



TOWN OF DIGHTON
BOARD OF HEALTH
1111 SOMERSET AVENUE
DIGHTON, MA 02715
TEL: (508) 659-4159
FAX: (774) 872-0293

PERMIT APPLICATION FOR SITE AND SALES OF MARIJUANA PRODUCTS

Application for a license that may be granted by the Board of Health. All license(s), permit(s), and application(s) to the Dighton Board of Health must be accompanied by the following information:

Indicate if license is: _____ New _____ Renewal _____ Change of d/b/a _____ other

NAME OF BUSINESS: _____

LOCATION WHERE LICENSE IS TO BE USED: _____

OWNER(S) NAME: _____

BUSINESS MAILING ADDRESS: _____

BEST CONTACT PHONE NUMBER: _____

BEST CONTACT EMAIL: _____

EMERGENCY CONTACT PERSON: _____

EMERGENCY CONTACT PHONE: _____

DAYS OF OPERATION: _____

HOURS OF OPERATION: _____

DESCRIPTION OF PREMISES: _____

TYPE OF MARIJUANA ESTABLISHMENT: (Each box checked is a separate License / Permit):

Medical Dispensary

Adult Use Dispensary

Grow Facility

Manufacturing Facility

Edibles (separate food service permit is required)

The annual fee shall be \$500 per license / permit.

The permit fee includes 4 routine inspections per year. If violations are found during either a routine inspection or a complaint-based inspection, and a re-inspection is required, a \$100 fee per re-inspection shall be assessed and due upon license / permit renewal.

License / Permit is non-transferable. License / Permit Fee shall not be prorated. Fees shall be re-assessed annually by the Board of Health.

A separate Marijuana Operating Permit is required for each marijuana establishment. The marijuana operating permit, as well as the current Town of Dighton Marijuana Regulations shall be displayed conspicuously at all times.

Please submit with your application:

- Please submit one check for \$500.00 per permit requested, made payable to the Town of Dighton
- A copy of the Security Plan approved by Police Department
- A copy of the Cannabis Control Commission Approval
- Workers' Compensation Insurance Affidavit
- Copy of Certificate of Liability Insurance
- Copy of Building Department Certificate of Inspection or Letter of Approval
- Tax Status Application Form Completed by Tax Collector
- Any other related documents or permits deemed necessary by the Board of Health

****THIS PERMIT EXPIRES ON DECEMBER 31st OF THE CALENDAR YEAR GRANTED****

Pursuant to MGL Ch. 62C, Sec 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state and local taxes required by law and agree to comply with the terms of its license/permit and applicable laws, rules and regulations related thereto. I hereby certify that the information contained in this application is true and authorize the Licensing Authority or its agents to conduct whatever investigation is necessary to verify the information contained in this application.

Signature of Individual or Corporate Officer (if applicable)

Federal Tax Identification Number (FTIN)

Date: _____