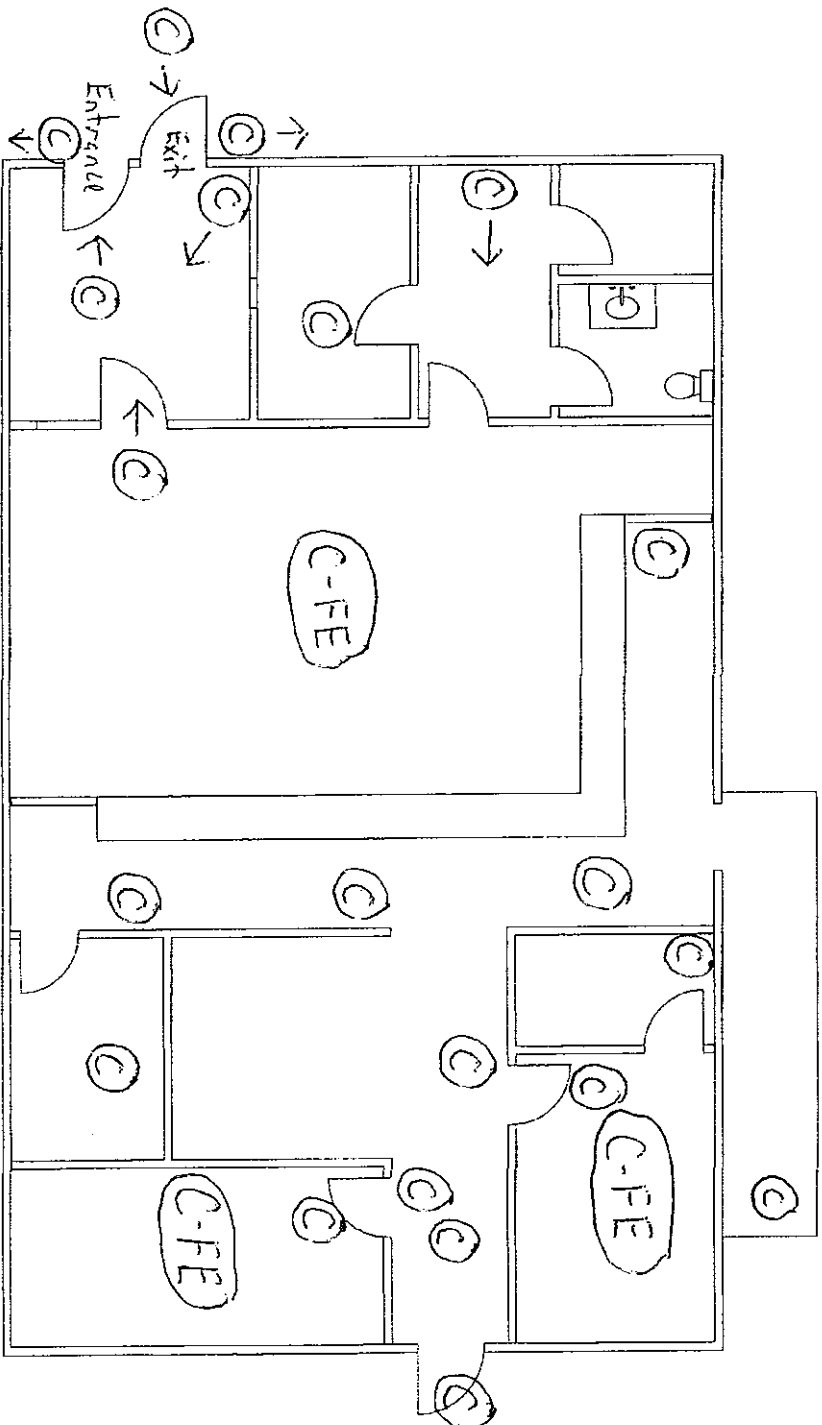
NOTES:

- 1) THIS IS A COMPOSITE PLAN BASED ON PLAN REFERENCES 1 AND 2. PROPERTY LINES SHOWN VERIFIED AS PART OF THIS SURVEY.
- 2) THE SEWER LINE SHOWN HEREON IS BASED ON OBSERVED SURFACE FEATURES AND DATA INVESTIGATED AS PART OF THIS SURVEY. PRIOR TO COMMENCING ANY SUBSURFACE CONSTRUCTION AND LOCAL UTILITIES.
- 3) ELEVATIONS SHOWN ARE BASED ON A VERTICAL DATUM ESTABLISHED BY OTHERS. ELEVATION OF EXISTING BUILDING AT THE ENTRANCE TO THE "SUBWAY" STORE. ELEVATION = 21.2'

PLAN REFERENCES:

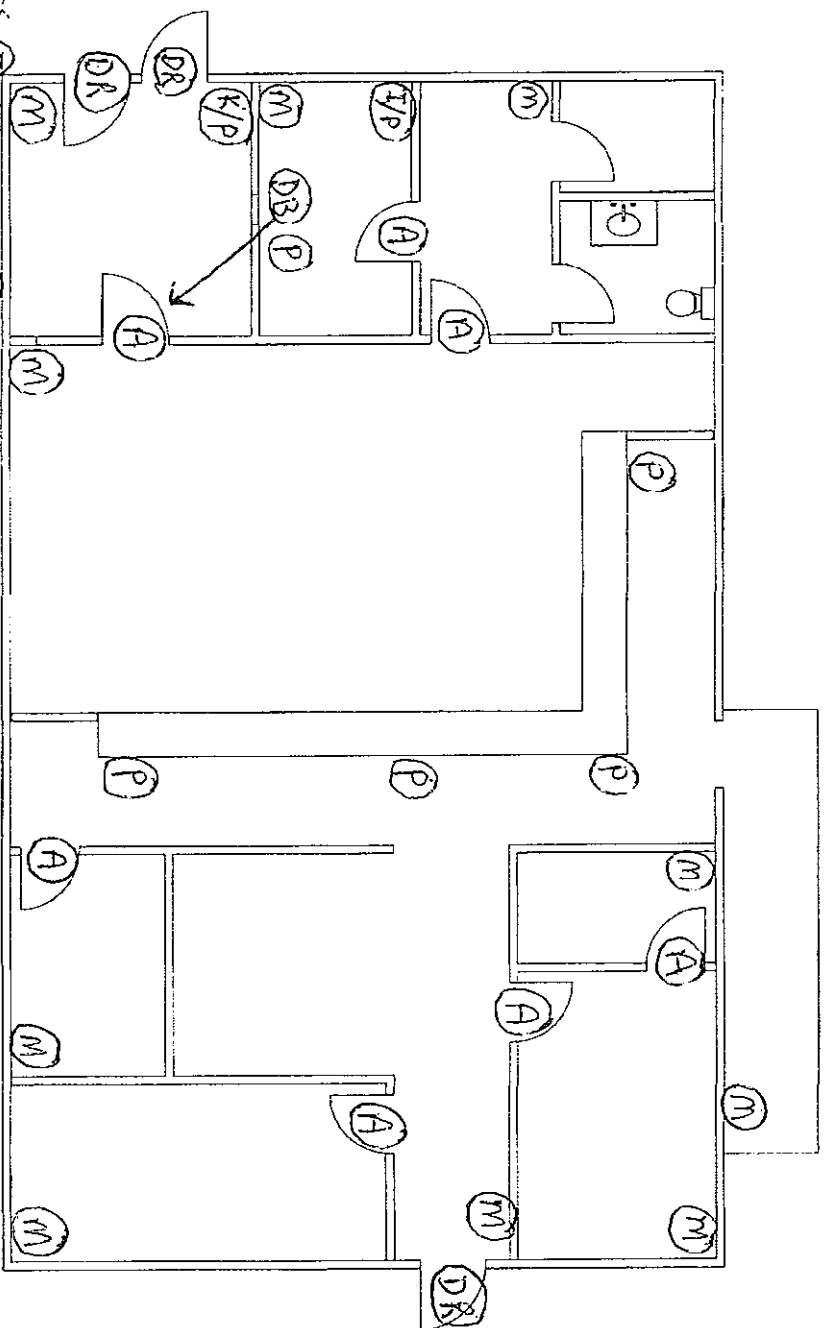
- 1) "SITE LAYOUT, UTILITY AND LANDSCAPING PLAN, BROOKS PHARMACY, BRIDGE STREET, ME.", DATED MARCH 1998, REVISED THROUGH MARCH 11, 1998, BY DELUCA-HOFFMAN ASSOCIATES, INC.
- 2) "STANDARD BOUNDARY & TOPOGRAPHIC SURVEY ON MAINE AVENUE & BRIDGE STREET, GARDINER, MAINE, MADE FOR HANNAFORD BROS. CO., PLEASANT HILL ROAD, SCARBOROUGH, MAINE", DATED 10, 1999, BY OWEN HASKELL, INC.

35 BRIDGE STREET GARDINER, MAINE
Official Plan of Record - Security Plan
Camera Placement



- (C) Camera (3) 9/5 (18) I/S
- (C-FE) 360° Fisheye camera (3)

35 BRIDGE STREET GARDINER, MAINE
 Official Plan of Record - Security Plan
 Access Control & Intrusion Placement

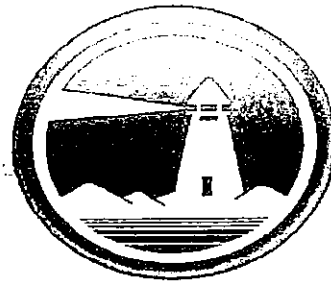


- A Access Control Doors 7
- DR Door Sensors 3
- M Motion Sensors 10
- P wireless Panic Buttons 5
- K/P KeyPad Combo 1

DB Door Release Buzzer 1
 I/T Internet/Telephone

Seacoast Security

P.O. Box A
290 West St.
West Rockport Me. 04865
1800-654-8800 207-236-4876
Fax 207-236-8517
sales@seacoastsecurity.com



Herbal Pathways
35 Bridge Street
Gardiner, ME 04345
C/o Ken
kendebbie4@comcast.net

Sales Quotation

Project: Access Control System

Questions? Please call Steve Hayden - 207-706-9183

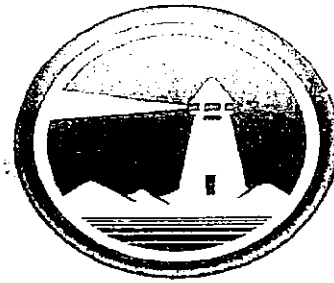
Quote #: 010056

Date 8/17/2020 Quote Expires on: 9/16/2020

Description	Qty
Access Control System	
We will provide keyless entry Access Control System for (6) six interior doors. Door strike pricing may change based on the type of door you choose for each location. We will provide the computer for the software to be installed onto and controlled.	1
8 DOOR CONTROL PANEL WHICH WILL BE INSTALLED IN E THE SECURITY/IT OFFICE ON THE WALL AND CONNECTED TO A COMPUTER	1
12V 8AH BACK UP BATTERY FOR CONTROL PANEL	1
COMPUTER FOR THE SOFTWARE TO BE INSTALLED ON WHICH WILL ALLOW FOR FUTURE CONTROL AND UPDATES	1
8 DOOR POWER SUPPLY TO BE INSTALLED IN THE SECURITY/IT OFFICE	1
12V 12AH BACK UP BATTERIES FOR THE POWER SUPPLY	2
KEYSCAN KEYPAD/READER COMBO TO BE INSTALLED AT: 1@PUBLIC FRONT ACCESS ENTRY DOOR, 1@BATHROOM HALL BY SECURITY OFFICE, 1@SECURITY OFFICE DOOR, 1@GM'S OFFICE, 1@PROCESSING ROOM 1@PRODUCT STORAGE ROOM	7
HEAVY DUTY DOOR STRIKES - TO BE PROVIDED AND INSTALLED BY OTHERS. PRICE IS SUBJECT TO CHANGE BASED ON DOOR SCHEDULE	7
DOOR RELEASE ROCKER SWITCH FOR SECURITY OFFICE TO ALLOW ENTRY TO RETAIL SPACE	1
NETWORK COMMUNICATION BOARD	1
KEYSCAN SOFTWARE	1
18/2 WIRE 1000FT	1
22/6 WIRE 1000 FT	1
MISC. HARDWARE	1
NOTE: OPTIONAL COMPLETE PARTS, LABOR AND TRAVEL SERVICE AGREEMENT	

Seacoast Security

P.O. Box A
290 West St.
West Rockport Me. 04865
1800-654-8800 207-236-4876
Fax 207-236-8517
sales@seacoastsecurity.com



Herbal Pathways
35 Bridge Street
Gardiner, ME 04345
C/o Ken
kendebbie4@comcast.net

Sales Quotation

Project: Camera System

Questions? Please call Steve Hayden

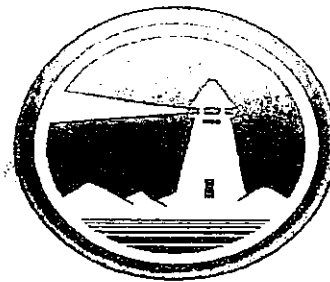
Quote #: 10057rev10

Date 8/17/2020 Quote Expires on: 8/17/2020

Description	Qty
Camera System	
Install a hardwired Camera System to cover all areas where product can be transported room too room along with general coverage.	
32 CHANNEL NVR WITH 8 SATA DRIVES (EMPTY)	1
SKYHAWK 3.5 10TB-ST10000VX004	3
16 PORT EPOE MANAGED SWITCH	2
5MP 360 FISHEYE DOME 1.4MM IR 1@GENERAL RETAIL AREA, 1@PROCESSING ROOM, 1@PRODUCT STORAGE ROOM	3
EPOE 4MP IP DOME 2.8MM 85 FT IR STARLIGHT+ -INDOOR & OUTDOOR RATED 1@ENTRY FOYER FACING PEOPLE ENTERING, 1@ENTRY FOYER FACING PEOPLE LEAVING, 1@RETAIL AREA FACING FOYER DOOR, 1@EACH POS STATION (4) TOTAL, 1@SECURITY/IT ROOM, 1@SECURITY/IT HALL, 1@GM'S OFFICE, 1@FACING PROCESSING DOOR, 1@INSIDE PROCESSING ROOM FACING DOOR, 1@VAULT, 1@FACING REAR DOOR, 1@COMMON HALL OUTSIDE REAR DOOR, 1@FACING PRODUCT STORAGE DOOR, 1@INSIDE PRODUCT STORAGE, 1@OUTSIDE FACING FRONT DOOR, 1@OUTSIDE FRONT DOOR FACING LEFT, 1@OUTSIDE FRONT DOOR FACING RIGHT	18
JUNCTION BOX	20
WALL MOUNT BRACKET - EACH OUTSIDE CAMERA	3
WALL MOUNT SHIELD/BRACKET - EACH OUTSIDE CAMERA	3
UPS 1500VA LCD POWER SUPPLY	1
50-INCH LED TV - WALL MOUNTED FOR CLIENT'S TO SEE	1
37"-90"FIXED PI 600X400 175LBS	1
PC FOR SALE TEAM TO USE ON THE FLOOR TO REVIEW DATA IF THERE IS A "SITUATION"	1
SECURE RACK MOUNT CABINET	1

License # AMS224
Seacoast Security

P.O. Box A
290 West St.
West Rockport Me. 04865
1800-654-8800 207-236-4876
Fax 207-236-8517
sales@seacoastsecurity.com



Herbal Pathways
35 Bridge Street
Gardiner, ME 04345
C/o Ken
kendebbie4@comcast.net

Sales Quotation

Project: Intrusion System

Questions? Please call Steve Hayden

Quote #: 010057

Date 8/17/2020 Quote Expires on: 9/16/2020

Description	Qty
Intrusion System	
We will install a wireless system that will communicate to our call center through your wifi and our AES Radio network. You will have remote access via the phone App Total Connect.	
HONEYWELL CONTROL PANEL/KEYPAD COMBO	1
24-HOUR BACK BATTERY	1
WIFI MODULE	1
WIRELESS PANIC BUTTONS 1@EACH POS STATION (4), 1@SECURITY/IT OFFICE	5
AES RADIO	1
AES TRANSFORMER	1
AES BACK UP BATTERY	1
WIRELESS DOOR SENSORS 1@EACH FRONT DOOR (2), 1@BACK DOOR	3
WIRELESS MOTION SENSORS 1@FRONT ENTRY, 1@SECURITY/IT OFFICE, 1@SECURITY/IT OFFICE HALL, 1@RETAIL SPACE GENERAL COVERAGE, 1@GM'S OFFICE, 1@GENERAL SUPPLIES CLOSET AREA, 1@VAULT, 1@PROCESSING ROOM, 1@COMMON HALL NEAR PROCESSING AREA, 1@PRODUCT STORAGE	10
MONITORING WOULD BE \$45.00 PER MONTH; \$540.00 PER YEAR	
OPTIONS	
1. ANNUAL TEST & INSPECTION - ONE ON SITE ANNUAL TEST AND INSPECTION WOULD BE DONT AT A DEEP DISCOUNTED RATE OF \$20.00 LESS PER HOUR WHEN YOU PRE-PAY FOR THE SERVCIE AT \$25.00 PER MONTH; \$300.00 PER YEAR.	
2. MAINTANCE AGREEMENT - WILL COVER ANY FUTURE SERVICE CALLS ON THE EQUIPMENT LISTED IN THIS QUOTE FOR THE LIFE OF THE AGREEMENT FOR \$20.00	

LEASE

LEASE entered by and between, **ACOT LLC** a Maine limited liability company with a mailing address of 211 Beech Hill Road, Auburn, Maine 04210 (hereinafter referred to as "Lessee") and **Cobbossee Leasing, LLC**, a Maine limited liability company with a mailing address of 511 Litchfield Road, Farmingdale, Maine 04344 ("Lessor").

SECTION ONE **LEASEHOLD PROPERTY**

Lessee wishes to operate an adult use retail marijuana store in commercial space located at 35 Bridge Street, Gardiner, Maine (hereafter referred to as "Leasehold Property").

Lessor hereby eases to Lessee and Lessee hereby leases from Lessor the Leasehold Property being the following described property upon terms and conditions set out in this and all other Sections contained in this Lease:

Commercial space located at 35 Bridge Street, Gardiner, Maine, consisting of approximately one thousand, nine hundred, (1,900) square feet located in the west side of the building, otherwise known as Suite 2.

SECTION TWO **TERM**

The term of this lease shall commence on April 1, 2022 and continue until March 31, 2027 ("Term").

SECTION THREE **RENTAL**

Lessee shall pay to Lessor as a net minimum rent during the Term **Thirty One Thousand Eight Dollars (\$31,008.00)** per annum. The net minimum rent shall be payable in advance in equal monthly installments on the first day of each calendar month of **Two Thousand, Five Hundred Eighty Four 00/100 Dollars (\$2,584.00)**. This Lease shall be contingent upon Lessee obtaining all applicable State and Municipal approvals. Should Lessee not obtain such approvals it has no further obligation under the Lease except for net minimum rent until such time as it exercises those rights to withdraw from the Lease. Fixed rent and all other amounts shall be sent to Lessor at the address listed below for crediting to Lessee's account. A payment shall be delinquent if not paid by the seventh day after which it is due. On Lessee's failure to pay the rental on a timely basis, if such failure to pay continues for another seven (7) days after notice to Lessee of such delinquency, Lessor shall have the right to terminate this lease, and the lease will thereupon be forfeited. Any payment not made by the seventh day as outlined above shall be subject to a fifteen percent (15%) late fee. Net minimum rent shall increase 3 percent per year. Lessee shall have a right to renew

the lease Term upon 180 days' notice to Lessor for two additional terms of 5 years each, at market rent at that time as to be determined by agreement of the Parties. The net minimum rent for the first Term shall be as follows:

Year	Monthly Base Rent	Annual Base Rent
1	\$2,584.00	\$31,008.00
2	\$2,661.52	\$31,938.24
3	\$2,741.37	\$32,896.44
4	\$2,823.61	\$33,883.32
5	\$2,908.32	\$34,899.84

Upon the execution of this lease, Lessee shall pay to Lessor the amount of Two Thousand Five Hundred Eighty Four Dollars (\$2,584.00), which shall be held as a security for Lessee's performance as herein provided and refunded to Lessee without interest at the end of this lease subject to Lessee's satisfactory compliance with the conditions hereof. Lessee shall immediately replenish the Security Deposit at any time it is applied or used by Lessor, provided that Lessor sufficiently documents such application or use of the security deposit.

SECTION FOUR **NONTRANSFERABILITY**

Lessee may not assign or sublease its rights in and to this Lease or the Leasehold Property without the prior written consent of Lessor, said consent to be at Lessor's sole determination.

SECTION FIVE **RESTRICTIONS ON USE**

Lessee shall not use or permit the premises, or any part thereof, to be used for any purposes other than for the operation of the Lessee's adult use retail marijuana store. Lessee shall not permit on the Leased Premises any act, sale, or storage that may be prohibited under standard forms of fire insurance policies, and will not use the Leased Premises for any such purpose. Lessee shall not permit and shall take reasonable actions to prevent the use or consumption of marijuana on the Leased Premises. In addition, no use shall be made or permitted to be made that shall result in waste on the premises. Lessee shall comply with all governmental regulations and statutes affecting the Leased Premises either now or in the future. Lessee shall also comply with any rules and regulations attached to this lease and made a part hereof. Should Lessee's use result in an increase in Lessor's insurance for the property, Lessee shall be responsible for such increase.

SECTION SIX **ABANDONING PREMISES OR PERSONAL PROPERTY**

Lessee shall not vacate or abandon the Leased Premises at any time during the term, but if

Lessee does vacate or abandon the Leased Premises or is dispossessed by process of law, any personal property belonging to Lessee and left on the Leased Premises shall be deemed abandoned at the option of Lessor and shall become the property of Lessor.

SECTION SEVEN

SIGNS

No signs, advertisement or notice shall be inscribed, painted or affixed to any part of the building or the Leased Premises, except with the prior approval of Lessor. Said approval will not be unreasonably withheld or delayed. All costs for such signs shall be paid by Lessee. Lessee shall ensure full compliance with State and Local rules, laws, and ordinances regarding such signs.

SECTION EIGHT

LESSEE'S RESPONSIBILITIES

Lessee shall be responsible for the following:

1. Arrange and pay directly for all Utilities furnished to the Leased Premises during the terms of this Lease including gas and telephone service. Lessee shall pay its pro rata share of sewer and water as determined by water meter readings at the local rate. Said payments shall be made within fourteen (14) days of billing. Lessee shall pay 19% of Lessor's costs for Common Area Maintenance (CAM) to include mowing, snow removal, sanding, litter removal, parking lot maintenance and striping, real estate taxes and insurance, however as outlined in Section Five above, Lessee shall be wholly responsible for any increase in insurance premiums due to the nature of Lessee's business.
2. Arrange and pay directly for janitorial services and regular maintenance of the heating and cooling system, windows, and the like servicing the Leased Premises.
3. Lessee agrees that any alternations or improvements to the property shall be made only upon the approval of the Lessor. Lessee agrees it will submit plans and specifications to Lessor together with any request for approval. Any work done shall be done in a workman like fashion, and the Lessee shall be responsible for any and all permits and approval by any regulatory agencies. Lessor agrees to cooperate with such permit and approval process. Any work shall be done in accordance with such agencies, ordinances, regulations or codes and at Lessee's expense. The Lessee is required to maintain the interior of the Leased Premises including without limitation all glass and utilities, conduits, fixtures and equipment serving the Leased Premises exclusively but excluding all property the Lessor is required to maintain as stated in Section Nine below. Any and all electrical, plumbing and HVAC work must be done by a licensed contractor. The Lessee further agrees to leave the Leased Premises in as good repair and condition as the

same are in at the commencement of the term of the lease (normal wear and tear excepted) and at the expiration or termination of the Lease, the Lessee shall remove its goods and effects, and yield up peaceably to the Lessor the Leased Premises.

4. Personal property taxes assessed against Lessee's improvements to the Leased Premises.

SECTION NINE LESSOR'S RESPONSIBILITIES

Lessor shall be responsible for the foundation, roof, exterior walls, gutters, and down spouts and structural parts of the Leased Premises except to the extent, any damage to be repaired may have been caused by the gross negligence of the Lessee, its servants or agents.

SECTION TEN INSURANCE

Lessee agrees to maintain in full force during the term hereof a policy of public liability and property damage insurance under which Lessor, Lessor's assignees and Lessee are named as insured, and under which the insurer agrees to insure Lessee's obligation to indemnify and hold Lessor harmless from and against all costs, expenses, legal fees and costs, and/or liability for injury to person or damage to property arising out of or based upon any and all claims, accidents, injuries, and damages occasioned by Lessee's gross negligence or willful misconduct. Each such policy shall be non-cancelable with respect to Lessor and their said assignees and Lessee, except upon thirty (30) days prior written notice to Lessor, a duplicate original policy or copy of the certificate thereof shall be delivered to Lessor at the execution of this lease. Each such policy shall be approved as to form, coverage and carrier by Lessor. If, in the considered opinion of Lessor, the amount of such coverage is later deemed to be inadequate, Lessee agrees to increase said coverage to such reasonable amounts as Lessor shall deem adequate. Initially the public liability coverage shall be a minimum of One Million and 00/100 (\$1,000,000.00) Dollars.

Lessee may obtain and maintain any other insurance that Lessee desires on the Leased Premises or on Lessee's personal property thereon at the expense of Lessee, and any additional insurance desired by Lessee may be written by any carrier selected by Lessee.

SECTION ELEVEN INDEMNITY

Lessee shall indemnify Lessor against all expenses, liabilities and claims of every kind, including reasonable counsel fees, by or on behalf of any person or entity arising out of either (1) a failure by Lessee to perform any of the terms or conditions of this lease, (2) any injury or damage occurring on or about the Leased Premises, (3) failure to comply with any law of any governmental authority, or (4) any mechanic's lien or security interest filed against the demised premises or equipment, materials, or alterations of building or improvements thereon.

SECTION TWELVE
LIABILITY OF LESSOR

Lessee waives all claims against Lessor for damages to goods or for injuries to persons on or about the Leased Premises from any cause arising at any time. Lessee will indemnify Lessor on account of any damage or injury to any person, or to the goods of any person, arising from the use of the leasehold property by Lessee, or arising from the failure of Lessee to keep the property in good condition as provided herein.

SECTION THIRTEEN
DESTRUCTION OF PREMISES

In the event of a partial destruction of the premises during the Term from any cause, Lessor shall forthwith repair the same, provided the repairs can be made within forty-five (45) days under the law and regulations of applicable governmental authorities. Any partial destruction shall neither annul nor void this lease, except that Lessee shall be entitled to a proportionate reduction of rent while the repairs are being made, any proportionate reduction being based on the extent to which the making of repairs shall interfere with the business carried on by Lessee in the Leased Premises. If the repairs cannot be made in the specified time, Lessor may, at its option, make repairs within a reasonable time, this Lease continuing in full force and effect and the rent to be proportionately rebated as previously set forth in this paragraph. In the event that Lessor does not elect to make repairs that cannot be made in the specified time, or those repairs cannot be made under the laws and regulations of the applicable governmental authorities, this Lease may be terminated at the option of either party. Should the building of which the Leased Premises forms a part be destroyed to the extent of not less than fifty percent (50%) of the replacement cost thereof, Lessor may elect to terminate this Lease. A total destruction of any building on the Leased Premises shall terminate this lease.

SECTION FOURTEEN
CONDEMNATION

A condemnation of the entire building or a condemnation of the portion of the Leased Premises occupied by Lessee shall result in a termination of this Lease. Lessor shall receive the total of any consequential damages awarded as a result of condemnation proceedings. All future rent installments to be paid by Lessee under this lease shall be terminated.

SECTION FIFTEEN
ALTERATIONS, MODIFICATION, REPAIRS

Any and all alterations that the Lessee wishes to make to the Leased Premises must be approved by Lessor.

Lessee shall be responsible for making all routine repairs and for performing routine maintenance required by the Leased Premises. Lessee shall permit Lessor and its agents to enter the premises at all reasonable times to inspect the Leased Premises, maintain the building and premises, make repairs, alterations, or additions to the premises, or any portion of the building, including the erection of scaffolding, props, or other mechanical devices, to post notices of non-liability for alterations, additions, or repairs, to place on the premises any usual or ordinary "For Sale" signs, without any rebate of rent to Lessee or damages for any loss of occupation or quiet enjoyment of the premises, so long as such entry, maintenance, repairs, alterations or additions do not impede or substantially interfere with Lessee's operation of the Leased Premises for its intended use as described in Section 1.

SECTION SIXTEEN **BREACH OR DEFAULT**

Lessee shall have breached this Lease and shall be considered in default hereunder if (1) Lessee files a petition in bankruptcy or insolvency or for reorganization under any bankruptcy act, or makes an assignment for the benefit of creditors, (2) involuntary proceedings are instituted against Lessee under any bankruptcy act, (3) Lessee fails to pay any rent or other payments under this lease when due within in any applicable grace period, (4) Lessee fails to perform or comply with any of the covenants or conditions of this lease and such failure continues for a period of fourteen (14) days after receipt of notice thereof from Lessor.

SECTION SEVENTEEN **EFFECT OF BREACH**

In the event of a breach of this lease as set forth in Section Sixteen, the rights of Lessor shall be as follows:

1. Lessor shall have the right to cancel and terminate this Lease as well as all of the rights, title and interest of Lessee hereunder, by giving to Lessee not less than seven (7) days notice of the cancellation and termination. On expiration of the time fixed in the notice, this lease and the right, title and interest of Lessee hereunder shall terminate. Upon such a termination, Lessor's sole remaining responsibility to Lessee shall be to mitigate damages caused by Lessee's breach.
- (2) Lessor may elect, but shall not be obligated, to make any payment required of Lessee herein or comply with any agreement, term or condition required hereby to be performed by Lessee, but any expenditure for the correction by Lessor shall not be deemed to waive or release Lessee's default or Lessor's right to take any action as may be otherwise permissible hereunder in the case of any default.

In addition to Lessee's liability to Lessor for breach of the lease, Lessee shall be liable for all expenses of the reletting, for the alterations and repairs made, and for the difference between the rents received by Lessor under any new lease agreement and the rent installments that are due

for the same period under this lease, subject to Lessor's duty to mitigate damages and relet the Leased Premises.

Lessor shall have the right to apply the rent received from reletting the property (1) to reduce Lessee's indebtedness to Lessor under the lease, not including indebtedness for rent, (2) to expenses of the reletting and alternations and repairs made, (3) to rent due under this lease, or (4) to payment of future rent under this lease as it becomes due. If the new Lessee does not pay rent installment promptly to Lessor, and the rent installment has been credited in advance of payment to the indebtedness of Lessee other than rent, or if rentals from the new Lessee have been otherwise applied by Lessor as provided for herein, and during any rent installment period, are less than the rent payable for the corresponding installment period under this lease, Lessee shall pay Lessor the deficiency, separately for each rent installment deficiency period and before the end of the period. Lessor may at any time after a reletting terminate the lease for any breach and subsequently relet the property.

No waiver by either of the parties hereto of any provision or breach of this agreement shall be deemed a waiver of any other provision or of any subsequent breach of the same or of other provisions. The Lessor's consent to or approval of any act shall not be deemed to render unnecessary the obtaining of said consent or approval of any later act.

SECTION EIGHTEEN

UNLAWFUL DETAINER AND ATTORNEY'S FEES

The Lessee covenants that in case of any termination of this lease, then at the option of the Lessor, the Lessee covenants that it will indemnify the Lessor from and against any loss or damage sustained by reason of termination, if such termination is caused by Lessee. Lessor's damages hereunder shall include but shall not be limited to, any loss of rent; advertising costs; reasonable cost of cleaning and repainting the property in order to relet the same; legal costs and reasonable attorney's fees incurred by the Lessor in collecting any damages hereunder or in obtaining possession of the rented property by summary process or otherwise. The Lessor shall be entitled to any and all other remedies provided by law. The parties agree that in case of any termination of this Lease for cause, if the parties shall seek redress at the Courts, the Court may consider as damages any and all loss or damage sustained by reason of the termination. Lessor's damages shall include but not be limited to any loss of rent, advertising costs, reasonable costs of cleaning and repainting the property in order to relet same and the Court may award attorneys fees to the prevailing party. Lessor shall be entitled to any and all other remedies as provided by the Law.

SECTION NINETEEN

REMEDIES OF LESSOR CUMULATIVE

The remedies herein given to Lessor shall be cumulative, and the exercise of any one remedy by Lessor shall not be to the exclusion of any other remedy.

SECTION TWENTY
CHOICE OF LAW

This lease and its performance hereunder shall be governed by the Laws of the State of Maine.

SECTION TWENTY-ONE
NOTICES

Any notice, demand or request or other instrument which may be given or is required to be given under this lease shall be delivered in person or sent by United States Certified Mail postage prepaid and shall be addressed:

- A. To Lessor at 511 Litchfield Road, Farmingdale, Maine 04344 or at such other addresses Lessor shall designate by written notice.
- B. To Lessee at 211 Beech Hill Road, Auburn, Maine 04210 or at such other address as Lessee shall designate by written notice.

SECTION TWENTY-TWO
TOTAL AGREEMENT; APPLICABLE TO SUCCESSORS

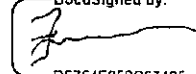
This lease contains the entire agreement between the parties and cannot be changed or terminated except by a written instrument subsequently executed by the parties hereto. This Lease and the terms and conditions hereof apply to and are binding on the heirs, legal representatives, successors and assigns of both parties.

SECTION TWENTY-THREE
SEVERABILITY; INTERPRETATION

Any provisions of this Agreement which are proven to be invalid, void, or illegal shall in no way affect, impair or invalidate any other provision hereof and such other provisions shall remain in full force and effect. The headings or captions in this document shall not be taken into account in construing the meaning of the provisions hereof.

IN WITNESS WHEREOF, the parties have executed this lease the 1st day of April 1, 2022.

WITNESS:

DocuSigned by:

DF754F950C67485

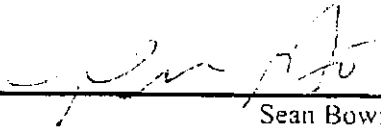
Cobbossee Leasing, LLC, Lessor
By: John S. Bobrowiecki, Jr.
Its: Member

ACOT LLC Lessee
By: Sean Bowie
Its: Member

GUARANTY

GUARANTEE OF PAYMENT AND PERFORMANCE. For good and valuable consideration, Guarantors absolutely and unconditionally guaranty full and punctual payment and satisfaction of the indebtedness of Lessee to Lessor, and the performance and discharge of all Lessee's obligations under the Lease and the Related Documents. This is a guaranty of payment and performance and not of collection, so Lessor can enforce this Guaranty against Guarantors even when Lessor has not exhausted its remedies against anyone else obligated to pay the indebtedness or against any collateral securing the obligations, this Guaranty or any other guaranty of the obligations. Guarantors will make any payments to Lessor or its order, on demand, in legal tender of the United States of America, in same-day funds, without set-off or deduction or counterclaim, and will otherwise perform Lessee's obligations under the Lease and Related Documents.

1



Sean Bowie

ASSIGNMENT OF LEASE

AGREEMENT made as the 15th day of May, 2022, by and between ACOT LLC a Maine limited liability company with a mailing address of 211 Beech Hill Road, Auburn, Maine 04210, (hereafter referred to as "Assignor") and Sinsemilla South, LLC, a Maine limited liability company with a mailing address of 211 Beech Hill Road, Auburn, Maine 04210 ("Assignee") with the consent and approval of Cobbossee Leasing, LLC.

WITNESSETH:

WHEREAS, Assignor entered into a Lease dated April 1, 2022 with Cobbossee Leasing, LLC to lease a portion of Cobbossee, Leasing's property at 35 Bridge Street, Gardiner, Maine (the "Lease") and

WHEREAS, Assignor desires to assign all of its right, title and interest in and to the Lease to Assignee, and the Assignee desires to accept such assignment and assumed the rights and obligations of the Assignor accruing under the Lease, in each case with effect from and after the date hereof;

NOW, THEREFORE, in consideration of the premises and the respective undertakings and agreements hereinafter set forth, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree as follows:

1. Assignor hereby assigns, transfers and conveys to Assignee all of the Assignor's right, title and interest in the Lease, with the effect as of and from the date hereof.
2. Assignee hereby accepts the assignment of Assignor's right, title and interest in and to the Lease, and (a) assumes performance of all of the obligations of the Assignor under the Lease, and (b) further agrees to comply with and abide by all of the terms, conditions and provisions, and covenants on the part of the Assignor under the Lease. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original and all of which together shall constitute one and the same agreement.

IN WITNESS WHEREOF, the parties have executed this Assignment on the day and year first written above.

ACOT LLC, Assignor

By: Sean M. Bowie
Sean Bowie, Owner

Sinsemilla South LLC

By: Sean M. Bowie
Sean Bowie, Owner

Seen and agreed to by Cobbossee Leasing, LLC.

Cobbossee Leasing, LLC

By: John Bobrowiecki
John Bobrowiecki, Member

2. Provide proof of compliance with applicable electrical code(s).

The certificate of occupancy from Gardiner was provided with the supplemental application.

3. Provide proof of compliance with any other applicable federal and state environmental requirements.

The company's counsel has been in touch with officials at the Maine Department of Environmental protection regarding waste disposal, wastewater discharge, and air emissions permits. It is the company's understanding that no such permits will be required for marijuana stores.

SECTION 8: Notice

The Department shall keep on file a copy of all facility plans, security plans, operating plans and cultivation plans, as well as copies of certifications of testing facilities. The most recent plan, whether submitted with the issuance of the marijuana establishment license, or by the subsequent approval of an application to change, shall be the Plan of Record with which the licensee must comply. Field Investigators will have access to all plans and will review all plans prior to an on-site assessment. Failure to comply with the Plan of Record may lead to enforcement action. Any significant changes to the Plan of Record must be approved by the Department.

Signature – This Plan of Record cannot be accepted without a signature

Any information contained within this Plan of Record or otherwise found, obtained, or maintained by the Department, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

Authorizing Business Representative's Signature

Date

6/24/2022

Printed Name:

Sean Bowie

Email Address:

sean@ruggedrootsinc.com

Phone Number:

207-576-7168

Fire Plan

Fire Plan and Security Systems

Properly functioning and constantly monitored fire and burglar alarm systems are an important consideration for facility security. As previously mentioned, ADT will be installing the burglar alarm systems and will be monitoring 24 hours a day, 7 days a week. Additionally, fire alarms, sprinkler systems and 24/7 monitoring to ensure a fast response time in the case of a fire emergency. Sinsemilla South will hire a professional commercial fire protection monitoring service for this purpose.

Sinsemilla South is dedicated to providing a safe environment for staff and our neighbors. The Fire Prevention, Safety & Action Plan provides safe practices for the workplace that minimize the risk of a possible fire emergency and outline the storage and operation procedures for fire safety equipment and devices.

The Fire Prevention, Safety & Action Plan

- The conducting and recording of periodic inspections of the facility to identify and correct any conditions that are unsafe.
- The conducting and recording of monthly inspections of fire emergency equipment including smoke detectors, fire extinguishers and emergency evacuation lighting.
- The conducting of periodic inspections and tests of fire alarms as per state and local regulations.
- The conducting of regular fire drills.
- Regular checking of electrical cords and cables to ensure none are frayed or worn and all are in safe working condition.
- Storing any dirty and/or oily rags in metal containers.
- Labeling and storing all potentially flammable materials in a safe manner.
- Cleaning work areas containing any potentially flammable liquids daily.
- Clearing debris and trash from outside the front and surrounding premises before opening and throughout the duration of business hours.
- Respectful discouragement of loitering, solicitors and people obstructing the sidewalk unlawfully.
- Respectful discouragement of double parking and blocking of streets, sidewalks and other roadways.

- Enforcement of employee policies including no smoking or vaporizing of any kind on the premises with ejection and termination if policies are not adhered to.
- Management and security will keep an accurate occupancy count at all times to ensure a safe number of occupants for the space.

Fire Safety Training & Drills & Training

All staff will be trained by management using the Fire Prevention, Safety & Action Plan and reviewing best practices for fire prevention, fire safety guidelines, policies and evacuation procedures.

Drills

Periodic fire drills based on the evacuation plan will be executed to ensure staff is well-versed in the fire emergency routine as well as where the exits and evacuation routes are located.

Posting of Policies and Materials

Signs clearly stating that there is no smoking or vaporizing on the property will be prominently displayed and the policy reviewed with every patient. Additionally, fire prevention and safety information will be prominently displayed for regular staff and patient review and orally reviewed with staff. Similarly, fire and emergency evacuation procedures will be shared with staff orally and stored in an easily accessible location for regular review.

Clearly Marked Exits & Evacuation Routes

Each exit will be clearly marked and evacuation routes prominently displayed for regular staff and customer review.

Fire Suppression

A variety of fire suppression equipment and techniques are employed to ensure maximum safety for staff and visitors

- Fire Alarms
 - Fire alarms and smoke detectors shall activate a visible and audible signal in a location that complies with the state and local fire code.
- Sprinklers

- A full-service automatic sprinkler system will be maintained. All personnel will be trained in sprinkler system operation.
- Extinguishers
 - Fire extinguishers will be stored and accessible onsite and their locations will be marked on the evacuation maps and outlined in the fire safety procedures. All personnel will be trained in fire extinguisher usage and storage locations.
- Monitoring Services
 - Fire alarms, sprinkler systems and any other fire suppression systems will be monitored 24 hours a day to ensure a fast response time in the case of a fire emergency by a professional commercial fire protection monitoring service.

Fire Evacuation Plan

The fire evacuation plan will be clearly displayed outside the door of each room so employees can quickly determine their path out of the building. Each room will be equipped with a walkie-talkie and they will use these to communicate the presence of each team and check to see if other people are in the building.

Authority

The manager on duty is the official onsite emergency coordinator of evacuation activities during a fire emergency or evacuation until emergency officials such as the local Fire Department respond.

Training

Employees will be instructed that the manager on duty is in charge during an emergency to minimize confusion. Annually, staff will be trained to address:

- Individual roles and responsibilities during a fire emergency or drill.
- Threats, hazards, and protective actions regarding fire safety.
- Notification, warning, and communications procedures in the event of a fire emergency.
- Means for locating family members in an emergency.
- Emergency response procedures.
- Evacuation, shelter, and accountability procedures.
- Location and use of common emergency equipment including fire extinguishers and fire alarms.

- Emergency shutdown procedures.

Plan Review

The fire evacuation plan will be regularly reviewed with staff and a drill will be conducted as often as necessary to assess plan effectiveness and make improvements.

Employees will be interviewed and feedback collected used to update evacuation plan.

Fire Evacuation Conditions

Conditions for fire evacuation and fire evacuation procedures including evacuation of all staff and customers to an exterior location are reviewed with all personnel and additional emergency evacuation situations that could lead to fire including earthquakes, chemical spills or hurricanes are also addressed and responses reviewed. The structure of the building and the likely damage caused by fire, explosion, hurricane or earthquake will be reviewed with all personnel to help inform their understanding of how to create an action plan during an emergency based on the building.

Routes & Exits

Maps based on floor diagrams of the completed site with arrows that designate exit routes as well as the location of exits, fire extinguishers and first aid kits that might be needed in the case of a fire emergency will be posted in an accessible location at all times. Exits will be clearly marked and lit well, wide enough to allow personnel the ability to evacuate, always clear and unobstructed by debris and not likely to cause evacuating personnel or customers to deal with additional hazards.

Assisting Visitors, Contractors and Staff to Evacuate

One evacuation warden for every 20 employees will be present in addition to the manager acting as onsite emergency coordinator. Each evacuation warden will be responsible for assisting staff in evacuating during a fire emergency and are tasked with checking bathrooms, break rooms, back office space and other spaces before being the last one to exit the site. Anyone who signed in will be accounted for by the staff host greeting customers to ensure they all evacuate safely.

Shutting Down Critical Operations

Staff may be designated to remain behind briefly to operate fire extinguishers or shut down electrical systems and other special equipment that could create additional hazards for safety responders if left operating. The preferred outcome is immediate evacuation of all employees when the alarm signaling evacuation is triggered.

Additionally, the evacuation plan will include the location for shutting off gas and electricity for employees and emergency response personnel.

Accounting for Customers Employees After Evacuation

The security staff greeting visitors will be responsible for accounting for all customers who were signed in at the time of the evacuation in the designated external assembly area. The designated evacuation warden will be responsible for accounting for all staff members evacuated and the manager acting as onsite emergency coordinator will verify the total number of evacuated individuals. The emergency coordinator will find the names and last known location of any individual not accounted for to assist in emergency personnel helping anyone trapped in the building. The emergency coordinator will respectfully remind staff and customers to remain calm and quiet in assembly areas to avoid confusion and ensure a lack of interference with rescue efforts.

EMPLOYEE SAFETY AND HYGIENE

In addition to the practices described above, all employees will be trained on basic safety and hygiene practices required for these operations. The training will include basic hygiene requirements regarding hand washing and appropriate apparel. Anyone working with flammable or dangerous equipment would wear appropriate eye protection and full suits to protect their skin.

In addition to the hazardous protocols described above, the team will be trained on eye wash, and all appropriate protections available in the facility. The compliance officer will be responsible for adherence to all OSHA workplace standards.

To insure any marijuana product is safe from contamination, all product brought into the building will be stored in individual containers. This process insures that any contamination is isolated to that one tote or jar of cannabis product and cannot cross-contaminate other lots.

Employees will be instructed to clean surfaces between batches to insure cross contamination doesn't occur.

In addition to mandating handwashing after trips to the bathroom and upon return from breaks, employees will insure their work spaces are clean compliant.

All employees who are not feeling well will be instructed to call into a dial in number at least by 5am on the day of their shift. This alert is emailed to all managers.

Odor Mitigation Plan

The company will ensure that the smell of marijuana will not be detectable at the property boundary or at any adjoining use of the property. All doors and windows will be kept closed at all times. There will not be any odor emitting activities taking place on the premise because marijuana and marijuana products will be pre-packaged before they are brought into the marijuana store. Marijuana and marijuana products will only be kept in locked display cases/refrigerators in a limited access area adjacent to the sales floor or in the separate limited access storage area. Employees will be trained to monitor odor and to track any odor-related complaints. The company will respond to any complaints in a reasonable amount of time. If odor-related complaints persist, and if required by the town, the company will adjust its odor mitigation protocols and install odor mitigating equipment if necessary.

**MAINE ADULT USE CANNABIS PROGRAM****162 STATE HOUSE STATION, 19 UNION STREET, AUGUSTA, ME 04333-0162, FIRST FLOOR**Transaction Type: **Renew Adult Use Cannabis Store License** | License: **AMS1246****Transaction Receipt****Attachments/Documentation Needed**

Attachments/Documentation Needed: Your application cannot be processed until you have provided the required documentation described in the Supporting Information section(s) for the following items:

- Retail Food Establishment License

Transaction Details

- Date of Transaction: **04/12/2024 06:49 PM**
- Transaction Number: **3555587-3247505**
- Applicant: **SINSEMILLA SOUTH, LLC**
- Transaction Type: **Renew Adult Use Cannabis Store License**
- License Type: **ADULT USE CANNABIS STORE**
- License: **AMS1246**
- Regulator:

MAINE ADULT USE CANNABIS PROGRAM**162 STATE HOUSE STATION, 19 UNION STREET, AUGUSTA, ME 04333-0162, FIRST FLOOR**

- Fee Paid:
Fees are nonrefundable.

Total: \$0**Application Instructions**

This application must be submitted by an **AUTHORIZED BUSINESS REPRESENTATIVE**.

All persons to be listed as principals of the organization must have an Individual Identification Card number issued by the Office of Cannabis Policy **prior** to submitting this establishment license application.

In addition, OCP recommends reading and reviewing the **application instructions document** found on [OCP's Adult Use Applications and Forms page](#) which contains further instruction and definitions relevant to this application.



MAINE ADULT USE CANNABIS PROGRAM

162 STATE HOUSE STATION, 19 UNION STREET, AUGUSTA, ME 04333-0162, FIRST FLOOR

Transaction Type: **Renew Adult Use Cannabis Store License** | License: **AMS1246**

Transaction Receipt

Transaction Details

- Date of Transaction: **04/21/2025 02:49 PM**
- Transaction Number: **3957354-3493964**
- Applicant: **SINSEMILLA SOUTH, LLC**
- Transaction Type: **Renew Adult Use Cannabis Store License**
- License Type: **ADULT USE CANNABIS STORE**
- License: **AMS1246**
- Regulator:

MAINE ADULT USE CANNABIS PROGRAM

162 STATE HOUSE STATION, 19 UNION STREET, AUGUSTA, ME 04333-0162, FIRST FLOOR

- Fee Paid:
Fees are nonrefundable.

Total: \$0

Application Instructions

This application must be submitted by an **AUTHORIZED BUSINESS REPRESENTATIVE**.

All persons to be listed as principals of the organization must have an Individual Identification Card number issued by the Office of Cannabis Policy **prior** to submitting this establishment license application.

In addition, OCP recommends reading and reviewing the **application instructions document** found on [OCP's Adult Use Applications and Forms page](#) which contains further instruction and definitions relevant to this application.

Documents That May be Uploaded with This Application

As the Authorized Business Representative completing this application, you will be asked for the following documentation in addition to the basic application information. The online application allows for uploading these required documents.

For your protection, this application will time out after 20 minutes of idle time. If more than 20 minutes passes between page refreshes, your session will be disconnected and you will have to start again from the beginning. Please be aware that if you do not have all documents ready, you will be able to upload them at a later time with login credentials provided after this initial submission.

Please have documents ready if you wish to upload them with your online application; otherwise, you will be required to provide them to the Office through the "Upload Outstanding Application Documents" option online, by email to Licensing.OCP@maine.gov, or by mail to MAINE ADULT USE CANNABIS PROGRAM, 162 STATE HOUSE STATION, 19 UNION STREET, FIRST FLOOR, AUGUSTA, ME 04333-0162. This application is not complete and will not be processed until all documentation is provided, including the final notarization to be completed by the Authorized Business Representative. Forms referenced below may be found on [OCP's Adult Use Applications and Forms page](#).

All Applicants:

- Maine Adult Use Cannabis Establishment Release of Information form
- Principal Attestation Form for each principal listed
- Business organization documents, if applicable
 - If the business entity is a corporation, a copy of its bylaws and/or operating agreement and stock ledger; or
 - If the business entity is a limited liability company, a copy of its limited liability company agreement and/or operating agreement; or
 - If the business entity is any type of partnership, a copy of the partnership agreement.
- ESOP Agreement, if applicable
- Financial Instruments, if applicable
- Additional Supporting Documentation, if applicable

Other Required Documents, as applicable based on proposed operations:

- Retail Food Establishment License, Department of Agriculture, Conservation and Forestry
- Premises lease, if applicant does not own the premises

Applicant Information

Please provide the following information about the organization applying for this license.

Applicant Organization's Legal Name

This information may not be changed online. To make a change, please contact the MAINE ADULT USE CANNABIS PROGRAM directly.

Name: **SINSEMILLA SOUTH, LLC**

Doing Business As Name(s)

Not on file

Applicant Organization Details

Name: **SINSEMILLA SOUTH, LLC**

Physical Address: **211 BEECH HILL RD, AUBURN, ME 04210-8829 US**

Email Address: **sean@ruggedrootsinc.com**

Licensing Contact Person

The information provided here will be used by the Office of Cannabis Policy for mail and email communications with the organization. Please be sure this contact information is accurate.

Name: **MALINA E. DUMAS, ESQ.**

Address: **1 CITY CTR STE 11100, PORTLAND, ME 04101-6420 US**

Phone: **+1 (207) 835-4355**

Email Address: **malina.dumas@dentons.com**

Compliance Contact Person

This person will be the Office of Cannabis Policy's main point of contact for inspections and other compliance related correspondence and inquiries.

Name: **SEAN BOWIE**

Attention:

Address: **211 BEECH HILL RD, AUBURN, ME 04210-8829 US**

Emergency/After-Hours Contact Phone: **+1 (207) 576-7168**

Email: **sean@ruggedrootsinc.com**

Establishment's Physical Address

If any Establishment Physical address exists or is added, it will be displayed on the State's Web Site. Note that only the city, state and zip of an address will be displayed. The Establishment Physical address cannot be changed online for this type of license. To make this change, please contact the MAINE ADULT USE CANNABIS PROGRAM directly.

Address: **35 BRIDGE ST, GARDINER, ME 04345-1848 US**

Address Type: **Establishment Physical**

Additional Retail Store Information

Will you be selling prepackaged foods or foods prepared on site for sale to the consumer and intended for off-premise consumption? **Yes**

Do you intend to provide delivery of cannabis and cannabis products? **No**

Do you intend to provide curbside pickup of cannabis and cannabis products? **No**

Retail Food Establishment License

Please upload your Retail Food Establishment License. Please call the Department of Agriculture, Conservation & Forestry, Division of Quality Assurance & Regulations at (207) 287-3841 with any questions.

State_of_Maine_Gardiner_Food_License_Expires_7.2.26.pdf

Premises Lease

Please provide a copy of the premises lease, if the applicant does not own the premises.

Lease_-_Sinsemilla_South_-_Gardiner.pdf

Proof of Sales Tax Identification Number

You must provide proof of a sales tax identification number.

Sinsemilla_South_GARDINER_Resale_Retailer_Cert_1229130_Expires_12.31.25.pdf

Principals

This information may not be changed as a part of this transaction. If you require changes, please contact the MAINE ADULT USE CANNABIS PROGRAM directly for assistance.

License Number: **IIC151**

Name: **SEAN MICHAEL BOWIE**

License Number: **IIC147**

Name: **RYAN ROBERT RICHARDS**

Tax Compliance

Each principal must download, print, and sign the **Maine Revenue Services Authorization to Review and Disclose Status of Tax and Filing Obligations to the Maine Office of Cannabis Policy - Principals Form**. Each principal must submit the completed form to Maine Revenue Services. This form may be found on [OCP's Adult Use Applications and Forms page](#).

Principal Attestation

All persons listed as principals of the organization must complete and attest to the accuracy of the information provided on the **Principal Attestation Form** found on [OCP's Adult Use Applications and Forms page](#). It is the responsibility of each individual principal to supply the completed form to you, the Authorized Business Representative.

Ryan_Richards_-_Principal_Attestation_-_April_2025.pdf

Sean_Bowie_-_Principal_Attestation_-_April_2025.pdf

Owners

This information may be changed only to report ownership changes that occurred in the past 12 months that did not add a new owner and did not increase an ownership interest of an existing owner to be equal to or greater than 5% interest in the licensee. Any changes to ownership adding a new owner or increasing an existing ownership interest in the licensee equal to or greater than 5% must be reported through the online portal by selecting the "Applications to Modify/Change Active Licenses" option.

Individuals

Legal Name: **SEAN BOWIE**

Address: **211 BEECH HILL RD, AUBURN, ME 04210-8829**

% Ownership in the organization applying for licensure: **50.000**

Proposed % Ownership in the organization holding this license:

Place of Domicile/Residency: **MAINE**

Legal Name: **RYAN RICHARDS**

Address: **322 N HATCH HL, GREENE, ME 04236-3125**

% Ownership in the organization applying for licensure: **50.000**

Proposed % Ownership in the organization holding this license:

Place of Domicile/Residency: **MAINE**

Businesses

Not on file

Business Organization Structure Documents

You must provide the following documentation:

- Description of the structure of the business organization;
- If the business entity is a corporation, a copy of its articles of incorporation or articles of organization;
- If the business entity is a limited liability company, a copy of its articles of organization and its operating agreement;
- If the business entity is a general partnership, limited partnership, limited liability partnership or limited liability limited partnership, a copy of the partnership agreement.

Sinsemilla_South_LLC_-_Operating_Agreement.pdf

Employee Stock Ownership Program

Do you have an employee stock ownership program?: **No**

Parties with Financial Interest in Organization

Please review and update the list of all natural persons and/or business entities having any direct or indirect financial interest in the organization applying for this license, and the nature and extent of the financial interest held by each natural person and/or business entity. Owners previously listed do not need to be duplicated here.

A list of common financial interest holders is provided below. Refer to the definition of Direct or Indirect Financial Interest in the Adult Use Program Rule for further explanation.

- Royalty License Partners
- Employee, Contractor and Other Profit Sharing Arrangements
- Capital Investors and Lenders (i.e., banks, credit unions, and other state- and federally-chartered financial institutions, and private lenders)
- Management Contractors and Consultants
- Franchise Agreements

The application must still meet all applicable requirements.

Status: **Pending**

Legal Name: **COBBOSSEE LEASING, LLC**

Address: **511 LITCHFIELD RD, FARMINGDALE, ME 04344-4706**

Financial Instrument Document Title: **LEASE**

Birthdate, if an individual:

Authorization to Release Information

The Office of Cannabis Policy will confirm all responses in the Character and Fitness portion of the application. If the applicant is a business entity, the Office of Cannabis Policy will confirm all responses in the Character and Fitness portion for every officer, director, manager and general partner of the business entity. The applicant must provide a signed and dated **Authorization to Release Information** in order to allow the exchange of information related to Character and Fitness responses. You may find this form on [OCP's Adult Use Applications and Forms page](#).

Sinsemilla_South_-_Signed_Release_-_2025.pdf

Affirmation and Consent

- a. I affirm that the entire Maine Adult Use Cannabis Establishment Renewal Application, statements, attachments, and supporting documents are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed good cause for denial to issue a Maine Adult Use Cannabis Establishment Renewal License by the Department.: **Agree**
- b. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for denial or revocation of the Maine Adult Use Cannabis Establishment Renewal license. I affirm that I am voluntarily submitting this application to the Department of Administrative and Financial Services, Office of Cannabis Policy, and hereby authorize the Department to conduct a complete investigation into the truthfulness of the responses, using whatever legal means they deem appropriate.: **Agree**
- c. I understand I am responsible for knowing and complying with all state laws and regulations governing Adult Use Cannabis pursuant to the Maine Revised Statutes, as well as the rules promulgated thereunder. I understand I am being made aware of the laws and regulations governing the Adult Use Cannabis Program and agree to comply with them, and all other applicable laws and regulations.: **Agree**
- d. I understand that I must pay a fee to obtain a Maine Adult Use Cannabis Establishment license, as well as at the time of an annual renewal.: **Agree**
- e. I understand the Department does not mail out a renewal application; and therefore, I am responsible for obtaining and submitting an application to renew my Adult Use Cannabis Establishment license prior to its expiration. I understand that in order to avoid unnecessary delays in issuance of a renewal license, the renewal application should be submitted no later than 30 days prior to the expiration date.: **Agree**
- f. I understand that Maine Adult Use Cannabis Establishment licenses are valid for one year from the date of issuance. The Maine Adult Use Cannabis Establishment license shall be renewed on forms provided by the Department in accordance with the fee schedule. I understand that if I allow the Maine Adult Use Cannabis Establishment license to expire for even one day and then reapply, I must submit a new application along with the original application fee.: **Agree**
- g. I understand I am responsible for notifying the Office of Cannabis Policy, in writing, upon any change in name, residence address, mailing address, or phone number, since all correspondence will be sent to my last known address. Failure to notify the Office of Cannabis Policy could result in not receiving my physical license, legal notices, and other correspondence.: **Agree**
- h. I understand that I shall not by any means interfere with, obstruct, or impede, the Office of Cannabis Policy or its employees or investigators in exercising their official duties pursuant to the authority in Title 28-B and rules promulgated thereunder.: **Agree**
- i. I understand that a Maine Adult Use Cannabis Establishment license issued by the Office of Cannabis Policy is a revocable privilege, and that the burden of proving an Applicant's qualifications for a Maine Adult Use Cannabis Establishment license rests at all times with the Applicant.: **Agree**
- j. I understand in order to access or input data into the State's inventory tracking system, I must possess a valid Individual Identification Card and agree to follow all the rules and guidelines set forth for the use of this system.: **Agree**
- k. I understand that this application is not complete and will not be processed until all required parties submit to have fingerprints taken and to a criminal history record check.: **Agree**
- l. I understand that I may appeal an application denial pursuant to the Maine Administrative Procedure Act, 5 MRS, chapter 375 **Agree**

Signature

Any information contained within this application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Department, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

Authorizing Business Representative's Signature: **Malina E. Dumas**

Review of Application Materials

For your convenience, you may submit this online transaction and initiate the application process while you are still gathering all required documentation. However, **your application will not be reviewed until the Office of Cannabis Policy has received ALL pertinent documents.**

For each application requirement listed below, please confirm whether you plan to submit further documentation either via mail/email or by uploading at a later time using the "Upload Outstanding Application Documents" option on the Main Menu:

Attestation forms from ALL Principals: **I have provided all principal attestations**

Financial Instrument(s): **N/A (there are no interested financial parties)**

Business organization documents for applicant and all business owners: **I have provided all business organization documentation**

Fee Notice

The Office of Cannabis Policy will send a Notice of Licensing Fee when the application is complete. To be deemed complete, the online application, all required forms, local authorization and the signed and completed Release of Information form must be received by OCP no later than 30 days prior to the expiration date.

Attest & Agree

Any information contained within my application, contained within any financial or personnel record, or otherwise

found, obtained, or maintained by the Department, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief.

Questions about this service? Contact MAINE ADULT USE CANNABIS PROGRAM at: (207) 287-3282 or email: Licensing.OCP@maine.gov

Credits



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Information

Maine.gov

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Transaction Security





OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

Maine Adult Use of Cannabis Program Principal Attestation Form

Every principal of an Adult Use Establishment, as defined in Title 28-B, Section 102-A(50), must complete this Principal Attestation Form.

Section 1: Principal Information.

Legal Name: Ryan Richards		IIC Number: IIC147	
SSN: 005-90-3567	DOB: 07/11/1979	Title in Establishment: Manager	
Name of AU Establishment Completing For: Sinsemilla South, LLC		Facility License Number: AMS1246	
Are you an owner of the above establishment: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, is your pay based on revenue? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Addresses:			
Mailing Street Address: 225 First Flight Drive		City: Auburn	State: ME ZIP: 04210
Residential Street Address: 322 North Hatch Hill Rd		City: Greene	State: ME ZIP: 04236
Provide prior addresses, if have been at above address less than 5 years, until a full five years of history is provided:			
Residential Street Address: N/A		City:	State: ZIP:
Residential Street Address:		City:	State: ZIP:

Section 2: Employment.

- Are you an employee of the Department of Administrative or Financial Services or any other state agency with regulatory authority over Adult Use Cannabis in Maine?
☐ Yes ☒ No
- Are you an employee of the State of Maine?
☐ Yes ☒ No If yes, by which agency are employed:
- Are you a member of law enforcement, a corrections officer, or a person subject to the provisions found in Title 25, Chapter 341 of the Maine Revised Statutes?
☐ Yes ☒ No

Section 3: Tax Compliance.

- Have you paid income or other taxes owed to the State of Maine, to another jurisdiction, if applicable, and to the United States Internal Revenue Services over the two years immediately preceding the year in which the application was filed?
☒ Yes ☐ No If no, explain here:
- Do you have any outstanding tax liens imposed or levied in the State of Maine or in any other jurisdiction within the past five years?
☐ Yes ☒ No If yes, explain here:

Section 4: Criminal History

1. Have you had a federal criminal history record check completed with the Office in the past 24 months?
☒ Yes ☐ No If no, you must complete the criminal history records check process described on the Office's website before you may be approved as a principal for this establishment. See www.maine.gov/dafs/ocp/adult-use/application-process/criminal-history
2. Have you ever faced penalties under the Maine Adult Use of Cannabis Program?
☐ Yes ☒ No If yes, explain here:
3. Have you ever faced penalties under the Maine Medical Use of Cannabis Program?
☐ Yes ☒ No If yes, explain here:
4. Have you had an individual identification card issued under the Maine Adult Use of Cannabis Program revoked, suspended or denied within in the previous two years?
☐ Yes ☒ No If yes, explain here:
5. Have you had a registry identification card or registration certificate issued under the Maine Medical Use of Cannabis Program revoked, suspended or denied within the past two years?
☐ Yes ☒ No If yes, explain here:
6. Have you ever been subject to an enforcement action in any other jurisdiction's cannabis program?
☐ Yes ☒ No If yes, explain here:

Section 5: Cannabis Industry Involvement. Identify each cannabis establishment or license, including those outside of Maine, in which you hold a Direct or Indirect Financial Interest, as defined in Title 28-B, Section 102-A(27). Attach a separate sheet if necessary.

License Holder Name	License Number	Jurisdiction/State	Description of Interest (ownership, principal, interest by contract, revenue sharing, etc.)
See attached.			

Section 6: Acknowledgement and Signature.

I understand that I am responsible for knowing and complying with all state laws and regulations governing the Adult Use of Cannabis Program pursuant to the Maine Revised Statutes, as well as the rules promulgated thereunder.

☒ Agree ☐ Disagree

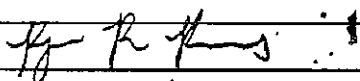
I understand that providing false information or not disclosing all information on this form may result in the establishment license, as well as my individual identification card, being subject to denial, revocation or suspension.

☒ Agree ☐ Disagree

I understand and agree to provide documents, if requested, to prove what I have stated in this Principal Attestation form. I understand and agree that federal, state and local officials or other persons and organizations may verify the information I have given. If I have given incorrect information, my application may be denied, and I may be charged with giving false information. I understand the questions on this form and the penalty for hiding or giving false information or breaking any of the rules. I certify under penalty of perjury that my answers are true and accurate.

☒ Agree ☐ Disagree

Principal's Signature:



Date: 4/21/2025

Other Cannabis Establishments

Ownership interest of the following licensed businesses:

ACC381 – Rugged Roots, LLC

Auburn, ME (active)

AMF440 – Rugged Roots, LLC

Auburn, ME (active)

DSP109 -- Rugged Roots, LLC

Auburn and Lewiston, ME (active)

AMS1469 – Rugged Roots, LLC

Auburn, ME (active)

ACC1431 – Rugged Roots South, LLC

Portland, ME (active)

AMF1432 – Rugged Roots South, LLC

Portland, ME (active)

DSP161 – Rugged Roots South, LLC

Portland, ME (active)

AMS1246 – Sinsemilla South, LLC

Gardiner, ME (active)

AMS1430 – Sinsemilla South, LLC

Portland, ME (active)

AMS1538 - Lebanon Holdings Company, LLC

Lebanon, ME (active)

AMS1587 - Rugged Roots, LLC

Bridgton, ME (Active)

AMS1588 - Rugged Roots, LLC

Auburn, ME (Active)



OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

Maine Adult Use of Cannabis Program Principal Attestation Form

Every principal of an Adult Use Establishment, as defined in Title 28-B, Section 102-A(50), must complete this Principal Attestation Form.

Section 1: Principal Information.

Legal Name: Sean Bowie		IIC Number: IIC151	
SSN: 005-90-0857	DOB: 01/11/1979	Title in Establishment: Manager	
Name of AU Establishment Completing For: Sinsemilla South, LLC		Facility License Number: AMS1246	
Are you an owner of the above establishment: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, is your pay based on revenue? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Addresses:			
Mailing Street Address: 225 First Flight Drive		City: Auburn	State: ME ZIP: 04210
Residential Street Address: 211 Beech Hill Road		City: Auburn	State: ME ZIP: 04210
Provide prior addresses, if have been at above address less than 5 years, until a full five years of history is provided:			
Residential Street Address: N/A		City:	State: ZIP:
Residential Street Address:		City:	State: ZIP:

Section 2: Employment.

- Are you an employee of the Department of Administrative or Financial Services or any other state agency with regulatory authority over Adult Use Cannabis in Maine?
☐ Yes ☒ No
- Are you an employee of the State of Maine?
☐ Yes ☒ No If yes, by which agency are employed:
- Are you a member of law enforcement, a corrections officer, or a person subject to the provisions found in Title 25, Chapter 341 of the Maine Revised Statutes?
☐ Yes ☒ No

Section 3: Tax Compliance.

- Have you paid income or other taxes owed to the State of Maine, to another jurisdiction, if applicable, and to the United States Internal Revenue Services over the two years immediately preceding the year in which the application was filed?
☒ Yes ☐ No If no, explain here:
- Do you have any outstanding tax liens imposed or levied in the State of Maine or in any other jurisdiction within the past five years?
☐ Yes ☒ No If yes, explain here:

Section 4: Criminal History

1. Have you had a federal criminal history record check completed with the Office in the past 24 months?
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2. Have you ever faced penalties under the Maine Adult Use of Cannabis Program?
☐ Yes ☒ No If yes, explain here:
3. Have you ever faced penalties under the Maine Medical Use of Cannabis Program?
☐ Yes ☒ No If yes, explain here:
4. Have you had an individual identification card issued under the Maine Adult Use of Cannabis Program revoked, suspended or denied within the previous two years?
☐ Yes ☒ No If yes, explain here:
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☐ Yes ☒ No If yes, explain here:
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Section 5: Cannabis Industry Involvement. Identify each cannabis establishment or license, including those outside of Maine, in which you hold a Direct or Indirect Financial Interest, as defined in Title 28-B, Section 102-A(27). Attach a separate sheet if necessary.

License Holder Name	License Number	Jurisdiction/State	Description of Interest (ownership, principal, interest by contract, revenue sharing, etc.)
See attached.			

Section 6: Acknowledgement and Signature.

I understand that I am responsible for knowing and complying with all state laws and regulations governing the Adult Use of Cannabis Program pursuant to the Maine Revised Statutes, as well as the rules promulgated thereunder.

☒ Agree ☐ Disagree

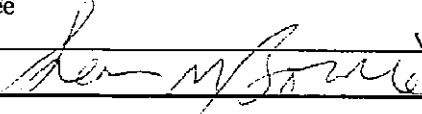
I understand that providing false information or not disclosing all information on this form may result in the establishment license, as well as my individual identification card, being subject to denial, revocation or suspension.

☒ Agree ☐ Disagree

I understand and agree to provide documents, if requested, to prove what I have stated in this Principal Attestation form. I understand and agree that federal, state and local officials or other persons and organizations may verify the information I have given. If I have given incorrect information, my application may be denied, and I may be charged with giving false information. I understand the questions on this form and the penalty for hiding or giving false information or breaking any of the rules. I certify under penalty of perjury that my answers are true and accurate.

☒ Agree ☐ Disagree

Principal's Signature:



Date: 4/21/2025

Other Cannabis Establishments

Ownership interest and manager of the following licensed businesses:

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AMS1538 - Lebanon Holdings Company, LLC

Lebanon, ME (active)

AMS1587 - Rugged Roots, LLC

Bridgton, ME (active)

AMS1588 - Rugged Roots, LLC

Auburn, ME (active)



OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

Maine Adult Use of Cannabis Program Adult Use Establishment Release of Information

Release – An Adult Use establishment application cannot be accepted without this release.

I, Malina E. Dumas, hereby authorize the Department of Administrative and Financial Services, Office of Cannabis Policy, (hereafter, the Office) to conduct a complete investigation into the background of the person(s) and/or entity applicant, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Office to provide any and all such information deemed necessary by the Office. I hereby waive any rights of confidentiality in this regard.

I hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above-named applicant to furnish such information to a duly appointed agent of the Office whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege. I authorize the release of this information, even though such information may be designated as “confidential” or “nonpublic” under the provisions of state law or federal laws.

The Office reserves the right to investigate all relevant information and facts to their satisfaction. I understand that the Office may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the Office, and other agents or employees of the State of Maine shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Maine, Department of Administrative and Financial Services, Office of Cannabis Policy, and other agents or employees of the State of Maine for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclose or publication, of any material or information acquired during inquires, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Office, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

Authorizing Business Agent's Signature:

Date: 4/21/2025

Printed Name: Malina E. Dumas

Email Address: malina.dumas@dentons.com

Phone Number: 207-835-4355



**STATE OF MAINE
MAINE REVENUE SERVICES**

THIS REGISTRATION CERTIFICATE FOR A
RETAILER

is issued under the provisions of MRSA, Title 36, Part 3, §1754-B to:

SINSEMILLA SOUTH LLC
225 FIRST FLIGHT DR
AUBURN, ME 04210-9099

Registration Number: 1229130

Date Issued: MAY 31 2022

Business Code: 420
Filing Frequency: MONTHLY

**IMPORTANT INFORMATION CONCERNING THIS
RETAILER'S CERTIFICATE**

This certificate must be available for inspection by the State Tax Assessor, the Assessor's representatives and agents and authorized municipal officials. This retailer's certificate verifies that this retailer and this retail location hold a valid Maine sales tax account and is authorized to collect and remit the sales tax on behalf of the State of Maine. This certificate has no expiration date. If you cease to do business in Maine please return this certificate to Maine Revenue Services.

IMPORTANT PLEASE NOTE: This retailer's certificate may NOT be used to purchase merchandise for resale tax exempt (in Maine). A resale certificate is a separate document. If you qualify to receive a resale certificate, one has been printed and mailed to you.

STATE OF MAINE
MAINE REVENUE SERVICES
RESALE CERTIFICATE



THIS CERTIFICATE IS VALID

JUNE 03 2022 THRU DECEMBER 31 2025

Business Name and Location Address	Certificate Number	Business Type
SINSEMILLA SOUTH LLC 322 N HATCH HL GREENE ME 04236-3125	1229130	MARJNA STR

This is to certify that the above named business is authorized to purchase during the period indicated on this certificate: (1) tangible personal property to be resold in the form of tangible personal property, or (2) a taxable service to be resold as the same taxable service. **This certificate cannot be reassigned or transferred and can only be used by the above business or its authorized employees. This certificate is void if the business has ceased operating or if the certificate has been altered.**

The above named business certifies that the following is being purchased in the ordinary course of business for resale as provided above.

Presented to: _____ (Insert name of seller on photocopy) (date) Presented by: _____
Authorized Signature (purchaser) (date)

DO NOT WRITE ON THIS ORIGINAL FORM

The document printed above is your new Resale Certificate. **Retain this copy as an original in your file.** This certificate is valid only for the period indicated.

Prior to the expiration of this certificate, Maine Revenue Services will automatically renew and reissue a new resale certificate for the next period if:

- your account is active; and
- you have reported \$3,000 or more in gross sales during the previous 12 months

Make copies of this original, fill in the appropriate data and provide it to the vendors from whom you make purchases for resale.

If you cease doing business, this certificate is void and must be returned to Maine Revenue Services.

Use of a resale certificate to make purchases not intended for resale is a criminal offense.

If you have any questions regarding this document, please call (207) 624-9693.



State of Maine

Department of Agriculture, Conservation & Forestry
Division of Quality Assurance & Regulations
28 State House Station, Augusta, ME 04333-0028
(207) 287-3841

SERIAL NUMBER

154962

2-38165

June 16, 2023

July 2, 2026

LICENSE NUMBER

DATE OF ISSUE

DATE OF EXPIRATION

This certifies that

Sinsemilla South LLC
Sinsemilla South LLC
225 First Flight DR

Auburn, ME 04210-

ADULT USE

Location: 35 Bridge ST, Gardiner

This certificate is valid only between the date issued and expiration date appearing herein. Only the named holder at the location for which issued may use it.

The person named herein is authorized to sell or manufacture food products, fuel and/or sell or repair weighing and measuring devices as permitted by law for the listed authorizations.

This certificate and/or each type of authorization represented is subject to suspension, revocation or cancellation as authorized by Maine Revised Statutes.

LICENSE TYPE

DESCRIPTION OF LICENSE AUTHORIZATIONS

FEE

License Type	Authorizations	Fee
Retail Food Establishment	0 to 10 Prepackaged Food	20.00
	TOTAL:	(3 years) 60.00



Department of Agriculture, Conservation &
Forestry

Amanda Beal

Commissioner

Division of Quality Assurance

Celeste J. Paulini

Director



OFFICE OF CANNABIS POLICY
Maine Adult Use Cannabis Program

Individual ID Card

ID #: IIC151

SEAN MICHAEL BOWIE

DOB: *

Date Issued: 12/05/2024

Expiration Date: 12/04/2025



OFFICE OF CANNABIS POLICY
Maine Medical Use Of Cannabis Program

Registry Identification Card

ID #: RIC16546

SEAN M. BOWIE

DOB: *

Date issued: 11/21/2024

Expiration Date: 11/20/2026



This card is proof that the cardholder is
authorized to work for/assist a lawfully
registered caregiver or dispensary.



OFFICE OF CANNABIS POLICY
Maine Medical Use Of Cannabis Program

Registry Identification Card

ID #: RIC16548

RYAN ROBERT RICHARDS

DOB:

Date Issued:

Expiration Date: 11/20/2026

This card is proof that the cardholder is
authorized to work for/assist a lawfully
registered caregiver or dispensary.



OFFICE OF CANNABIS POLICY
Maine Adult Use Cannabis Program

Individual ID Card

ID #: IIC147

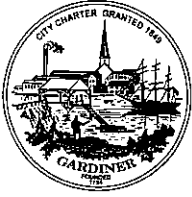
RYAN ROBERT
RICHARDS

DOB:

Date Issued: 12/05/2024

Expiration Date: 12/04/2025





**CITY OF GARDINER
FIRE & RESCUE DEPARTMENT**



Fire Chief Richard Sieberg

April 29, 2025

Dear Malina E. Dumas,

I have received your request for a letter from the Fire Department regarding the annual license renewal for an adult use marijuana business at 35 Bridge Street under the name Sinsemilla South LLC.

Due to the fact no change is being made to the already established business, 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 Todd H. Pilsbury

April 30, 2025

Malina E. Dumas
Partner
Dentons Bingham Greenebaum LLP
254 Commercial Street, Suite 245, Merrill's Wharf
Portland, ME 04101

Sinsemilla South
35 Bridge Street
Gardiner, Maine 04345

Based upon previous information provided and information now known, I believe that the security plans as presented are robust and thorough and that the business will have the safety and prevention mechanisms in place to keep its staff, the business product, and its customers as safe as possible. It is my belief that the Gardiner Police Department has and will have the ability to respond safely to any emergency or criminal activity that may occur at this business. Over the previous year there were no calls for service at this business. 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,

A handwritten signature in black ink, appearing to read "Todd H. Pilsbury".

Chief Todd H. Pilsbury
Gardiner Police Department
City of Gardiner

City of Gardnerville

Receipt

05/12/25 11:00AM ID: 12718

TYPE	REF	AMOUNT
------	-----	--------

Marionette Entertainment

MAE 03/19/25

Adult Retail \$: 1,500.00

Total: 1,500.00

Paid By: PINSEMPLE, SOUTH LB

Remaining Balance: 0.00

Check: 1,500.00

2438 500.00