



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	4/27/26
Received by:	AMC
Office Amount Received	\$1500
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

3/26/2026

Signature

Date

For Municipal Use Only

Approvals

Code Enforcement [Signature] Date 5-12-26

Economic Development Melissa Wilby Date 4/28/26

Interim
City Manager Quinn Brown Date 4/28/26

Gardiner Fire Department [Signature] Date 4/28/26

Gardiner Police Department [Signature] Date 5/12/26

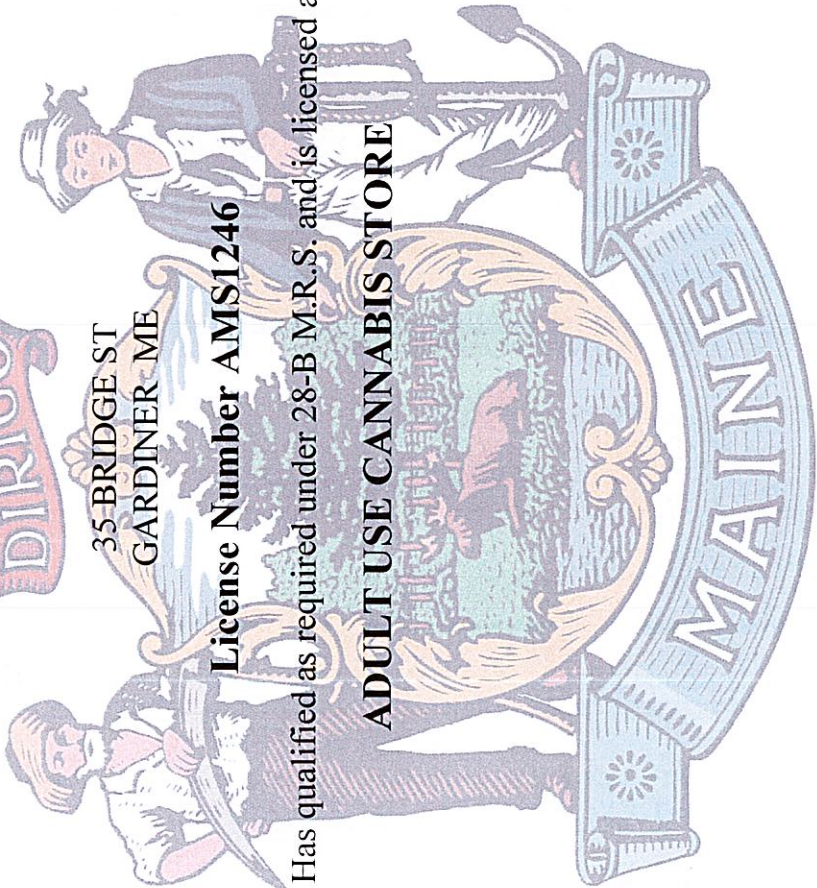
Public Works [Signature] Date 4-28-26

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

Issued on:
June 30, 2025

Expires on:
June 29, 2026

Elisa C Ellis

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

To make a complaint about this licensed Adult Use Cannabis Establishment:
Email: Licensing.OCP@maine.gov

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			
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.			
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.			
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: <i>Malina Dumas</i>		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%; padding: 5px;">Medical Registered Caregiver or Dispensary Name:</td> <td style="width: 50%; padding: 5px;">Registry Card/Certificate Number:</td> </tr> <tr> <td style="padding: 5px;">Medical Registered Caregiver or Dispensary Name:</td> <td style="padding: 5px;">Registry Card/Certificate Number:</td> </tr> <tr> <td style="padding: 5px;">Medical Registered Caregiver or Dispensary Name:</td> <td style="padding: 5px;">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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Medical Registered Caregiver or Dispensary Name:	Registry Card/Certificate Number:						
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?
 Yes 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?
 Yes No

2. Does the system include an audible alarm, which is capable of being disabled remotely by the security company?
 Yes 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?
 Yes 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.

- Minimum resolution of 720p
- Internet protocol capability
- One of the following recording requirements:
 - Continuous recording 24 hours per day at a minimum of 15 frames per second, or
 - 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
- Clear and accurate display of the time and date on all recorded images
- 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.

- 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.
- 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.

- 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.
- 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.
- 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.

Video Surveillance Storage Device

Surveillance Equipment Used to Record Deliveries

- On premise
 - Lockbox
 - Cabinet
 - Closet
 - Secured in another manner to protect from employee tampering or theft

- On premise
 - Lockbox
 - Cabinet
 - Closet
 - Secured in another manner to protect from employee tampering or theft

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. 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. 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?
 Yes 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 its 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.
 - Identification checks
 - Locked doors
 - Video surveillance
 - 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?
 Yes 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?
 Yes 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. 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. 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. N/A

Section 7: Reports of Non-Compliant Conduct

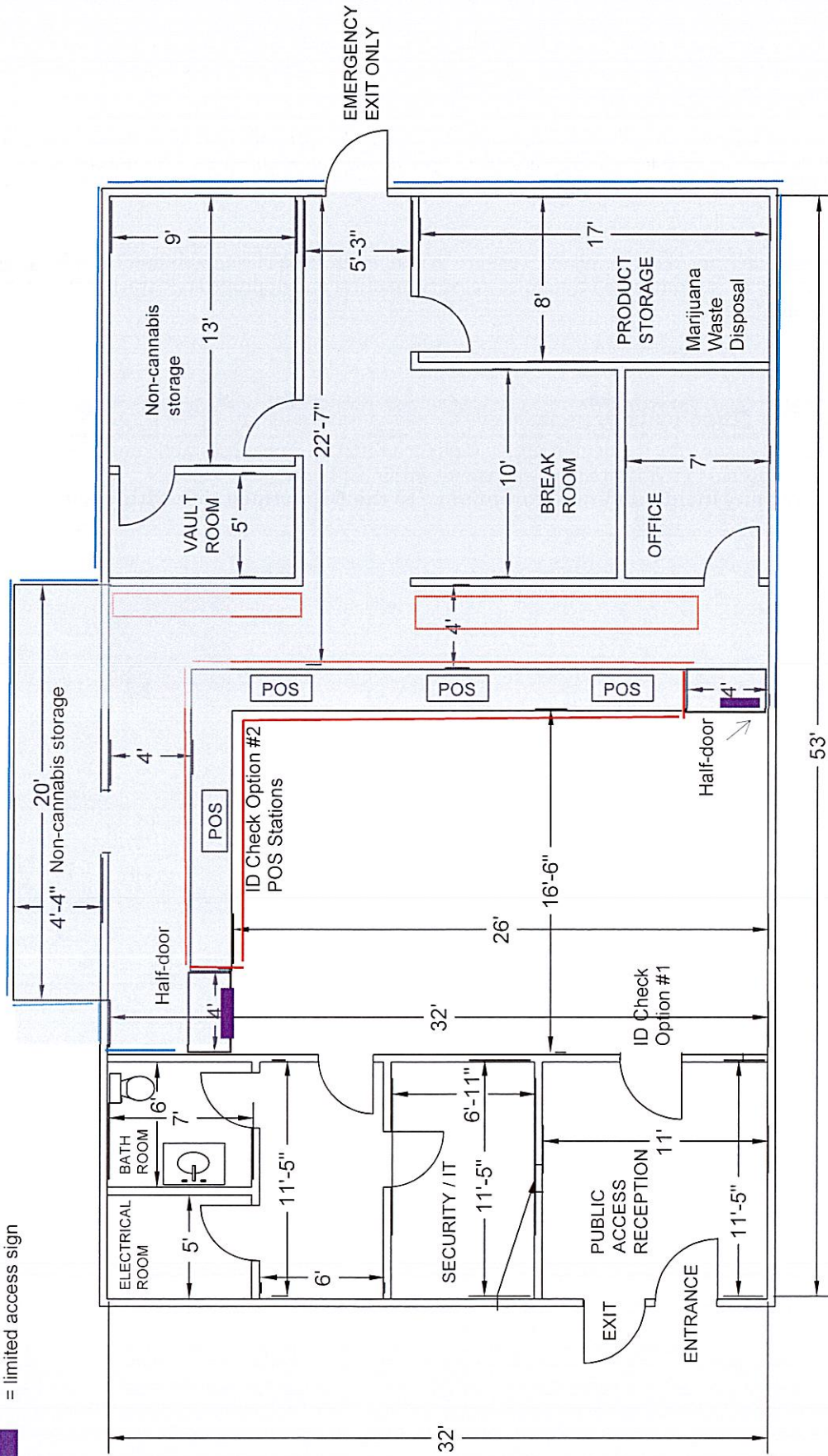
Describe how the licensee will ensure any incident of non-compliance with the cannabis establishment licensee's authorized conduct will be reported in writing to the Department within 24 hours.

The licensee shall report any incident of non-compliance to the Department in writing within 24 hours.

[Red box] = display areas (locked glass cases for display at point of sale and product displayed on walls 4 feet behind counter)

[Blue box] = limited access areas

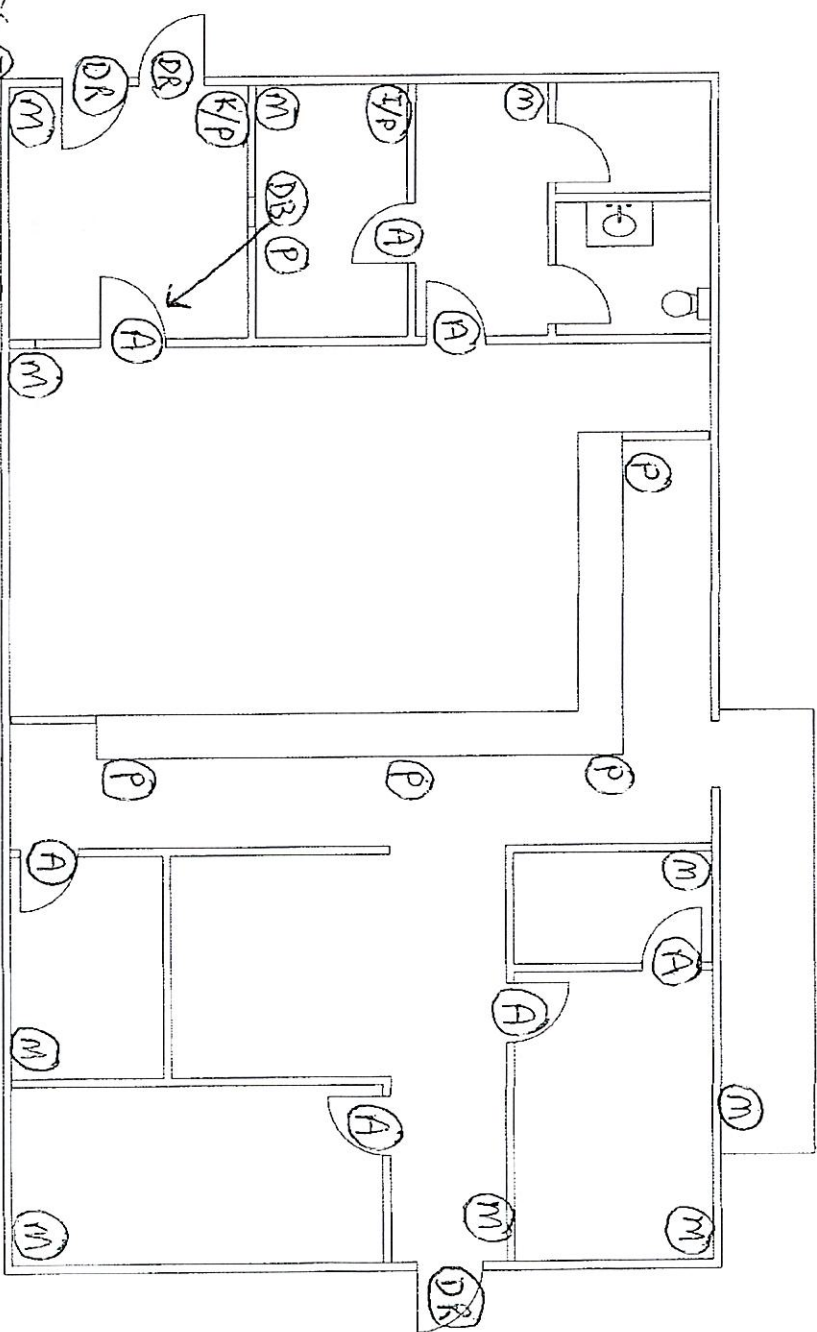
[Purple box] = limited access sign



35 BRIDGE STREET GARDINER

1,900 square feet

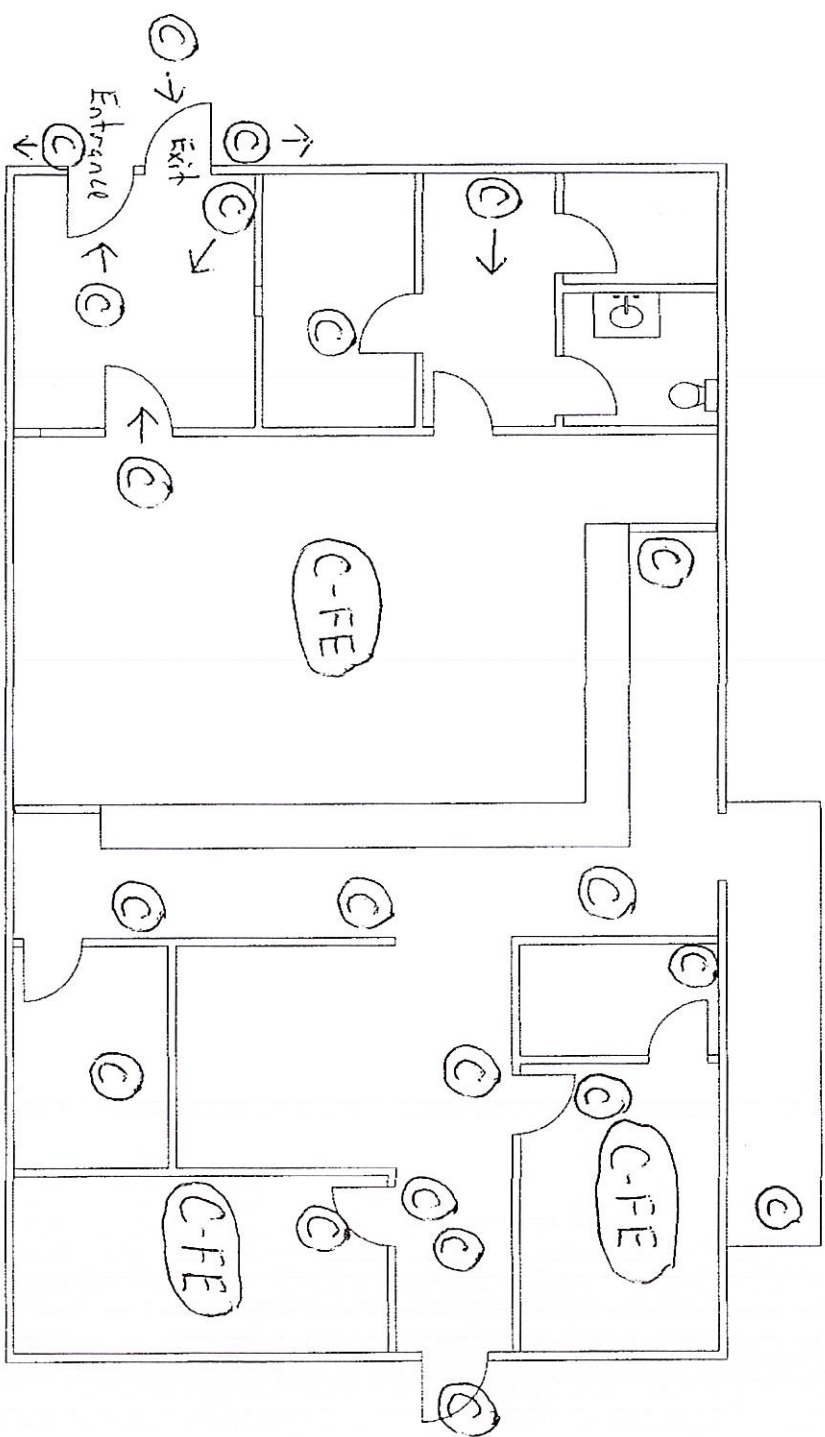
35 BRIDGE STREET GARDINER, MAINE
 Official Plan of Record - Security Plan
 Access Control & Intrusion Placement



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

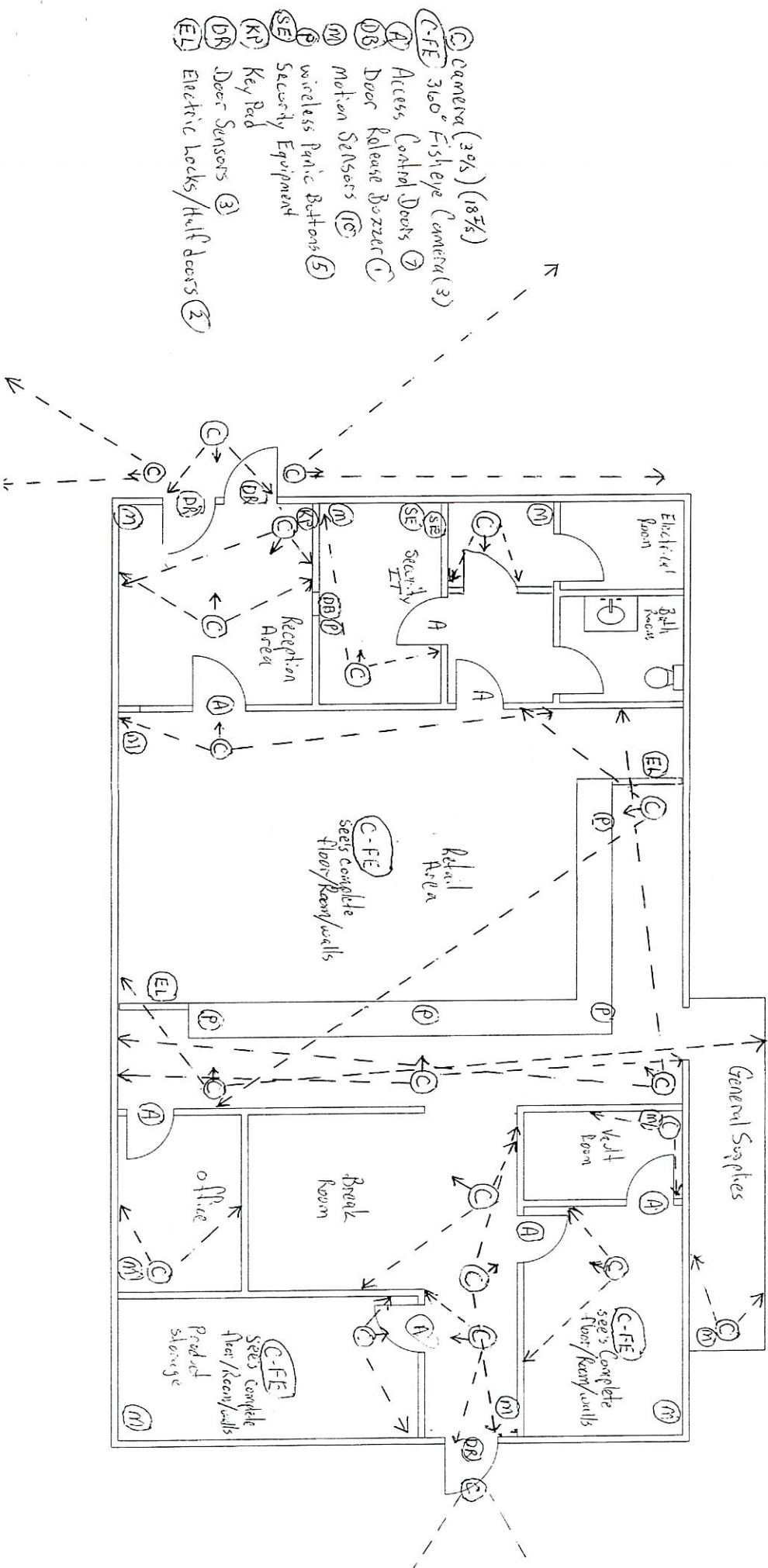
- (DB) Door Release Buzzer 1
- (I/T) Internet/Telephone

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 - Facility Plan



Legal ingress onto

HANNAFORD FOOD & DRUG STORE

(PER ASSESSOR'S RECORDS)

HANNAFORD PARKING SPACES

LIMIT OF EX'G DELINEA

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

MAGNETIC NORTH
(PER DEED)

EXISTING CONCRETE RETAINING WALL

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

FB

FB

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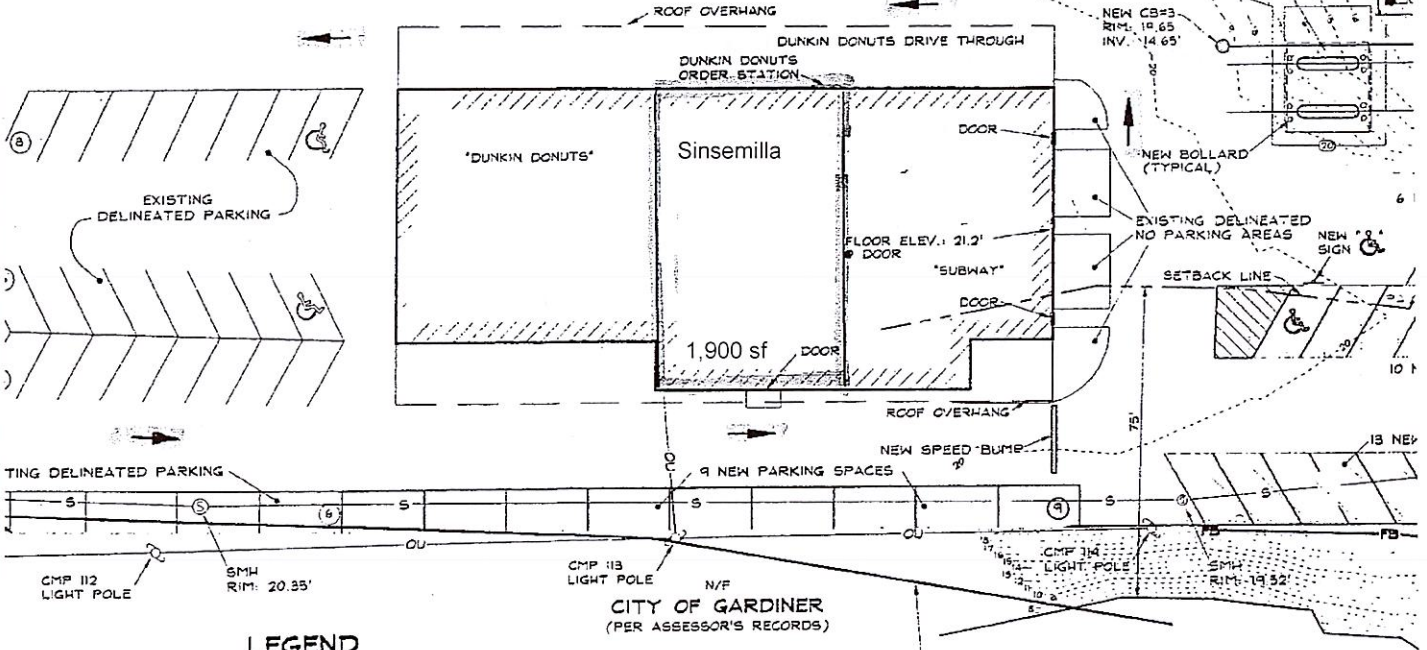
FB

FB

FB

FB

Bridge Street



LEGEND

- N/F NOW OR FORMERLY OF
- 6973/6 BOOK 6973, 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)
- EXISTING CONTOUR LINE, ELEV 20' (SEE NOTE 3)
- 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 HEREON ARE VERIFIED AS PART OF THIS SURVEY.
- 2.) THE SEWER LINE SHOWN HEREON IS BASED ON OBSERVED SURFACE FEATURES AND AVAILABLE RECORDS. INVESTIGATION 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. ELEVATIONS SHOWN AT THE ENTRANCE TO THE 'SUBWAY' STORE. ELEVATION = 21.2'

PLAN REFERENCES:

- 1.) 'SITE LAYOUT, UTILITY AND LANDSCAPING PLAN, BROOKS PHARMACY, BRIDGE STREET, GARDINER, 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 MARCH 10, 1999, BY OWEN HASKELL, INC.

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

ACOT LLC, Assignor

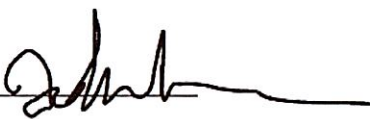
By: 
Sean Bowie, Owner

Sinsemilla South LLC

By: 
Sean Bowie, Owner

Seen and agreed to by Cobbossee Leasing, LLC.

Cobbossee Leasing, LLC

By: 
John Bobrowiecki, Member

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

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

Quote #: 010056

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 100OFT	1
22/6 WIRE 1000 FT	1
MISC. HARDWARE	1
NOTE: OPTIONAL COMPLETE PARTS, LABOR AND TRAVEL SERVICE AGREEMENT	

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

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

Quote #: 010057

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 SERVICIE AT \$25.00 PER MONTH; \$300.00 PER YEAR.	
2. MAINTEANCE AGREEMENT - WILL COVER ANY FUTURE SERVICE CALLS ON THE EQUIPMENT LISTED IN THIS QUOTE FOR THE LIFE OF THE AGREEMENT FOR \$20.00	



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:	DOB: 01/01/1980	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.
1. 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Are you an employee of the State of Maine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, by which agency are employed:
3. 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Section 3: Tax Compliance.
1. 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, explain here:
2. 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain here:

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.

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.			

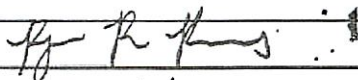
Section 6: Acknowledgement and Signature.

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:

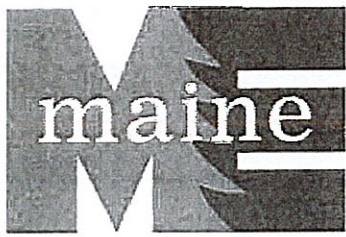


Date: 4/1/2026

Ryan Richards - Other Cannabis Establishments

Ownership interest of the following licensed businesses:

DSP109 — Rugged Roots, LLC	Auburn and Lewiston, ME (active)
DSP161 — Rugged Roots South, LLC	Portland, ME (active)
ACC1431 — Rugged Roots South, LLC	Portland, ME (active)
ACC381 — Rugged Roots, LLC	Auburn, ME (active)
AMF1432 — Rugged Roots South, LLC	Portland, ME (active)
AMF440 — Rugged Roots, LLC	Auburn, ME (active)
AMS1469 — Rugged Roots, LLC	Auburn, ME (active)
AMS1587 — Rugged Roots, LLC	Bridgton, ME (active)
AMS1588 — Rugged Roots, LLC	Auburn, ME (active)
AMS1734 — Rugged Roots, LLC	Conditional
AMS1735 — Rugged Roots, LLC	Conditional
AMS1736 — Rugged Roots, LLC	Conditional
AMS1775 — Rugged Roots South, LLC	Bangor, ME (active)
AMS1778 — Rugged Roots South, LLC	Augusta, ME (active)
AMS1246 — Sinsemilla South, LLC	Gardiner, ME (active)
AMS1430 — Sinsemilla South, LLC	Portland, ME (active)
AMS1538 — Lebanon Holdings Company, LLC	Lebanon, 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: [REDACTED]	DOB: [REDACTED]	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.
1. 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Are you an employee of the State of Maine? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, by which agency are employed:
3. 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Section 3: Tax Compliance.
1. 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, explain here:
2. 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

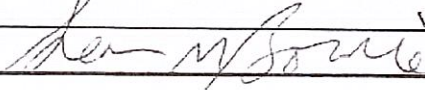
License Holder Name	License Number	Jurisdiction/State	Description of Interest (ownership, principal, interest by contract, revenue sharing, etc.)
See attached.			

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

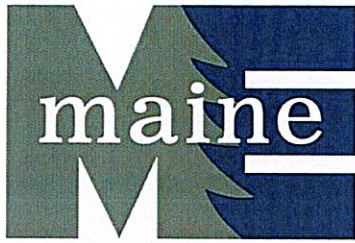
I understand and agree to provide documents, if requested, to prove what I have stated in this Principal Attestation form. I understand and agree that federal, state and local officials or other persons and organizations may verify the information I have given. If I have given incorrect information, 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: 4/1/2026

Sean Bowie - Other Cannabis Establishments

Ownership interest of the following licensed businesses:

DSP109 — Rugged Roots, LLC	Auburn and Lewiston, ME (active)
DSP161 — Rugged Roots South, LLC	Portland, ME (active)
ACC1431 — Rugged Roots South, LLC	Portland, ME (active)
ACC381 — Rugged Roots, LLC	Auburn, ME (active)
AMF1432 — Rugged Roots South, LLC	Portland, ME (active)
AMF440 — Rugged Roots, LLC	Auburn, ME (active)
AMS1469 — Rugged Roots, LLC	Auburn, ME (active)
AMS1587 — Rugged Roots, LLC	Bridgton, ME (active)
AMS1588 — Rugged Roots, LLC	Auburn, ME (active)
AMS1734 — Rugged Roots, LLC	Conditional
AMS1735 — Rugged Roots, LLC	Conditional
AMS1736 — Rugged Roots, LLC	Conditional
AMS1775 — Rugged Roots South, LLC	Bangor, ME (active)
AMS1778 — Rugged Roots South, LLC	Augusta, ME (active)
AMS1246 — Sinsemilla South, LLC	Gardiner, ME (active)
AMS1430 — Sinsemilla South, LLC	Portland, ME (active)
AMS1538 — Lebanon Holdings Company, LLC	Lebanon, 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:

Malina Dumas

Date: 4/1/2026

Printed Name: Malina E. Dumas

Email Address: malina.dumas@dentons.com

Phone Number: 207-835-4355

Resale Certificate

This Certificate is issued to **SINSEMILLA SOUTH LLC**

SINSEMILLA SOUTH LLC
64 WASHINGTON AVE
PORTLAND ME 04103-1530

Certificate Number: 1221631
Date Effective: January 01, 2025
Valid Through: December 31, 2029
Business Description: Cannabis Store

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, or (3) tangible personal property for lease or rental as tangible personal property. **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.**

I understand that if the items purchased for resale are not resold but are instead used by the purchaser for its own purpose, the purchaser will be held liable for Use Tax.

Purchase Description:

Presented to: (Insert name of seller)

Date:

Presented By: (Purchaser)

Date:

This certificate is non-transferable and must be returned to Maine Revenue Services when operations cease.

Go Paperless - Visit the Maine Tax Portal at revenue.maine.gov to file and pay today.



**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
PO BOX 1060
AUGUSTA ME 04332-1060

Letter ID: L0002177962
Letter Date: December 03, 2024
TAXPAYER ASSISTANCE: (207) 624-9784
V/TTY 7-1-1

Account ID: Sales and Use Tax
1019-7700

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

RESALE CERTIFICATE

Enclosed is the Resale Certificate for your Sales and Use Tax account. This certificate allows you to make purchases for resale, lease, or rental without paying sales tax on such purchases and must be provided to your vendor to support a claim that a purchase is exempt for resale.

DO NOT WRITE ON THIS ORIGINAL FORM

Retain this copy as an original in your files. Make copies of this original certificate, fill in the appropriate data and provide it to the vendors from whom you make purchases for resale.

This certificate is valid only for the period indicated on this certificate.

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 \$3000 or more in gross sales during the previous 12 months

You can now access your account information as well as electronic copies of your certificates and letters on the Maine Tax Portal at revenue.maine.gov.

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 questions regarding this document, please call (207) 624-9693.

Exhibit "A"

Initial Member	Initial Capital Contribution	Interests
1) Sean Bowie 211 Beech Hill Road, Auburn, ME 04210	\$1.00	50%
2) Ryan Richards 71 Bretton Road, Auburn, ME 04210	\$1.00	50%

Managers

- 1) Sean Bowie
- 2) Ryan Richards



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

Division of Quality Assurance

Commissioner

Director



OFFICE OF CANNABIS POLICY
Maine Adult Use Cannabis Program

Individual ID Card

ID #: IIC151

SEAN MICHAEL BOWIE

DOB: [REDACTED]

Date Issued: 12/05/2025

Expiration Date: 12/04/2027





OFFICE OF CANNABIS POLICY
Maine Adult Use Cannabis Program

Individual ID Card

ID #: IIC147

**RYAN ROBERT
RICHARDS**

DOB: [REDACTED]

Date Issued: 12/05/2025

Expiration Date: 12/04/2027





GARDINER POLICE DEPARTMENT



Chief Todd H. Pilsbury

April 2, 2026

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 several calls for service at this business, most all (21) from 2/18/26 to 3/20/26 as they had problems with their alarm system. I have been advised that they are now with a new alarm company and the alarm issues seem to have been rectified as there have been no calls since 3/20/26. This business may result in some calls for police services; however, it is not anticipated that these calls will have an impact on the overall services that the Gardiner Police Department delivers.

Sincerely,

Chief Todd H. Pilsbury
Gardiner Police Department
City of Gardiner



CITY OF GARDINER FIRE & RESCUE DEPARTMENT



Fire Chief Richard Sieberg

March 30, 2026

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



OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

Maine Adult Use Local Authorization Renewal Form

This Local Authorization Renewal Form must be completed by the host municipality, county commissioners or the Maine Land Use Planning Commission. The authorized local official responsible for completing this Form must return it to the Office of Cannabis Policy at Licensing.OCP@maine.gov or 162 State House Station, Augusta, Maine 04333.

If the authorized local official in receipt of this Form has not recently met with the Office of Cannabis Policy to discuss the local authorization process and OCP's expectations for completion of this Form, please contact the Director of Licensing, at Licensing.OCP@maine.gov or (207) 624-7530, prior to filling it out.

Section 1: License Information. Information to be completed by the licensee.

Section 1(a): Required information for all licensees.

Business Legal Name SINSEMILLA SOUTH, LLC	Business DBA	License Number AMS1246
License Type ADULT USE CANNABIS STORE		
Mailing Address 1 CITY CTR STE 11100 PORTLAND, ME 04101-6420	Facility Phone +1 (207) 835-4355	Primary Contact Person MALINA E. DUMAS, ESQ.
	Primary Contact Email malina.dumas@dentons.com	
Has the licensee made any changes to ownership or plans of record filed with OCP since the time of the licensee's last received local authorization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "yes", has the licensee provided the all applicable information regarding those changes to the municipality, town, plantation, county commission and/or Maine Land Use Planning Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 1(b): Additional required information for cultivation facility licensees. All cultivation facility licensees must indicate below whether or not the licensee is requesting an increase in cultivation tier (for existing Tier 1, 2, 3 licensees) or an increase in plant canopy area (Tier 4 licensees, once every 2 years up to an additional 7,000 square feet).

1. Is the cultivation facility licensee requesting an increase in Tier upon renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", which Tier is the licensee requesting upon renewal? <input type="checkbox"/> Tier 2 (up to 2,000 sq. ft. of mature plant canopy) <input type="checkbox"/> Tier 3 (up to 7,000 sq. ft. of mature plant canopy) <input type="checkbox"/> Tier 4 (up to 20,000 sq. ft. of mature plant canopy)
2. Is the cultivation facility licensee a Tier 4 licensee that is requesting an increase in the square footage of canopy the licensee is permitted to cultivate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. What is the total square footage of the plant canopy the cultivation facility licensee intends to cultivate upon renewal of the licensee's cultivation facility license? Total square footage:	

Section 2: Cannabis Establishment and Local Authorization Information. This section to be completed by the Municipality, County Commissioners, or Maine Land Use Planning Commission in receipt of request for Local Authorization.

Physical Location of Establishment (include unit number) 35 Bridge St	Municipality/Town/Plantation/Township Cordier	County Kennebec	State ME	ZIP 04305
Tax Map # 037	Tax Lot # 012			
Owner of Record of the Physical Location Listed Above Cobbossae Lansing LLC				
Date Local Authorization Form Presented to the Municipality, County Commissioners, or Maine Land Use Planning Commission 7/24/26		Date Local Authorization Form Approved by Municipality, County Commissioners, or Maine Land Use Planning Commission		

Initials of Signing Jurisdiction Official: *AMC*
OCP_LAR - Rev. 6/25/2021 - Page 1 of 3

If you are requesting Local Authorization from a *municipality*, complete Section 3.
If you are requesting Local Authorization from a *town, plantation or township in the unorganized and deorganized areas* through the county commissioners or the Maine Land Use Planning Commission, complete Section 4.

Section 3: Local Authorization of Cannabis Establishments within Municipalities. This section to be completed by the Municipality in receipt of request for renewal of Local Authorization.

Section 3(a): Request for renewal of local authorization to operate cannabis establishment in municipality prohibited unless authorized by municipal ordinance or warrant article. A person operating a cannabis establishment within a municipality may not request renewal of local authorization to operate the cannabis establishment, and a municipality may not accept as complete the person's request for renewal of local authorization, unless the municipality continues to permit, by ordinance or warrant article, the operation of the type of cannabis establishment listed in the "License Type" box in Section 1 of this form.

Is an ordinance or warrant article in effect that allows some or all types of cannabis establishments within the municipality, including the type of cannabis establishment the person is currently operating within the municipality as indicated in the "License Type" box of Section 1 of this form?
 Yes No

Has the ordinance or warrant article authorizing the operation of some or all types of cannabis establishments been amended or otherwise revised since the cannabis establishment listed in Section 1 last requested local authorization from the municipality? *If "yes", please attach a copy of the updated ordinance or warrant article to this form.*
 Yes No

Section 3(b): Minimum authorization criteria. A municipality may not renew the authorization for the operation of a cannabis establishment within the municipality unless the following questions are answered in the affirmative.

Is the existing cannabis establishment located equal to or greater than 1,000 feet of the property line of a preexisting public or private school? If the municipality by ordinance or other regulation prohibits the location of cannabis establishments at distances less than 1,000 feet but not less than 500 feet from the property line of a preexisting public or private school, that lesser distance applies.
 Yes No

Does the person requesting renewal of local authorization to operate the cannabis establishment continue to demonstrate possession or entitlement to possession of the licensed premises of the cannabis establishment?
 Yes No

Section 3(c): Local authorization required for continued operation of cannabis establishment within municipality. A person may not continue to operate a cannabis establishment within a municipality unless the following question is answered in the affirmative.

Has the person obtained all applicable municipal approvals, permits, or licenses that are required by the municipality for the continued operation of this type of adult use cannabis establishment? By selecting "yes" below, the municipality is affirming that no further action by the municipality is required prior to the Office of Cannabis Policy's renewal of the active license. The Office of Cannabis Policy encourages the municipality to coordinate the issuance date of a local license with the Office when appropriate. *Please attach a copy of all applicable approvals, permits or licenses, including dates of issuance and expiration to this form.*
 Yes No

Section 4: Local Authorization of Cannabis Establishments within Towns, Plantations and Townships in the Unorganized and Deorganized Areas. This section to be completed by the Maine Land Use Planning Commission, or if outside MLUPC's administration, by the appropriate county commissioners in receipt of request for renewal of Local Authorization.

Section 4(a): Request for renewal of local authorization to operate cannabis establishment in town, plantation or township in unorganized and deorganized areas prohibited unless generally allowed by town or plantation or by county commissioners on behalf of township. A person operating a cannabis establishment within a town, plantation or township located within the unorganized and deorganized areas may not request renewal of local authorization to operate the cannabis establishment, and the Maine Land Use Planning Commission, county commissioners, or legislative body may not accept as complete the person's request for renewal of local authorization unless the Maine Land Use Planning Commission, county commissioners or legislative body have authorized the operation of the type of cannabis establishment listed in the "License Type" box in Section 1 of this form.

Is a regulation in effect that allows some or all types of cannabis establishments within the town, plantation or township, including the type of cannabis establishment the person is current operating within the town, plantation or township as indicated in the "License Type" box of Section of this form?
 Yes No Not applicable

Has the regulation authorizing the operation of some or all types of cannabis establishments been amended or otherwise revised since the cannabis establishment listed in Section 1 last requested local authorization? *If "yes", please attach a copy of the updated regulation to this form.*
 Yes No

Section 4(b): Minimum authorization criteria. The County Commissioners and Maine Land Use Planning Commission may not certify to the Department renewal of local authorization of a cannabis establishment within a town, plantation or township located within the unorganized and deorganized areas unless the following questions are answered in the affirmative.

Is the existing cannabis establishment located equal to or more than 1,000 feet of the property line of a preexisting public or private school? If the County Commissioners or Maine Land Use Planning Commission prohibit the location of cannabis establishments at distances less than 1,000 feet but not less than 500 feet from the property line of a preexisting public or private school, that lesser distance applies.
 Yes No

Does the person requesting renewal of local authorization to operate the cannabis establishment continue to demonstrate possession or entitlement to possession of the licensed premises of the cannabis establishment pursuant to a lease, rental agreement or other arrangement for possession of the premises (specify: _____) or by virtue of ownership of the premises?
 Yes No

Section 4(c): Local authorization required for continued operation of cannabis establishment in town, plantation, or township in unorganized and deorganized areas. A person may not continue to operate a cannabis establishment within a town, plantation or township located within the unorganized and deorganized areas unless the following questions are answered in the affirmative.

Has the town, plantation or, in the case of a township, the county commissioners of the county in which the township is located, certified to the Maine Land Use Planning Commission that the person has obtained all applicable local approvals, permits or licenses **not** relating to land use planning and development? *Please attach a copy of all applicable approvals, permits or licenses, including dates of issuance and expiration to this form.*
 Yes No Not applicable

Has the person obtained all applicable Maine Land Use Planning Commission approvals, permits, or licenses that are required for the operation of this type of adult use cannabis establishment?
 By selecting "yes" below, the Maine Land Use Planning Commission is affirming that all Maine Land Use Planning Commission approvals, permits, or licenses have been approved, granted, or issued and no further action by the Maine Land Use Planning Commission is required prior to the Office of Cannabis Policy's renewal of an active license. The Office of Cannabis Policy encourages the Maine Land Use Planning Commission to coordinate the issuance date of a local license with the Office, when appropriate. *Please attach a copy of all applicable approvals, permits or licenses, including dates of issuance and expiration to this form.*
 Yes No Not applicable

Statutory Guidance for Municipalities/County Commissioners/Maine Land Use Planning Commission

Pursuant to 28-B M.R.S. §§ 402-403, failure to act on a person's request for local authorization to operate a cannabis establishment in a municipality, town, plantation, or township in an unorganized and deorganized area does not satisfy the local authorization requirement.
 Typically, a request for local authorization should be approved or denied within 90 days. For additional information regarding failure to act on a person's request for local authorization and result appeal rights, see 28-B M.R.S. §§402-403.
 Pursuant to 28-B M.R.S. §406, any changes in the status of local authorization require notification to the Office of Cannabis Policy within 14 days of the date on which the change occurs, including without limitation, withdrawing authorization or suspending or revoking a local license for the operation of a cannabis establishment.

The completed Maine Adult Use Local Authorization Renewal Form can be emailed to the Office of Cannabis Policy at Licensing.OCP@maine.gov or sent to Office of Cannabis Policy, 162 State House Station, Augusta, ME 04333-0162.

Municipal/County Commission/LUPC Representative

Legal Name and Title of Representative	City	County
Angelina Christopher Planning Coordinator	Gardiner	Kennebec

I hereby affirm and acknowledge that the information above is truthful and complete to the best of my knowledge.

Signature of Representative (Do not sign until witnessed by notary):	Date

Notarization

The foregoing instrument was acknowledged before me this day of , 20 26 , at Gardiner , Maine, by Angelina Christopher to be his/her free act and deed.

Name of Notary Public (Printed)	Signature of Notary Public
Notary Public, State of Maine	STAMP/SEAL
My commission expires:	

City of Gardiner

Receipt

*** REPRINT ***

04/30/26 11:15AM ID:ARA #12549

TYPE-----	REF---	AMOUNT
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Marijuana Tiers

Cult Fac Tier 2		1,500.00
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Total: 1,500.00*

Paid By: Sinsamille South LLC

Remaining Balance: 0.00

Check: 1,500.00

0289 - 1,500.00

