

**6:30PM Board of Selectmen Meeting  
Topsham Municipal Building  
Donald A. Russell Meeting Room  
January 16, 2020**

**Pledge of Allegiance –**

**Roll Call of Board Members –**

**Town Manager's Report –**

**Board and Committee Reports and Updates-**

- Update on the Maine Street Striping Project- Rod Melanson, Town Planner
- Update TDI/ECD- John Shattuck, Topsham Economic and Community Development, Inc. Director

**Public Comment –**

**Correspondence –**

**Adjustments to the Agenda –**

**Consent Calendar –**

1. Approval of the minutes of the Special Selectmen meeting January 2, 2020.

**Public Hearing –**

**20-02-**Consideration and any appropriate action on an application for a Special Amusement permit for Sea Dog Ventures, Inc.

**20-03-** Consideration and any appropriate action on approving a Marijuana Business License application – Register caregiver retail Store License & Tier III Cultivation License- Review for Higher Living LLC-Tax Map(s) R02, Lot(s) 049B-605 Lewiston Road.

**Unfinished Business –**

**Old Business –**

**New Business –**

**20-04-** Consideration and any appropriate action on accepting the bid for the Public Safety Building Female Locker room expansion.

**Executive Session-**

**20-05-** Consideration and any appropriate action to enter into Executive Session pursuant to 1 M.R.S.A. § 405 (6) (C) to discuss acquisition of real property or economic development.

**20-06-** Consideration and any appropriate action to enter into Executive Session pursuant to 1 M.R.S.A. § 405 (6) (D) to discuss labor negotiations.

Any public member desiring to address the Board shall be recognized by the Chair, shall state name and address for the record, and shall limit remarks to the question under discussion. All remarks and questions addressed to the administration of Town shall be addressed to the Town Manager or the Board of Municipal Officers through the Chair and not to any municipal town employee. No person other than members of the Board and the person having the floor shall enter into any discussion either directly or through a member of the Board without the permission of the presiding officer.

Public members attending Board Meetings also shall observe the same rules of propriety, decorum, and good conduct applicable to the members of the Board. Any person making personal impertinent and slanderous remarks, or who becomes boisterous while addressing the Board or those attending the Board meeting shall be removed from the room if so directed by the presiding officer. Aggravated cases shall be prosecuted on appropriate complaint signed by the presiding officer. In case the presiding officer should fail to act, any member of the Board may move to require the Chair to act to enforce the rules, and the affirmative vote of the Board shall require the presiding officer to act. 05/29/2003

# Board of Selectmen Meeting

For the date of: 01/16/2020

**Type of Item:**

- Board or Committee Presentation
- Consent Agenda Item
- Public Hearing
- Unfinished Business
- Old Business
- New Business
- Executive Session
- Workshop

**Type of Submission:**

- Regular Submission
- Additional Agenda Item
- Additional Information

**Agenda Number** 1

(If this is unfinished business, please remember to research and enter the original agenda number above. For regular agenda items, the secretary will assign a number.)

**Brief Title of consent or Agenda Item:** Approval of the minutes of the regular Selectmen meeting 01-02-2020.

**Brief Description of Consent or Agenda Item:** see attached

**Submitted by** Derek Scrapchansky, Interim Town Manager

**Date:** 12-30-2019

MINUTES  
TOWN OF TOPSHAM  
BOARD OF SELECTMEN MEETING  
DONALD A. RUSSELL MEETING ROOM  
JANUARY 2, 2020 – 6:30 P.M

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MEMBERS PRESENT: David Douglass  
Marie Brilliant  
Ruth Lyons  
Matt Nixon  
Roland Tufts

MEMBER(S) ABSENT: All present

STAFF PRESENT: Interim Town Manager Derek Scrapchansky

A meeting of the Topsham Board of Selectmen was held on Thursday January 2, 2020 in the Donald A. Russell Meeting Room, at the Municipal Building, 100 Main Street, Topsham, Maine.

**CALL TO ORDER**

Chairman David Douglass called the regular meeting to order at 7:00 p.m.

**PLEDGE OF ALLEGIANCE/ROLL CALL**

All present were invited to stand and recite the Pledge of Allegiance to the Flag. The recording secretary took the roll call and noted that all members were present.

**TOWN MANAGER'S REPORT**

Good evening and Happy New Year,

Rich Roedner's last day was today. On behalf of the Town, we wish him the best both professionally and personally as he continues his career as Town Manager with the Town of Elon, North Carolina. Thank you Rich for your 17 years of outstanding service to Topsham.

On Monday, January 6th, the Town will be implementing and transitioning to a new financial and human capital software system called MUNIS. The process of setting up and preparing for the financial portion of this software has taken over a year and we look forward to using it. We know there will be a few challenges and obstacles along the way, and we'll have technical expertise on-board Monday through Wednesday next week to assist us. If there is a delay in the service provided when you visit Town Hall, please be patient as we train our staff. Our goal is to always provide exceptional customer service and to find ways to improve.

Our Parks and Recreation Department is still accepting registrations for the Wrestling Program. It starts next Tuesday at Mt. Ararat High School. If interested, you may call our Recreation

Office at 725-1726. The department has also been working on ice at Foreside, but Mother Nature has not cooperated. There is, however, a small area by the concession stand available for skating. I have also been informed there is plenty of snow for sliding!

On behalf of Linda Dumont and Topsham's General Assistance Program, we extend our gratitude and appreciation to local churches, businesses, and individuals who supported Topsham families in need this holiday season and throughout the year. The results derived from your generosity and goodwill demonstrates the importance of a supportive community.

**BOARD AND COMMITTEE REPORTS AND UPDATES** – None noted.

**PUBLIC COMMENT** – None noted.

**CORRESPONDENCE** – None noted.

**ADJUSTMENTS TO THE AGENDA** – None noted.

**CONSENT CALENDAR**

1. Approval of the minutes of the Special Selectmen's meeting of December 17, 2019.
2. Approval of the minutes of the Regular Selectmen's Meeting of December 19, 2019.

Motion was made by Selectmen Tufts, seconded by Selectman Nixon, and it was

**VOTED**

To approve the Consent Calendar as listed above.

**PUBLIC HEARING** – None noted.

**UNFINISHED BUSINESS** – None noted

**OLD BUSINESS** – None noted

**NEW BUSINESS**

**20-01 CONSIDERATION AND ANY APPROPRIATE ACTION TO CONSIDER PURSUING A POTENTIAL CONTRACT WITH CENTRAL MAINE COST RECOVERY**

Fire Chief Chris McLaughlin congratulated Mr. Nixon for his election to serve on the Board of Selectmen. He explained that Central Maine Cost Recovery is a private billing company that specializes in billing for the department services, mainly for vehicle accidents. He forwarded an article to the Board explaining the program from the International Association of Fire Chiefs.

Chief McLaughlin said he asked that this item be placed on an agenda to determine if the Board is interested in pursuing this potential revenue stream. He explained that fire departments can bill a vehicle's insurance company for services rendered at motor vehicle accidents charging for clean-up and towing. We would be able to bill car

insurance companies for non-residents that use the fire department services, which costs our taxpayers money in staffing, fuel, equipment, etc.

Chief McLaughlin explained that Central Maine Cost Recovery is a new company based in Fairfield, Maine. They have only been in business since 2018 but currently serve 27 towns in Maine with 20 other towns currently working on approval from their governing bodies. Individual fire departments can access claims from a web portal that tracks all activity regarding that claim. The company keeps 20% of recovered funds and sends a check for the remaining 80% to the municipality. The Chief said the Topsham Fire and Rescue Department has responded to 103 motor vehicle accidents in 2019.

The Chief said he has looked at the success of other towns. One town billed for 39 accidents for a total of \$27,885 and have collected \$12,140 to date. Another town had 10 accidents and collected \$3,235. Chief McLaughlin estimates Topsham could collect approximately \$30,000 to \$40,000 in potential revenue in a year. It was recommended that an ordinance be in place to address this as some insurance companies will not pay without an ordinance in place. The Chief asked for guidance from the Board to see if this is a program that Topsham should pursue. He said if the Board is interested, he will come back before the Board with a contract and start the process of drafting an ordinance. He added that regardless of the Board's decision, this program will not affect the daily operations of the fire department in any way.

Following the Chief's presentation, the Board entered into a general discussion and asked the Chief several questions which he responded to. There was a discussion whether it would be necessary that an ordinance be in place to be approved at Town Meeting before initiating the program. Following discussion, the Board was in unanimous agreement that an ordinance should be in place. Chief McLaughlin agreed to begin writing an ordinance which will come before the Select Board for consideration. The chief will also present a contract for the Board's consideration.

Motion was made by Chairman Douglass seconded by Selectman Tufts and it was unanimously

**VOTED**

That Chief McLaughlin be instructed to begin working on a Town Ordinance for May's Town Meeting for Cost Recovery for Fire-Based Emergency Response Services on motor vehicles accidents involving non-residents.

**EXECUTIVE SESSION** – None noted.

**ADJOURN**

Motion was made by Selectman Brilliant, seconded by Chairman Douglass, and it was unanimously

**VOTED**

To adjourn the meeting at 6:55 p.m.

Respectfully submitted,

\_\_\_\_\_  
Patty Williams, Recording Secretary

# Board of Selectmen Meeting

For the date of: 01/16/2019

**Type of Item:**

- Board or Committee Presentation
- Consent Agenda Item
- Public Hearing
- Unfinished Business
- New Business
- Executive Session
- Workshop

**Type of Submission:**

- Regular Submission
- Additional Agenda Item
- Additional Information

**Agenda Number:** 20-02

(If this is Unfinished Business, please remember to research and enter the original agenda number above. For Regular Agenda items, the Secretary will assign a number.)

**Brief Title of consent or Agenda Item:** Consideration and any appropriate action on an application for a Special Amusement permit for Sea Dog Ventures, Inc.

**Brief Description of Consent or Agenda Item:** This is a renewal application

**Submitted by:** Linda Dumont, Town Clerk

**Date:** 12/31/2019



# TOWN OF TOPSHAM

Town Clerk's Office  
100 Main Street, 04086  
ldumont@topshammaine.com  
(207)725-1719 Fax: 725-1733

## APPLICATION FOR LICENSE OR PERMIT

**Please complete:**

Type of Business:

- Partnership- Partner's Names: \_\_\_\_\_
- Corporation- Corporation Name Seadog Ventures, Inc  
Incorporation Date: 11/11/02 Incorporation State Maine

Type of License Special Amusement and ~~Vietnam~~ Liquor

New License: Opening Date \_\_\_\_\_  Renewal

Business Name: Sea Dog Brewing Co E-Mail: jforbly@shipyard.com

Business Address: 2 Buddons Mill Island Business Phone Number 207 232 0905

Name of Contact Person: SEAN HALE Contact's Phone Number 207-749-2258

Mailing Address for Correspondence: 8 Western Avenue Kennebunk ME 04043

Signature of Applicant: [Signature] Date: 12/9/19

Any information provided in this application, which is found to be false will result in denial or revocation of this license-  
Per 1 M.R.S.A.17-A§ 453

### SELECT TYPE OF LICENSE YOU ARE APPLYING FOR ON BACK OF THIS PAGE

**Corporations Please Complete:**

Address of Incorporation: \_\_\_\_\_ Phone#: \_\_\_\_\_

| Name of Corp. Officer, Owner, or Partners: | Title | Address | % of Stock ownership |
|--|-------|---------|----------------------|
|  |       |         |                      |

**Office Use Only (Make copy of signed State application for office file)**

Type of License: Special Amusement Permit Fee \$ ✓ Paid  Advertising Fee \$ ✓ Paid

For Peddler-Police Chief sign off required: \_\_\_\_\_

Required Approvals for Special Amusement and new Liquor license: BOS \_\_\_\_\_  Fire  Police

Public Hearing  Posted  Public Notice Dates 12/14+15 Copy of current State liquor license

Town Clerk Signature Linda Dumont

Comments:  
Application is complete.

Complete back

**License Fees & Schedule: Please check the type of license you are applying for**

~~Entertainment- live music \$50 + 3 day Public Hearing advertising fee~~

**Special Amusements** (Title 28-A§1054) Expires annually with liquor license, provide copy of current state certificate with renewal application, requires annual Public Hearing

\* Include supplemental pages 3 & 4

\*Describe in detail the type and nature of entertainment, the room or rooms to be used, hours of operation of entertainment

\*Provide a diagram of room to be used

**Pinball/Video machines** –Ch. 6 Art. 7 §71-16, 17 & 18

Number of machines/ Pinball \_\_\_\_\_ Number of machines/ Video \_\_\_\_\_

\*Copy of application to Police Department

**Victualer (Food Service Establishment to include Bed and Breakfast)** Expires May 31<sup>st</sup>

Describe food to be sold Full lunch + dinner meals and appetizers and desserts

FSE with- out Liquor \$50 Copy of State Certificate required

FSE with Liquor (Title 28-A§652) \$100 Copy of State Certificate required (requires Public Hearing on new applications)

FSE Outside Liquor Service Extension of Premise

(deck, lawn) Municipal approval required - submitted in writing to Bureau of Liquor Enforcement

Describe food to be sold \_\_\_\_\_  
\_\_\_\_\_

**Peddler** (The selling of tangible commodities having no established or fixed place of business in Topsham)

**\$25 Resident \$50 Non-Resident \$25** - # \_\_\_ of months (up to 3 months \$25)

Description of nature of business and goods to be sold \_\_\_\_\_

Name and address of employer and evidence of employment \_\_\_\_\_

Vehicle Description: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License plate # \_\_\_\_\_

Photo of applicant taken with- in 60 days of application

Description of location if stationary and letter of agreement from owner of record

Names of two reliable property owners, references, or other evidence of good character

A statement of whether the applicant has been convicted of any crime, misdemeanor or violation of any municipal ordinance, nature of the offense, punishment or penalty assessed

**Taxicabs/Vehicles for Hire** 30A- §3009(1) (F) \$50 per vehicle Expires April 1<sup>st</sup> each year.

Number of Taxicabs for which license is desired \_\_\_\_\_

**Taxicab Driver \$25 annually**

**SUPPLEMENTAL APPLICATION IS REQUIRED**

**\*Supplemental page for Special Amusement Permit**

Describe in detail the type and nature of entertainment:

Single and/or duo acoustical music  
Karaoke

Describe in detail the room or rooms to be used under this license:

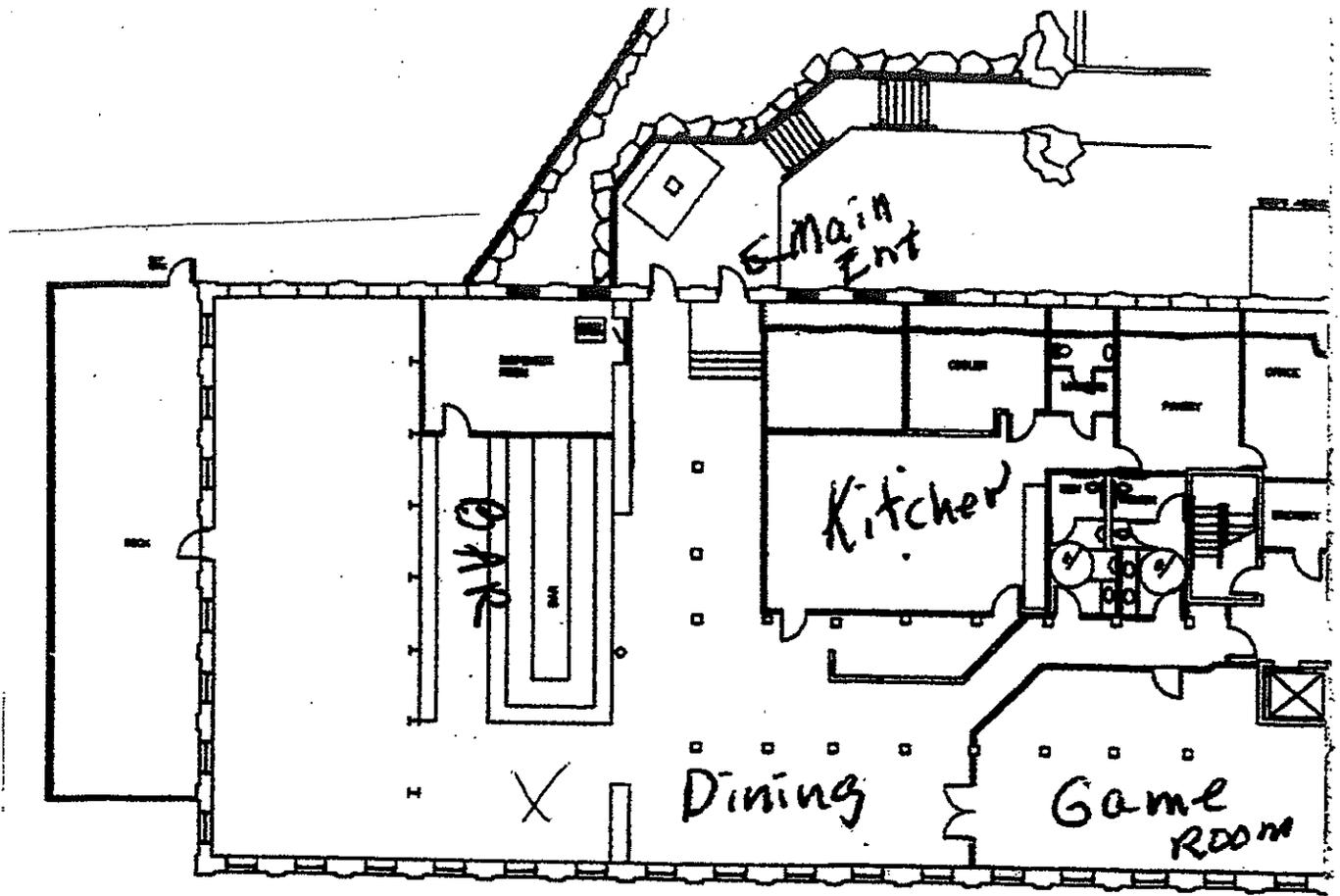
area in front of bar divided by an "x" or  
diagonal

List the hours of entertainment

facility open from 11:00 AM - 1:00 AM

**DIAGRAM**

Please see attached



BOWDOIN MILL - 1ST FLOOR PLAN

X = set up of music and entertainment (ie. Karaoke machine)

Topsham Board of Selectmen

Signatures:

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Date: January 16, 2020

## Linda Dumont

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**From:** Chris Lewis  
**Sent:** Wednesday, December 18, 2019 5:14 PM  
**To:** Linda Dumont  
**Subject:** RE: liquor license renewal

The Police Department does not have any concerns for the issuing of the license for either establishment.

Christopher A. Lewis  
Chief of Police  
Topsham Police Department  
100 Main Street  
Topsham, ME 04086  
207-725-4337  
Fax: 207-725-4604  
Email: clewis@topshammaine.com

**From:** Linda Dumont  
**Sent:** Tuesday, December 10, 2019 10:22 AM  
**To:** Chris McLaughlin <cmclaughlin@topshammaine.com>; Chris Lewis <clewis@topshammaine.com>  
**Cc:** Mike Labbe <mlabbe@topshammaine.com>; Fred Dunn <fdunn@topshammaine.com>  
**Subject:** liquor license renewal

Good Morning

I have received an application for a renewal license for Ruby Tuesdays. Please let me know if you have any concerns. Sea Dogs will be submitting a liquor renewal and a Special Amusement application anytime now, so please put them on your list as well. Thanks, Linda

Linda J. Dumont  
Town Clerk & Registrar of Voters  
General Assistance Coordinator  
Town of Topsham  
100 Main Street  
Topsham, Maine 04086  
[ldumont@topshammaine.com](mailto:ldumont@topshammaine.com)  
(207) 373-5091  
Fax (207) 725-1733

Please be advised that pursuant to Title 1 M.R.S.A. Section 402(3), a public record includes any written, printed or graphic matter or any mechanical or electronic data in the possession or custody of an agency or public official that has been received or prepared for use in connection with the transaction of public or governmental business and contains information relating to the transaction of said business; therefore, the public is advised that any correspondence,

## Linda Dumont

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**From:** Chris McLaughlin  
**Sent:** Monday, December 30, 2019 1:35 PM  
**To:** Linda Dumont  
**Subject:** Re: seadog special amusement

yes.

Chris McLaughlin  
Fire Chief  
100 Main St.  
Topsham, ME 04086  
207-725-7581

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**From:** Linda Dumont <ldumont@topshammaine.com>  
**Sent:** Monday, December 30, 2019 12:52 PM  
**To:** Chris McLaughlin <cmclaughlin@topshammaine.com>  
**Subject:** seadog special amusement

Hi Chris

I received your approval on Seadog liquor license, are you OK with the special amusement permit also?

Linda J. Dumont  
Town Clerk & Registrar of Voters  
General Assistance Coordinator  
Town of Topsham  
100 Main Street  
Topsham, Maine 04086  
[ldumont@topshammaine.com](mailto:ldumont@topshammaine.com)  
(207) 373-5091  
Fax (207) 725-1733

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## Bureau of Alcoholic Beverages and Lottery Operations

# Liquor Status Search: Details

### Licensee/Premise Information

- Business Name: **SEA DOG VENTURES INC**
- License Number: **CARL-2003-9169**
- Premise Description: **CLASS "A" RESTAURANT LOUNGE**
- In Business: **Yes**
- Location Address: **1 BOWDOIN MILL ISLAND SUITE 100, TOPSHAM, ME**
- Telephone Number: **725-0162**

### License Information

- License Held: **CLASS XI - CLASS A RESTAURANT LOUNGE - MALT LIQUOR, WINE AND SPIRITS**
- License Status: **Active**
- License Effective Date: **02/11/2019**
- License Expiration Date: **02/10/2020**

Questions about this Service? Contact Liquor Licensing at: (207) 624-7220 or Email: [liquor.licensing@maine.gov](mailto:liquor.licensing@maine.gov)

# Board of Selectmen Meeting

For the date of: 01/16/2019

**Type of Item:**

- Board or Committee Presentation
- Consent Agenda Item
- Public Hearing
- Unfinished Business
- New Business
- Executive Session
- Workshop

**Type of Submission:**

- Regular Submission
- Additional Agenda Item
- Additional Information

**Agenda Number:** 20-03

(If this is Unfinished Business, please remember to research and enter the original agenda number above. For Regular Agenda items, the Secretary will assign a number.)

**Brief Title of consent or Agenda Item:** Consideration and any appropriate action on approving a Marijuana Business License application – Register caregiver Retail Store License & Tier III Cultivation License- Review for Higher Living LLC- Tax Map(s) R02, Lot(s) 049B- 605 Lewiston Road.

**Brief Description of Consent or Agenda Item:** See attached

**Submitted by:** Linda Dumont, Town Clerk

**Date:** 01/07/2020

## MEMORANDUM

**To:** Board of Selectmen  
**From:** Linda Dumont, Town Clerk  
**Date:** 1/06/2020  
**Re:** Marijuana Business License – Registered Caregiver Retail Store License & Tier III Cultivation License -  
Review for Higher Living LLC –  
Tax Map(s)R02, Lot(s)049B – 605 Lewiston Road

### Application Information

**Project Name:** Higher Living – Registered Caregiver Retail Store & Cultivation Facility

**Applicant:** Higher Living LLC

**Map(s) #** R02, **Lot(s) #** 49B

**Address:** 605 Lewiston Road

**Zoning:** RCU

### Background

This is before the Board for review a proposed Marijuana Business (Tier III Cultivation Facility) and a Registered Caregiver Retail Store at a single location on 605 Lewiston Road, Tax Map R02, Lot 49B. The applicant submitted the applications in July of 2019. The business is currently operating as a medical marijuana cultivation site and will be the second registered caregiver retail license sought for the Town.

The application was found to be complete and received a staff review.

#### Staff comments:

- Upon further clarification, one LLC has been formed to apply for both the retail store as well as the cultivation facility. Higher Living LLC is co-owned by Rick Chiaravelotti and Kristi Small
- The owners currently cultivate marijuana on-site as caregivers and have been in operation for over 4 years.
- Town staff have not received any complaints regarding the operation of this business
- The applicants are licensed through the State of Maine as caregiver, they are seeking a registered retail caregiver license from the Town as well as a cultivation license. In order to cultivate at the proposed capacity, they will need to have a state license to do so.
- The site was formerly used by Waltz pharmacy as a manufacturing and distribution site of pharmaceuticals. The existing site plan has been found to comply with current zoning standards and there are no proposed amendments.
- Rick Chiaravelotti owns the property 605 Lewiston Road, and leases the property to Higher Living LLC through 605 Lewiston Rd LLC...this is reflected in the application materials.

For ease of your review, and to remove sensitive information...we removed security plan details, full lease document, full corporate structure documents, IRS employer identifications, the full application is in the Clerks office and is available for review. All of the information required for application was submitted and reviewed by staff.

## FINDINGS

1. The applicant is Higher Living LLC (Rick Chiaravelotti and Kristi Small co-own/ operate), Business location 605 Lewiston Road - Map R02 Lot 49-B
2. The uses are permitted in the RCU zone
3. The applicant has received the necessary codes permits to operate
4. The license being sought allows up to 1,500 square feet of “public” floor area for a registered caregiver retail store (applicant is showing approximately 330 s.f. of retail space)
5. The applicant (owners of Higher Living LLC) are licensed caregivers in the state of Maine and are identified as the owners and operators of the business.
6. A layout of the floor plan has been provided that delineates caregiver, cultivation, and retail area.
7. The applicant attests to comply with the operating requirements within the licensing code sections found below:

### **Section 150-30/ 150-11**

1. If a State License is required for the proposed use, a copy of the Applicant’s State License Application and supporting documentation as filed with the State Licensing Authority, and any amendments thereto.  
*Applicant has submitted a state medical marijuana caregiver license and retailer.*
2. Evidence of all State approvals or conditional approvals required to operate a Marijuana Business, including, but not limited to, a State License as defined by this Article, a State retail certificate, or a State health license.  
*Applicant has submitted a state medical marijuana caregiver license, state resale license, and retail certificate.*
3. If not included in the Applicant’s State License Application, attested copies of the articles of incorporation and bylaws if the Applicant is a corporation, operating agreement if the Applicant is a limited liability company, evidence of partnership if the Applicant is a partnership, or articles of association and bylaws if the Applicant is an association.  
*The applicant has submitted the certificate of formation for Higher Living LLC, Rick Charavelotti and Kristi Small are 100% owners*
4. If not included in the Applicant’s State License Application, an affidavit that identifies all owners, officers, members, managers, or partners of the Applicant, their ownership interests, and their places of residence at the time of the application and for the immediately preceding three (3) years.  
*The applicant has submitted the certificate of formation for Higher Living LLC, Rick Charavelotti and Kristi Small are 100% owners*
5. Evidence of a property interest in the premises in which the Marijuana Business will be located, along with the written consent of the owner of the premises for such use if the applicant is not the owner.  
*The applicant has provided proof of lease agreement with the property owner of Lewiston Road. Owned by 605 Lewiston Road LLC.*
6. A description of the premises for which the Local License is sought, including a floor plan of the premises showing how the floor space is or will be used, parking for the premises, total floor area of the building(s), and the nature and location of any existing or proposed exterior lighting and signage.  
*The applicant has submitted a basic floor plan and site layout. The applicant is working with a previously approved and compliant site plan and does not propose any amendments to this plan.*
7. A copy of the Applicant’s security plan and operations manual.  
*The applicant has submitted a file report from a third party security firm.*

8. Evidence that operating requirements of section 150-33/14 are met.  
*The applicant attests to meet all operating requirements of this section (attached below), by signing their application submission.*

### **Section 150-33/14**

The Licensee shall comply with all of the following requirements during the term of the Local License:

**(a) Display of License.** The current Local License shall be displayed at all times in a conspicuous location within the Licensed Premises.

**(b) Compliance with other laws.** Marijuana Businesses and Registered Caregiver Retail Stores shall meet all operating and other requirements of State and local law and regulation. To the extent the State of Maine has adopted or adopts in the future any stricter law or regulation governing Marijuana Businesses or Registered Caregiver Retail Stores, the stricter law or regulation shall control.

**(c) Location.**

1. All Licensed Premises shall be fixed, permanent locations. Licensees shall not be permitted to operate registered caregiver retail store in temporary locations such as mall kiosks or farm stands.

2. No more than one registered caregiver retail store shall be located on a single parcel of land.

3. No Marijuana Business or Registered Caregiver Retail Store shall be located within 1,000 feet of the entrance of a pre-existing public or private school. For the purposes of this Ordinance, "school" includes a public school, private school, or public preschool program as defined in 20-A M.R.S. §1, or any other educational facility that serves children from prekindergarten to grade 12. Distance shall be measured in a straight line, without regard to intervening structures or objects, from the nearest entrance of the school to the nearest entrance of the Marijuana Business or Registered Caregiver Retail Store.

4. No Marijuana Business or Registered Caregiver Retail Store shall be located such that the nearest entrance to the facility is any closer than 1,000 feet, measured in a straight line, without regard to intervening structures or objects, to the nearest entrance of another Marijuana Business or Registered Caregiver Retail Store located on a separate parcel of land.

5. No Marijuana Business or Registered Caregiver Retail Store shall be located inside a building containing residential units, including transient housing such as lodging, group homes, hotels, motels, and boardinghouses.

6. No registered caregiver retail store shall be located within 200 feet of any residence, a building containing residents, or residential use. Distance shall be measured in a straight line, without regard to intervening structures or objects, from the nearest entrance of the residential building or use to the nearest entrance of the registered caregiver retail store.

**(d) Operating Standards:**

1. No Marijuana Business or Registered Caregiver Retail Store is permitted to utilize or provide a drive up service window

2. Hours of operation may be established by the Selectboard, but in no event shall a Marijuana Business or Registered Caregiver Retail Store be open to the public, and no sale or other distribution of marijuana shall occur upon the premise or via delivery from the premises, between the hours of 8:00pm and 8:00am.

3. No outside storage is permitted for a Marijuana Business or Registered Caregiver Retail Store.
4. Outdoor Cultivation of marijuana is prohibited.
5. A ventilation plan shall be included for Marijuana Cultivation Facilities, Marijuana Manufacturing facilities, and Marijuana Testing Facilities that provides for adequate ventilation so as to prevent pesticides, insecticides or other chemicals used in the cultivation or processing of marijuana or marijuana related products from being dispersed or released outside the premises. The plan shall further provide for resulting smoke, vapor, fumes, gases and particulate matter from marijuana or its processing or cultivation to be effectively confined to the premises.
6. A Marijuana Business or Registered Caregiver Retail Store shall provide odor control measures so that odor generated on site is mitigated at the property line of the lot containing the Marijuana Business or Registered Caregiver Retail Store. Applications must demonstrate appropriate measures, such as carbon filtration, ventilation and exhaust systems, facility plans or other additional practices adequate to mitigate odors for the scale of operations for the uses proposed.

**(e) Advertising/ Signage:**

1. Only one on-site sign per Marijuana Business or Registered Caregiver Retail Store is allowed.
2. Maximum size for all signage shall be 75 square feet, or as permitted by Chapter 225-33, whichever is less
3. Any signage is limited to displaying the following information: name of business; logogram of business; and business' address, hours of operation and contact information. Other than the forgoing information, no advertising for Marijuana or Marijuana Products shall be displayed on any sign in a publicly visible location.
4. Portable signs or sandwich board signs located in the public right of way are prohibited.
5. Electronic Message Center and internally illuminated signs are prohibited.
6. Marijuana plants, products, and paraphernalia shall not be visible from outside the building in which the Marijuana Business or Registered Caregiver Retail Store.

**Potential Motion to Approve:**

Motion to approve the application of Higher Living LLC Registered Caregiver Retail Store and Tier 3 Cultivation Facility upon the findings of fact as listed in a memo from Town Clerk Linda Dumont, dated 1/06/2020 with the following conditions of approval:

1. No changes to this approved license are allowed to occur. The applicant must return to the Board of Selectmen for any license renewals or amendments.
2. Security Company contact shall be provided to the Town of Topsham and kept on file in the Clerks office.
3. Any proposed amendments to the exterior site layout should be reviewed by the Planning Office.

# Memorandum

From: Tom Lister, Codes Enforcement Officer

Date: September 5, 2019

Re: Marijuana Business License Application #2019 004

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Type: Retail Caregiver

Location: 605 Lewiston Rd.

Zone: RCU

**REGISTERED CAREGIVER RETAIL STORE** A facility operated by a single medical marijuana registered caregiver and licensed to sell harvested marijuana to qualifying patients for the patients' medical use and may include an area for consultation with patients. A registered caregiver retail store is not authorized as an accessory use, and only where expressly allowed as a permitted use.

Findings subject to Town Code chapter 225:

1. The use is permitted in RCU along the route 196 corridor
2. Facility operation is limited to a single registered caregiver, the application states Kristie Lee Small will be the operator

Conclusion:

- The proposed use complies with chapter 225
- Signage must comply with 225-33
- Building, plumbing, electrical, wastewater permits may be required

**MEASUREMENT SUBJECT TO 150-33(6)**

202.60 FEET PER GOOGLE EARTH

*Down the Road*

**Legend**

 Feature 1

 R03-003-B-23

To Whom It May Concern,

*Retail*

Thank you in advance for considering our business, located at 605 Lewiston Rd Topsham, Me as the recipient of licenses for both retail and cultivation of medical marijuana.

I would like to take an opportunity to review the overall body of work my partner and I have put forth in anticipation of the Town of Topsham's approval for an additional retail location. Our journey started four years ago. Prior to selecting our permanent location, we met with town officials, Rod Melanson, John Shattuck and Tom Lister, along with police chief Christopher Lewis, to inform all parties of our intentions. We were pleased with the initial support and as a result, moved forward with locating the right facility for our business.

Our future plans, as communicated in preliminary meeting, focused on ensuring the property we procured would have space for a retail store in the town of Topsham. We wanted to find a location that was somewhat discreet, yet convenient and the former Waltz pharmacy met our criteria. The building is not too far out of town, but enough of a commute to be away from the everyday bustle of the community.

My partner and I have been operating out of 605 Lewiston Rd for four years now. I am pleased to convey we have never received any complaints around the odor affiliated with growing medical marijuana. I am also proud to say we have operated without incident during our four year residency. We designed our retail space 18 months ago and we are ready to go live. We have respected and complied with the town's moratorium on retail space, so we have refrained from opening to the public. Additionally, my partner and I have attempted to broaden our network in an effort to remain transparent with our intentions and provide additional support to the town by serving on the Advisory Committee for well over a year. We hope our partnership has provided additional insight into this new industry.

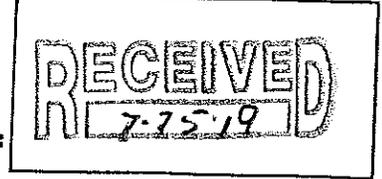
Again, thank you for considering our application. We are optimistic about our future with the Town of Topsham and are looking forward to continuing to do business with the greater public.

Rick Chiaravelotti

Kristie Small



7/25/19 11:58



Date/ Time Received:

### TOWN OF TOPSHAM

Clerk's Office

100 Main Street,

Topsham, Maine 04086

Phone: (207) 725-1720 • Fax: (207) 725-1733

#2019 004

ALL REQUIRED INFORMATION AND NON REFUNDABLE FEE MUST BE SUBMITTED AT THE TIME OF APPLICATION. ATTACH ADDITIONAL PAGES WHEN NECESSARY

Application is not complete without payment of Non-Refundable Fee \$250 – subject to change per Board of Selectmen

|     |   |                                      |
|-----|---|--------------------------------------|
| FEE | <input checked="" type="checkbox"/> \$250.00 Non Refundable                           | Non-Refundable Paid: \$ <u>250.-</u> |
|     | <input type="checkbox"/> Total Fee due upon License Issuance \$ _____ - \$250 = _____ |                                      |

Type of License Application:  Retail Caregiver     Cultivation Tier \_\_\_\_\_     Manufacturing     Testing

## LICENSE APPLICATION: MARIJUANA BUSINESS

| BUSINESS INFORMATION                            |  |  |   |     |     |                 |                           |                 |           |  |  |
|---|--|--|---|-----|-----|-----------------|---------------------------|-----------------|-----------|--|--|
| BUSINESS LOCATION                               | Parcel ID  | Map  | 2 | Lot | 498 | Zoning District | RCV                       | Total Land Area | 1.6 Acres |  |  |
|   | Physical Address: 605 Lewiston Rd                      |  |   |     |     |                 |                           |                 |           |  |  |
| BUSINESS INFORMATION                            | Business Name: Higher Living                           |  |   |     |     | Phone           | 207 8376532               |                 |           |  |  |
|   | Business Address (if different from property location) |  |   |     |     | EMAIL           | higherliving605@gmail.com |                 |           |  |  |
| Square Footage to be occupied/ No. of Employees |  | 303 sq ft for store    1200 sq ft for caregivers |   |     |     |                 |                           |                 |           |  |  |
| Hours of Operation                              |  | 8AM - 5P   |   |     |     |                 |                           |                 |           |  |  |
| Number of Registered Caregivers                 |  | 3  |   |     |     |                 |                           |                 |           |  |  |

Town of Topsham  
Received

Celebrating 250 years  
1793-2023

07/25/19 11:58 AM 10-0285    #1167-1

CLERK    199001

NON-REF. FEE    20.00

MARIJUANA BUS. DOC.    250.00

CLERK FEE \$2    250.00

MARIJUANA BUS. LIC.    250.00

CREATIVES SERVICE    250.00

TOTAL: 500.00

PAID BY: SMALL

\*\*\* RECEIPT \*\*\*

www.townoftopsham.org

CASH: 20.00

CHECK: 500.00

1267    250.00

1268    250.00

**Business Type (Check All That Apply):**

- Sole Proprietorship
- Corporation (Including LLC)
- Partnership
- S Corporation
- Trust
- Non-Profit Organization

**If business type is anything other than a sole proprietorship, attach the following:**

- Attachment A – Articles of Incorporation

List below all officers, directors, and shareholders including their home addresses. If the business is a partnership, list the names and home addresses each of the partners. If necessary, provide additional information on a separate sheet.

| Name                | Home Address, City, State, and Zip Code | DOB     | Position              |
|---------------------|---|---------|-----------------------|
| Ricardo Chieravello | 115 Wheeler Hill Rd<br>Wales Me 04280   | 9/26/51 | owner/grower          |
| Kristie Lee Small   | 45 Perkins Rd<br>Mammoth Me 04259       | 3/22/73 | owner/grower<br>SALES |
|                     |   |         |                       |
|                     |   |         |                       |
|                     |   |         |                       |

**APPLICANT INFORMATION:** Highest level official or employee of business/ cooperative such as Board President, Chief executive officer, Executive Director, or comparable position.

|                         |                                    |               |            |
|-------------------------|------------------------------------|---------------|------------|
| Applicant Name          | Ricardo Chiaravelotti              | Date of Birth | 09/26/51   |
| Applicant Address       | 115 Wheeler Hill Rd WALES ME 04280 |               |            |
| Applicant EMAIL Address | rrchevy@aol.com                    | PHONE         | 2072121205 |
| City                    | WALES                              | State         | ME         |
|                         |                                    | Zip           | 04280      |

Attachment B - Provide state or federally issued photo identification

**OPERATOR INFORMATION:** If different than the applicant, list the individual(s) responsible for day to day operations.

|                        |                          |               |            |
|------------------------|--------------------------|---------------|------------|
| Operator Name          | Kristie Lee Small        | Date of Birth | 3/22/73    |
| Operator Address       | 45 Perkins Rd            |               |            |
| Operator EMAIL Address | Kristie.small@icloud.com | PHONE         | 2074621697 |
| City                   | MONMOUTH                 | State         | ME         |
|                        |                          | Zip           | 04259      |
| Operator Name          |                          | Date of Birth |            |
| Operator Address       |                          |               |            |
| Operator EMAIL Address |                          | PHONE         |            |
| City                   |                          | State         |            |
|                        |                          | Zip           |            |

Attachment C - Provide copy of state or federally issued photo identification

**LICENSE INFORMATION**

Has the applicant and/or operator been denied an application for medical marijuana retail store, dispensary, marijuana product manufacturing, marijuana cultivation facility or other related business from any jurisdiction?

Yes

No

If yes, state when, where and why: \_\_\_\_\_  
 \_\_\_\_\_

Has the applicant had medical marijuana retail store, dispensary, marijuana product manufacturing, marijuana cultivation facility or other related business license suspended or revoked by any jurisdiction?

Yes

No

If yes, state when, where and why: \_\_\_\_\_  
 \_\_\_\_\_

If yes to either question, what was the next business activity or occupation of the applicant subsequent to such action of suspension or revocation?

\_\_\_\_\_  
 \_\_\_\_\_

Has the applicant or operator ever been convicted of a felony or controlled substances violation(s) in a federal, state, or other court?

Yes

No

If yes, please provide the following: (If necessary, provide additional information on a separate sheet.)  
 \*\*\*Town Clerk shall order a background check for each individual per Town Code

| Name and Location of Court | Conviction Charge | Sentence | Date of Sentencing | Last date of incarceration/parole/probation |
|----------------------------|-------------------|----------|--------------------|---|
|                            |                   |          |                    |   |
|                            |                   |          |                    |   |

**PROPERTY OWNER INFORMATION**

|              |                       |       |              |     |       |
|--------------|-----------------------|-------|--------------|-----|-------|
| Owner Name   | 605 Lewiston Road LLC |       |              |     |       |
| Home Address | 30 Milk St 5th Floor  | Phone | 207 828 2005 |     |       |
| City         | Portland              | State | ME           | Zip | 04101 |

Does the applicant have legal possession of the premises from the date that this license will be issued by virtue of ownership, lease, or other arrangement?

- Ownership
- Lease
- Other: (Explain in detail)

- Attachment D – Provide proof of ownership or copy of lease
- Attachment E – If premises are leased, attach written permission from the owner of the premises for the use specified in this application

**FACILITY INFORMATION**

Does the applicant have an alarm system in place?

- Yes
- No

If yes, name the alarm company, contact name and phone number: Cunningham Security  
Kate Schleh      207 882 9531

Does the applicant propose to have retail sales of packaged food, beverages, or other merchandise on site?

- Yes
- No

If yes, what items will be sold? shirts, hats, pipes etc

Does the applicant have a retail sales or food service license?

- Yes      we have applied to change the name to higher living once approved
- No

License #: 1161410 If yes, when did the applicant obtain the license? 2012

**Application Information 150-11 (Please respond to whether each standard is met or not – Y/N)**

1. If a State License is required for the proposed use, a copy of the Applicant's State License Application and supporting documentation as filed with the State Licensing Authority, and any amendments thereto

- Yes  
 No

2. Evidence of all State approvals or conditional approvals required to operate a Marijuana Business, including, but not limited to, a State License as defined by this Article, a State retail certificate, or a State health license.

- Yes  
 No

3. If not included in the Applicant's State License Application, attested copies of the articles of incorporation and bylaws if the Applicant is a corporation, operating agreement if the Applicant is a limited liability company, evidence of partnership if the Applicant is a partnership, or articles of association and bylaws if the Applicant is an association.

- Yes  
 No

4. If not included in the Applicant's State License Application, an affidavit that identifies all owners, officers, members, managers, or partners of the Applicant, their ownership interests, and their places of residence at the time of the application and for the immediately preceding three (3) years.

- Yes  
 No

Ricardo Chiaravelotti, 115 Wheeler Hill Rd WAtes Me 04280 owner  
Krustie lee Small 45 Perkins Rd Monmouth Me 04259 owner

5. Evidence of a property interest in the premises in which the Marijuana Business will be located, along with the written consent of the owner of the premises for such use if the applicant is not the owner.

- Yes  
 No

6. No Marijuana Business is permitted to utilize or provide a drive up service window

- Yes  
 No

7. A description of the premises for which the Local License is sought, including a floor plan of the premises showing how the floor space is or will be used, parking for the premises, total floor area of the building(s), and the nature and location of any existing or proposed exterior lighting and signage (please attach a floor plan)

Yes

No

8. A copy of the Applicant's security plan and operations manual (please attach).

Yes

No

9. Evidence that operating requirements of section 150-14 are met (please fill out next section)

Yes

No

**Operating Requirements (Please respond to whether each standard is met or not – Y/N)**

1. All Licensed Premises shall be fixed, permanent locations. Licensees shall not be permitted to operate a Marijuana Business in temporary locations (such as mall kiosks, vending carts, or farm stands).

Yes

No

2. No more than one Registered Caregiver Retail Store shall be located on a single parcel of land

Yes

No

3. No Marijuana Business shall be located within 1,000 feet of the entrance of a pre-existing public or private school. For the purposes of this Ordinance, "school" includes a public school, private school, or public preschool program as defined in 20-A M.R.S. §1, or any other educational facility that serves children from prekindergarten to grade 12. Distance shall be measured in a straight line, without regard to intervening structures or objects, from the nearest entrance of the school to the nearest entrance of the Marijuana Business.

Yes

No

4. No Marijuana Business shall be located such that the nearest entrance to the facility is any closer than 1,000 feet, measured in a straight line, without regard to intervening structures or objects, to the nearest entrance of another Marijuana Business or Registered Caregiver Retail Store located on a separate parcel of land.

Yes

No

5. No Marijuana Business shall be located inside a building containing residential units, including transient housing such as lodging, group homes, hotels, motels, and boardinghouses.

Yes

No

6. No Registered Caregiver Retail Store shall be located within 200 feet of any residence, a building containing residents, or residential use. Distance shall be measured in a straight line, without regard to intervening structures or objects, from the nearest entrance of the residential building or use to the nearest entrance of the Registered Caregiver Retail Store

Yes

No

7. No Marijuana Business is permitted to utilize or provide a drive up service window

Yes

No

8. Hours of operation shall be established by the licensing authority, but in no event shall a Marijuana Business be open to the public, and no sale or other distribution of marijuana shall occur upon the premise or via delivery from the premises, between the hours of 8:00pm and 8:00am

Yes

No

9. No registered caregiver retail store shall have a gross floor area, open to the public, in excess of 1,500 square feet.

Yes

No

10. No outside storage is permitted

Yes

No

11. Outdoor Cultivation of marijuana is prohibited.

Yes

No

12. Only one on-site sign per Marijuana Business is allowed.

Yes

No

13. A ventilation plan shall be included for Marijuana Cultivation Facilities, Marijuana Manufacturing facilities, and Marijuana Testing Facilities that provides for adequate ventilation so as to prevent pesticides, insecticides or other chemicals used in the cultivation or processing of marijuana or marijuana related products from being dispersed or released outside the premises. The plan shall further provide for resulting smoke, vapor, fumes, gases and particulate matter from marijuana or its processing or cultivation to be effectively confined to the premises

Yes

No

have 4 19 charcoal filters, we have been operating at this location for 4 years without any complaints. so im possitive they are doing thier job

14. Marijuana Businesses shall provide odor control measures so that odor generated on site is mitigated at the property line of the lot containing the Marijuana Business. Applications must demonstrate appropriate measures, such as carbon filtration, ventilation and exhaust systems, facility plans or other additional practices adequate to mitigate odors for the scale of operations for the uses proposed.

Yes

4 large carbon charcoal filters in place

No

15. Only one on-site sign per Marijuana Business is allowed.

Yes

No

16. Maximum size for all signage shall be 75 square feet, or as permitted by Chapter 225-33, whichever is less

Yes

No

17. Any signage is limited to displaying the following information: name of business; logogram of business; and business' address, hours of operation and contact information. Other than the forgoing information, no advertising for Marijuana or Marijuana Products shall be displayed on any sign in a publicly visible location.

Yes

No

18. Portable signs or sandwich board signs located in the public right of way are prohibited.

Yes

No

19. Marijuana plants, products, and paraphernalia shall not be visible from outside the building in which the Marijuana Business is located.

Yes

No

**THE ORIGINAL SIGNED COPY OF THIS FORM MUST BE ACCOMPANIED BY THE REQUIRED APPLICATION FEES AND OTHER NECESSARY SUBMISSIONS.**

*The undersigned hereby makes application to the Town of Topsham for approval of the proposed Marijuana Business License and declares all attached and embedded information to be true and accurate to the best of his/her knowledge.*

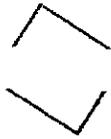
*Ricardo Chiaravelotti*  
SIGNATURE: APPLICANT OR APPLICANT'S AGENT

7/11/19  
DATE

Ricardo Chiaravelotti  
PRINT NAME

**Licensing procedures.**

- (1) Applications shall be reviewed in the order they are received and determined to be complete. After a completed application packet and fee is received by the Town Clerk, the Clerk will review the information and will contact the applicant if clarifications or updates to the submitted application materials are needed. The Clerk will notify the applicant whether they have met the standards necessary to be invited to be reviewed by the Topsham Selectboard.
- (2) The initial application for a license shall be processed by the Town Clerk but shall be reviewed by the Topsham Selectboard. Applications shall be made on a form prepared by the Town and must include all information required by Sec. 150-11 of this Article and by the form.
- (3) In the event that the Town Clerk determines that a submitted application is not complete, the Town Clerk shall notify the Applicant within ten (10) business days that the application is not complete and shall inform the Applicant of the additional information required to process the application.
- (4) The Town Clerk shall order national background checks of each applicant and renewal applicant. If the applicant is a business entity, every officer, director, manager and general partner of the business entity is required to submit to a criminal history record check. Failure to submit required releases for a background check is grounds for denial of a license. The cost of the background check shall be borne by the applicant above and beyond the application fee.
- (5) Public hearing. A public hearing on an application for a license shall be scheduled after receipt of a completed application pursuant to Sec. 150-11. The Town Clerk shall post and publish public notice of the hearing not less than seven (7) days prior to the hearing.
- (6) A renewal application shall be subject to the same review standards as applied to the initial issuance of the license and the same notice requirement as a new application. As part of the renewal process, the Town Selectboard shall consider compliance from prior years, and based upon that review, may add conditions to any future license to correct, abate or limit past problems. The Town Clerk shall refer action on a renewal application to the Town Selectboard for public hearing and action.
- (7) Applications received after the maximum number of licenses has been issued shall be placed on a waiting list at the request of the applicant. Following termination of an existing license, the Selectboard shall consider applications in order from the waitlist.



TAYLOR  
McCORMACK &  
TRAME  
ATTORNEYS AT LAW

André G. Duchette, Esquire  
ADuchette@TMTAttorneys.com

July 10, 2019

**Town of Topsham**  
Clerk's Office  
100 Main Street  
Topsham, ME 04086

RE: Higher Living License Application

To Whom it May Concern:

I am the Registered Agent and Attorney for 605 Lewiston Road, LLC, which is a real estate holding company that owns the real property located at 605 Lewiston Road, Topsham, Maine, pursuant to a deed dated February 9, 2016 and recorded in the Sagadahoc County Registry of Deeds in Book 2016R, Page 935. The company hereby grants permission that the premises may be used and occupied for the specified uses as provided for in the Higher Living License Application.

Sincerely,

André G. Duchette

Cc. 605 Lewiston Road, LLC  
Higher Living

MAINE  
LIMITED LIABILITY COMPANY  
STATE OF MAINE  
CERTIFICATE OF FORMATION

File No. 20191362DC Pages 2  
Fee Paid \$ 175  
DCN 2182532310021 DLLC  
FILED  
09/04/2018  
  
Deputy Secretary of State  
A True Copy When Attested By Signature  
Deputy Secretary of State

Pursuant to 31 MRSA §1531, the undersigned executes and delivers the following Certificate of Formation:

FIRST: The name of the limited liability company is:  
**HIGHER LIVING LLC**  
(A limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "LLC," "L.C.," "L.C." or "LC" or, in the case of a low-profit limited liability company, "LLC" or "LP" - see 31 MRSA-1506.)

SECOND: Filing Date: (select one)  
 Date of this filing; or  
 Later effective date (specified here): \_\_\_\_\_

THIRD: Designation as a low profit LLC (Check only if applicable):  
 This is a low-profit limited liability company pursuant to 31 MRSA §1611 meeting all qualifications set forth here:  
A. The company intends to qualify as a low-profit limited liability company;  
B. The company must at all times significantly further the accomplishment of one or more of the charitable or educational purposes within the meaning of Section 170(c)(2)(B) of the Internal Revenue Code of 1986, as it may be amended, revised or succeeded, and must list the specific charitable or educational purposes the company will further;  
C. No significant purpose of the company is the production of income or the appreciation of property. The fact that a person produces significant income or capital appreciation is not, in the absence of other factors, conclusive evidence of a significant purpose involving the production of income or the appreciation of property; and  
D. No purpose of the company is to accomplish one or more political or legislative purpose within the meaning of Section 170(c)(2)(D) of the Internal Revenue Code of 1986, or its successor.

FOURTH: Designation as a professional LLC (Check only if applicable):  
 This is a professional limited liability company\* formed pursuant to 13 MRSA Chapter 22-A to provide the following professional services:  
\_\_\_\_\_  
(Type of professional services)

FIFTH: The Registered Agent is a: (select either a Commercial or Noncommercial Registered Agent)

Commercial Registered Agent CRA Public Number: \_\_\_\_\_

(Name of commercial registered agent)

Noncommercial Registered Agent

**DAVID W THOMAS, CPA**

(Name of noncommercial registered agent)

**650 BRIGHTON AVE B2**

(physical location, not P.O. Box - street, city, state and zip code)

**PORTLAND ME 04102**

(mailing address if different from above)

SIXTH: Pursuant to 5 MRSA §105.2, the registered agent listed above has consented to serve as the registered agent for this limited liability company.

SEVENTH: Other matters the members determine to include are set forth in the attached Exhibit \_\_\_\_\_, and made a part hereof.

\*\*Authorized person(s)

Dated 8/20/18

  
\_\_\_\_\_  
(Signature of authorized person)

**KRISTIE SMALL**

(Type or print name of authorized person)

**RICHARDO CHIARAVELOTTI**

(Type or print name of authorized person)

\*Examples of professional service limited liability companies are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list - see 13 MRSA §723.7)

\*\*Pursuant to 31 MRSA §1676.1.A, Certificate of Formation MUST be signed by at least one authorized person.

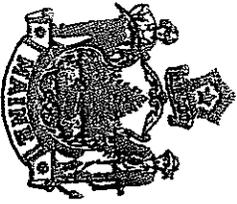
The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §653.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

Secretary of State  
Division of Corporations, E.C.C. and Commissions  
101 State House Station  
Augusta, ME 04333-0101  
Telephone Inquiries: (207) 624-7752

Email Inquiries: [CFC.Corporations@Maine.gov](mailto:CFC.Corporations@Maine.gov)



**STATE OF MAINE  
MAINE REVENUE SERVICES**

**THIS REGISTRATION CERTIFICATE FOR A  
RETAILER**

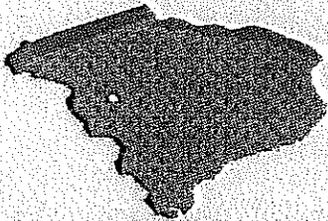
*is issued under the provisions of MRSA, Title 36, Part 3, §1754-B to:*

CHIARAVELOTTI RICARDO  
D/B/A MEDICAL HOMEGROWN MEDICI  
115 WHEELER HILL RD  
WALES, ME 04280-3221

**Registration Number: 1161410**

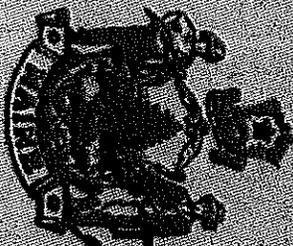
**Date Issued: MARCH 15 2013**

**Business Code: 053  
Filing Frequency: MONTHLY**



**STATE OF MAINE  
MAINE REVENUE SERVICES  
RESALE CERTIFICATE**

THIS CERTIFICATE IS VALID  
JANUARY 01 2016 THRU DECEMBER 31 2020



|  |                           |                      |
|--|---------------------------|----------------------|
| <u>Business Name and Location Address</u>  | <u>Certificate Number</u> | <u>Business Type</u> |
| CHIARAVELOTTI RICARDO<br>D/B/A MEDICAL HOMEGROWN MEDICI<br>115 WHEELER HILL RD<br>WALES, ME 04280-3221 | 1161410                   | DRUG STORE           |

This is to certify that the above named business is authorized to purchase tangible personal property for resale during the period identified on this certificate. 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 items will be resold as tangible personal property in the ordinary course of their business.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Presented to: \_\_\_\_\_  
(Insert name of seller on photocopy) (date)

Presented by: \_\_\_\_\_  
Authorized Signature (purchaser) (date)

Maine Medical Use  
Of Marijuana

Date Issued: 07 01/2019  
Expires: 06/30/2020

Individual Caregiver

**RICARDO CHIARAVELOTTI**

**DOB: 09/26/1951**

**No Retail Location Provided**

Registration #: **CGR25094**

Control #: **556467**

Authorized for: **30 mature/60 immature and/or  
Harvested**



This LEASE AGREEMENT (the "Lease") is dated as of July 1, 2019 (the "Effective Date") between 605 LEWISTON ROAD, LLC, a Maine limited liability company (the "Landlord"), and HIGHER LIVING, a Maine limited liability company with a mailing address of 605 Lewiston Road, Topsham, Maine 04086 (the "Tenant"). Landlord hereby agrees to lease to Tenant and Tenant hereby agrees to lease from Landlord, subject to all of the terms and conditions hereinafter set forth, certain real estate (the "Leased Premises") described in the Standard Lease Terms located at 605 Lewiston Road, Topsham, Maine (the "Property") as described in Exhibit A.

### BASIC LEASE TERMS

1. **Property Name:** Commonly known as 605 Lewiston Road, Topsham, Maine.
2. **Leased Premises:** 500 ± square feet of the free standing office building together with an exclusive right to use the parking area and other common elements including, but not limited to, hallways, kitchen, sidewalks, and loading areas.
3. **Base Rent:** Tenant agrees to pay Landlord Rent in the initial annual amount of 24,000.- and 00/100 (\$ 2000.-) per month, beginning on the Effective Date, if the first payment is made at such time which is not the first of the month, such payment shall be prorated for the actual days remaining for the first month of tenancy. The Base Rent shall increase by two percent (2%) annually.
4. **Initial Term:** Five (5) years.
5. **Option to Extend, Etc.:** One (1) renewal option for an additional five (5) year period, which option must be exercised by written notice from Tenant delivered to Landlord at least six (6) months prior to the end of the then Lease Term. The Base Rent during such renewal term shall increase by two percent (2%) annually.
6. **Triple Net Lease/Additional Rent.** This is a "triple net lease" and Tenant shall pay as Additional Rent, in addition to the Base Rent, its Proportionate Share of all expenses of the operation of the Property, all as defined in and subject to adjustment as provided in the attached Standard Lease Terms, but excepting (a) payments on any indebtedness encumbering the Property, (b) depreciation and amortization, and (c) any estate, inheritance or income taxes of Landlord.  

The Tenant's initial Proportionate Share of common expenses is 100%, subject to adjustment.

Tenant shall directly pay for any utilities separately metered to the Leased Premises and janitorial service.
7. **Security Deposit:** 0
8. **Permitted Use:** Tenant shall use the demised premises for the purpose of the operation of a State of Maine licensed medical marijuana cultivation, warehousing and distribution facility, caregiver retail shop (not to exceed 1500 square feet) and any other related legal purpose.

HIGHER LIVING, LLC

AFFIDAVIT OF RICHARDO CHIVAROLETTI

I, Richardo Chivaroletti being over the age of eighteen (18) years and competent in all respects to testify, and having been duly sworn, do depose and say on oath:

1. My name is Richardo Chivaroletti. The facts stated herein are based on my personal knowledge.

2. I currently reside at 115 Wheeler Hill Road, Wales, Maine. I have resided here for the last three years.

3. I am a member of Higher Living, LLC along with Kristie Small. We are the two sole owners of the Company.

4. I am the manager of Higher Living, LLC

Dated this 24 day of July, 2019.

*[Handwritten Signature]*  
Richardo Chivaroletti  
Ricardo Chiaravelotti

STATE OF MAINE  
COUNTY OF Sagadahoc

July 24, 2019    7/25/19

Personally appeared the above-named Richardo Chivaroletti, and acknowledged the foregoing to be true and based on his own personal knowledge.

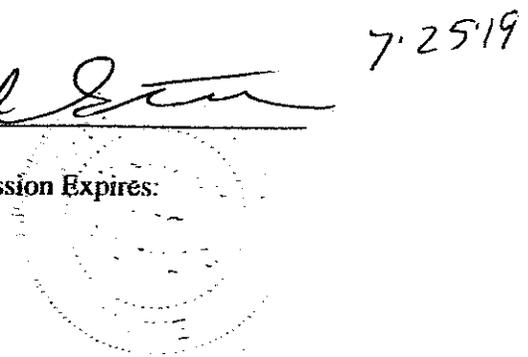
Before me,

*[Handwritten Signature]*

Print Name:

My Commission Expires:

Debra Stevens  
Notary Public, Maine  
My Commission Expires June 13, 2020



HIGHER LIVING, LLC

AFFIDAVIT OF KRISTIE SMALL

I, Kristie Small being over the age of eighteen (18) years and competent in all respects to testify, and having been duly sworn, do depose and say on oath:

- 1. My name is Kristie Small. The facts stated herein are based on my personal knowledge.
- 2. I currently reside at 45 Perkins Road, Monmouth, Maine. I previously resided at 47 Oxbow Street, Lewiston, Maine. These have been my address and place of residence for the past three years.
- 3. I am a member of Higher Living, LLC along with Richardo Chivaroletti. We are the two sole owners of the Company.

Dated this 24 day of July, 2019.

Kristie Small

*Kristie Small*  
Kristie Small

STATE OF MAINE  
COUNTY OF Sagadahoc

July 25 2019

Personally appeared the above-named Kristie Small, and acknowledged the foregoing to be true and based on her own personal knowledge.

Before me.

*Debra Stevens*

7-25-19

Debra Stevens  
Notary Public, Maine  
My Commission Expires June 13, 2020

Print Name:  
My Commission Expires:



Tenant is responsible for obtaining applicable governmental licenses, use permits and approvals at its cost and expense.

**9. Addresses for Notices:**

Landlord:  
30 Milk Street, 5<sup>th</sup> Floor  
Portland, ME 04101  
Attn: Andre Duchette

Tenant:  
605 Lewiston Road  
Topsham, ME 04086  
Attn: Rick Chiaravelotti

All payments payable under this Lease shall be sent to the Landlord's address identified above or such other address as Landlord may designate.

**10. Signatures.** Electronic copies of the parties' signatures that are transmitted by fax or by scanning and emailing shall be binding.

IN WITNESS WHEREOF, the parties hereto have executed this Lease, consisting of the foregoing provisions and Sections 1 through 30 which follow, together with Exhibits incorporated herein by this reference, as of the date first above written.

"Landlord"  
605 Lewiston Road, LLC

"Tenant"  
Higher Living

By: Kristie Small  
Kristie Small, Manager

By: Richardo Chiaravelotti  
Richardo Chiaravelotti, Member/Manager

# Security Information

07/23/2019 12:48

ID: SMAHAN

## Customer Master File Report

R1003656 - 605 LEWISTON ROAD, LLC [A3/3656]

### \*\*\* Contact List \*\*\*

Person: **605 LEWISTON ROAD, LLC [Keyholder]**

(Suppress)

#### Access Permissions

Can Open/Close within schedule

Can edit Customer

Can cancel Alarm

Can give out Customer information

Can put Entire Customer On Test

Password: 1959

#### System

1

#### Area

\*

#### Panel User ID

1

#### Address Type

Site/Home

#### Address

ATTN: GAIL SHELLEY  
P.O. BOX 3676  
AUBURN ME 04212

#### Mailing

Yes

Person: **RICK CHIARAVELOTTI [Contact]**

Job Title: PARTNER

#### Access Permissions

Can cancel Alarm

Can edit Customer

Can put Entire Customer On Test

Can give out Customer information

Password: 1957

#### Type

Mobile

#### Contact Point

(207) 212-1205

#### Ext/Code

#### Schedule

Person: **GAIL SHELLEY [Contact]**

(Suppress)

Job Title: CO-ORDINATOR

#### Access Permissions

Can cancel Alarm

Can edit Customer

Can put Entire Customer On Test

Can give out Customer information

Password: 2312

#### Type

Mobile

#### Contact Point

(207) 333-9724

#### Ext/Code

#### Schedule

Person: **MARC CHRISTENSEN [Contact]**

Job Title: PARTNER

#### Access Permissions

Can cancel Alarm

Can edit Customer

Can put Entire Customer On Test

Can give out Customer information

Password: 5755

#### Type

Mobile

#### Contact Point

(207) 240-0645

#### Ext/Code

#### Schedule

# Security information

07/23/2019 12:48

ID: SMAHAN

**Person: AMANDA HOWLAND [Contact]**

(Suppress)

Job Title: PARTNER

**Access Permissions**

Can cancel Alarm

Can edit Customer

Can put Entire Customer On Test

Can give out Customer information

Password: 53913

**Person: SVC - CSS WISCASSET BRANCH [Contact]**

**Access Permissions**

Can cancel Alarm

Can give out Customer information

Can put Entire Customer On Test

| <u>Type</u> | <u>Contact Point</u>            | <u>Ext/Code</u> | <u>Schedule</u> |
|-------------|---------------------------------|-----------------|-----------------|
| Business    | (866) 551-6377                  | 310             |                 |
| E-Mail      | dispatch@cunninghamsecurity.com |                 |                 |

**Person: Kristie Small [Keyholder]**

**Access Permissions**

Can cancel Alarm

Can edit Customer

Can put Entire Customer On Test

Can give out Customer information

Password: 1991

| <u>Type</u> | <u>Contact Point</u> | <u>Ext/Code</u> | <u>Schedule</u> |
|-------------|----------------------|-----------------|-----------------|
| Mobile      | (207) 402-1697       |                 |                 |

**Dealer: H - CSS Wiscasset [Dealer]**

**Authority: TPD - TOPSHAM POLICE DEPARTMENT [Police]**

**Authority: TFD - TOPSHAM FIRE DEPARTMENT [Fire]**

**\*\*\* Systems \*\*\***

**System 1 - Fire & Intrusion System**

| <u>Type</u>      | <u>System ID</u> | <u>Panel Type</u> | <u>Description</u> | <u>Gateway No</u> | <u>Ext Cust No</u> |
|------------------|------------------|-------------------|--------------------|-------------------|--------------------|
| Event Monitoring | 2822             |                   |                    |                   | -1 Not Partitioned |

**\*\*\* Areas \*\*\***

| <u>Area</u> | <u>Schedule</u> | <u>Description</u> |
|-------------|-----------------|--------------------|
| 1           |                 |                    |

**\*\*\* Zones \*\*\***

| <u>Area</u> | <u>Zone</u> | <u>Description</u>                             |
|-------------|-------------|--|
| *           | 1           | BREAK ROOM ENTRY DOOR                          |
| *           | 2           | BREAK ROOM BACK DOOR                           |
| *           | 3           | SHIPPING AND RECEIVING DOOR                    |
| *           | 4           | KNOX BOX TAMPER                                |
| *           | 5           | BREAK ROOM MOTION DETECTOR                     |
| *           | 6           | BREAK ROOM TELEPHONE/DATA ROOM MOTION DETECTOR |
| *           | 7           | RECEIVING ATTIC MOTION DETECTOR                |
| *           | 8           | SPARE ZONE 8                                   |
| *           | 9           | BREAK ROOM SMOKE DETECTOR                      |

|   |    |  |
|---|----|--|
| * | 10 | TELEPHONE & DATA ROOM SMOKE<br>DETECTOR    |
| * | 11 | GROWING ROOM #1 SMOKE<br>DETECTOR          |
| * | 12 | GROWING ROOM #2 SMOKE<br>DETECTOR          |
| * | 13 | GROWING ROOM #2 & GARAGE<br>SMOKE DETECTOR |
| * | 14 | STORAGE SPACE SMOKE DETECTOR               |
| * | 15 | OIL STORAGE HEAT DETECTOR                  |
| * | 16 | BOILER ROOM HEAT DETECTOR                  |
| * | 17 | OFFICE ATTIC HEAT DETECTOR                 |
| * | 18 | OFFICE BOILER HEAT DETECTOR                |
| * | 19 | OFFICE FRONT PULL STATION                  |
| * | 20 | OFFICE BACK PULL STATION                   |
| * | 21 | SPARE ZONE 21                              |
| * | 22 | BREAK ROOM FRONT PULL STATION              |
| * | 23 | BREAK ROOM BACK PULL STATION               |
| * | 24 | SHIPPING & RECEIVING PULL<br>STATION       |
| * | 25 | RECEPTION AREA SMOKE DETECTOR              |
| * | 26 | OFFICE#2 SMOKE DETECTOR                    |
| * | 27 | OFFICE#1 SMOKE DETECTOR                    |
| * | 28 | OFFICE#3 SMOKE DETECTOR                    |
| * | 29 | AIR LOCK SMOKE DETECTOR                    |
| * | 30 | ROOM#4 SMOKE DETECTOR                      |
| * | 31 | SPARE ZONE 31                              |
| * | 32 | SPARE ZONE 32                              |
| * | 33 | SOUTHEAST ABOVE CEILING<br>MOTION DETECTOR |
| * | 34 | NORTHEAST ABOVE CEILING<br>MOTION DETECTOR |
| * | 35 | NORTHEAST ABOVE CEILING<br>MOTION DETECTOR |
| * | 36 | SOUTHWEST ABOVE CEILING<br>MOTION DETECTOR |
| * | 37 | BREAKROOM TO GROWING ROOM<br>DOOR          |
| * | 38 | CONTROL POWER MOTION DETECTOR              |
| * | 39 | GROWING ROOM#1 MOTION<br>DETECTOR          |
| * | 40 | GROWING ROOM#2 MOTION<br>DETECTOR          |
| * | 41 | GROWING ROOM#2 MOTION<br>DETECTOR          |
| * | 42 | ATTIC SOUTH MOTION DETECTOR                |
| * | 43 | ATTIC NORTH MOTION DETECTOR                |
| * | 44 | BACK OVERHEAD DOOR                         |
| * | 45 | EXTERIOR BACK DOOR                         |
| * | 46 | RECEIVINGMOTION DETECTOR                   |
| * | 47 | OFFICE#1 MOTION DETECTOR                   |
| * | 48 | OFFICE#2 MOTION DETECTOR                   |
| * | 49 | OFFICE#3 MOTION DETECTOR                   |
| * | 50 | OFFICE#4 MOTION DETECTOR                   |
| * | 51 | RECEPTION MOTION DETECTOR                  |
| * | 52 | FRONT DOOR                                 |
| * | 53 | OFFICE ENTRY DOOR                          |
| * | 54 | SPARE ZONE 54                              |
| * | 55 | WEST BEAM DETECTOR (DISABLED<br>02/23/17)  |

## HIGHER LIVING SAFETY/SECURITY PLAN

In conjunction with this plan, is information regarding our security system and service provider which is submitted simultaneously herewith. At Higher Living, safety and security is a top priority. Higher Living will ensure that patients, employees, visitors and our community is kept from harm's way at all times. Higher Living's security plan is based on deterring threats before they occur through staff training and a strong security system which is already in place.

Unlawful activity will be prevented through the use of cameras, outdoor lighting, security warning signs, access control policies and systems, surveillance monitoring, intrusion detection, alarm monitoring service and coded locks.

All doors equipped with locks will remain closed at all times except when in use by an authorized employee. The locks are installed on all doors entering the facility, administrative offices, cultivation, production, packaging and processing rooms. Each visitor to the retail store will be asked to show their current State of Maine Medical Marijuana ID card and State issued photo ID.

Strict record-keeping procedures will be maintained to also discourage unlawful activity and regular background checks will be maintained as it pertains to all employees. Any unauthorized activities will be reported to local authorities and will be grounds for immediate dismissal from Higher Living's membership or employment.



Max-Filter 2500



## Max-Filter 2500

sku: 358608

msrp:

**\$488.57**

### At a Glance

The Original Can-Filters are designed for the control of VOCs (paint fumes, hydrocarbons, ect...), odors, and other gaseous contaminants. Built with the same proven packed bed design and pelletized virgin activated carbon we've used for 30 years, this line of time tested activated carbon air filters sets the standard for long life, consistent performance, and low pressure drop. Rated at a conservative 0.1 sec contact time, the Original Can-Filters provide excellent value and confidence.

### Details:

- Made in North America
- 8 sizes from 33-150cm, largest in industry

- You pick the flange that's right for you
- Low pressure drop even on smaller sizes
- Pelletized carbon delivers the cleanest filter available
- 2.5" Carbon bed, thickest in industry
- Flange comes separate to fit a wide range of fans and applications

### Technical Data:

- Max Exhaust CFM: 1250 cfm / 2123 m<sup>3</sup>h @ 0.1 sec contact time
- Max Recirculating (Scrubbing) CFM: 2500 cfm / 4247 m<sup>3</sup>h
- Recommended Min Airflow: 625 cfm / 1147 m<sup>3</sup>h
- Prefilter: Yes
- Flange: 14" - 16"
- Dimensions: (with pre-filter)
- Outside Diameter: 50 cm / 20"
- Height: 100 cm / 39.4"
- Total Weight: 47 kg / 103 lbs.
- Carbon Weight: 37 kg / 81.5 lbs.
- Carbon Bed Depth: 6.5 cm / 2.5"
- Max Operating Temp: 80 C
- Pressure drop at max CFM: 180pa / .75" wq

### Recommended Fans:

#### Exhaust:

Max-Fan 14"

#### Recirculating:

Max-Fan 14" HO

Pro-Series 16" (speed 1, 2, 3)

Max-Fan 16"

YOU MAY ALSO BE INTERESTED IN THE FOLLOWING PRODUCT(S)

|                |      |      |     |     |      |      |      |      |      |      |      |      |     |       |     |
|----------------|------|------|-----|-----|------|------|------|------|------|------|------|------|-----|-------|-----|
| 6" Pro Series  | High | 3322 |     | 69  | 0.62 | 420  | 405  | 386  | 364  | 338  | 273  | 96   | 39  | 1.377 |     |
|                | Med. | 3077 | 120 | 60  | 0.54 | 379  | 356  | 332  | 306  | 275  | 177  | 65   | N/A | 1.225 | 6"  |
|                | Low  | 2637 |     | 52  | 0.49 | 291  | 253  | 220  | 194  | 165  | 65   | N/A  | N/A | 0.911 |     |
| 8" Pro Series  | High | 3288 |     | 186 | 1.58 | 863  | 838  | 812  | 785  | 755  | 604  | 532  | 335 | 2.052 |     |
|                | Med. | 2836 | 120 | 165 | 1.42 | 726  | 680  | 630  | 580  | 538  | 470  | 388  | 220 | 1.69  | 8"  |
|                | Low  | 2276 |     | 127 | 1.15 | 530  | 468  | 407  | 368  | 333  | 193  | 58   | N/A | 1.128 |     |
| 10" Pro Series | High | 3093 |     | 242 | 2.05 | 1052 | 1020 | 990  | 960  | 925  | 854  | 762  | 655 | 2.108 |     |
|                | Med. | 2945 | 120 | 217 | 1.85 | 1008 | 972  | 939  | 900  | 858  | 769  | 667  | 450 | 1.923 | 10" |
|                | Low  | 2766 |     | 206 | 1.79 | 954  | 912  | 858  | 818  | 765  | 660  | 550  | 274 | 1.787 |     |
| 16" Pro Series | High | 1712 |     | 350 | 2.91 | 2343 | 2275 | 2205 | 2120 | 2030 | 1835 | 1540 | 485 | 1.586 |     |
|                | Med. | 1629 | 120 | 319 | 2.74 | 2250 | 2150 | 2045 | 1950 | 1850 | 1590 | 1265 | 365 | 1.486 | 16" |
|                | Low  | 1547 |     | 321 | 2.91 | 2149 | 2040 | 1905 | 1745 | 1560 | 1280 | 595  | 230 | 1.401 |     |

\*Performance certified is for installation typd D - Ducted inlet, Ducted outlet. Performance ratings do not include the effects of appurtenances (accessories).

### Recommended Filters:

|          |                   |
|----------|-------------------|
| Exhaust: | Recirculating:    |
|          | Max 2500          |
|          | Can-Lite 14x50 XL |

# 16" Max-Fan™ - Max-Fans - Fans

## At a Glance

Max-Fans are in line mixed-flow fans capable of jaw-dropping performance at high static pressure through innovative design. Manufactured in Germany they pack a serious punch for their size, operating costs, and quiet operation rising to the challenge where centrifugal fans just aren't cutting it. Aerodynamically optimized laminar airflow and extremely high efficiency set the Max-Fan in a class of its own and those seeking the highest quality in professional grade fans know there is only one option for true and reliable performance, Max-Fan.

## Details:

- Manufactured in Germany
- Extremely energy efficient 220-240V motors
- Optimized mixed flow is quieter than comparable fans
- Very high aerodynamic efficiency
- Potential savings of hundreds of dollars annually
- Easy installation
- 5-year warranty
- Available in sizes from 10" - 20"

## Technical Data:

|                          |                     |
|--------------------------|---------------------|
| <b>Amps</b>              | 1.5 @ 240v AC 60 Hz |
| <b>Max Ambient Temp.</b> | 80°C / 176°F        |
| <b>Blade Design</b>      | Mixed Flow          |





# Memorandum

From: Tom Lister, Codes Enforcement Officer

Date: September 5, 2019

Re: Marijuana Business License Application #2019 003

---

Type: Marijuana Cultivation Facility

Location: 605 Lewiston Rd.

Zone: RCU

## **MARIJUANA CULTIVATION FACILITY**

A facility licensed to cultivate, prepare and package adult use and/or medical marijuana and to sell adult use and medical marijuana to marijuana manufacturing facilities, marijuana stores, and other cultivation facilities. A marijuana cultivation facility is not authorized as an accessory use, and only where expressly allowed as a permitted use.

Findings subject to Town Code chapter 225:

1. The use is permitted in RCU

Conclusion:

- The proposed use complies with chapter 225
- Signage must comply with 225-33
- Building, plumbing, electrical, wastewater permits may be required



Time rec. 11:58  
**RECEIVED**  
 7-25-19

Date/ Time Received:

**TOWN OF TOPSHAM**

Clerk's Office

100 Main Street,

Topsham, Maine 04086

Phone: (207) 725-1720 • Fax: (207) 725-1733

#2019 003

ALL REQUIRED INFORMATION AND NON REFUNDABLE FEE MUST BE SUBMITTED AT THE TIME OF APPLICATION. ATTACH ADDITIONAL PAGES WHEN NECESSARY

Application is not complete without payment of Non-Refundable Fee \$250 – subject to change per Board of Selectmen

|     |   |   |
|-----|---|---|
| FEE | <input checked="" type="checkbox"/> \$250.00 Non Refundable   | Non-Refundable Paid: \$ <u>250<sup>00</sup></u> |
|     | <input type="checkbox"/> Total Fee due upon License Issuance \$ <u>4000</u> - \$250 = <u>3750.<sup>00</sup></u> |   |

Type of License Application:  Retail Caregiver  Cultivation Tier 3  Manufacturing  Testing

| LICENSE APPLICATION: MARIJUANA BUSINESS         |  |     |          |                     |            |                 |  |                 |               |
|---|--|-----|----------|---------------------|------------|-----------------|--|-----------------|---------------|
| BUSINESS INFORMATION                            |  |     |          |                     |            |                 |  |                 |               |
| BUSINESS LOCATION                               | Parcel ID  | Map | <u>2</u> | Lot                 | <u>49B</u> | Zoning District | <u>RCU</u>   | Total Land Area | <u>1.6 ac</u> |
|   | Physical Address <u>605 Lewiston Rd Topsham Me</u> |     |          |                     |            |                 |  |                 |               |
| BUSINESS INFORMATION                            | Business Name                                      |     |          | Phone               |            |                 | Business Address (if different from property location) |                 |               |
|   | <u>K &amp; R Cultivation</u>                       |     |          | <u>207 212 1205</u> |            |                 | <u>higherliving605@gmail.com</u>                       |                 |               |
| Square Footage to be occupied/ No. of Employees |  |     |          |                     |            |                 |  |                 |               |
| Hours of Operation                              |  |     |          |                     |            |                 |  |                 |               |
| Number of Registered Caregivers                 |  |     |          |                     |            |                 |  |                 |               |

Town of Topsham  
 Clerk's Office  
 100 Main Street  
 Topsham, Maine 04086  
 Phone: (207) 725-1720  
 Fax: (207) 725-1733

www.townoftopsham.com

CASH: 20.00  
 CHECK: 340.00  
 TOTAL: 360.00  
 PAID BY: small  
 COPY

MARIJUANA BUS INC  
 CULTIVATED BY  
 CASHIER: SAGE  
 7/25/19 11:58 AM 10/12/18  
 1287 - 250.00  
 1284 - 250.00

Please provide 6 copies of packet

**Business Type (Check All That Apply):**

- Sole Proprietorship
- Corporation (Including LLC)
- Partnership
- S Corporation
- Trust
- Non-Profit Organization

**If business type is anything other than a sole proprietorship, attach the following:**

- Attachment A – Articles of Incorporation

List below all officers, directors, and shareholders including their home addresses. If the business is a partnership, list the names and home addresses each of the partners. If necessary, provide additional information on a separate sheet.

| Name                  | Home Address, City, State, and Zip Code       | DOB     | Position              |
|-----------------------|---|---------|-----------------------|
| Ricardo Chiaravolotti | 115 Wheeler Hill Rd <sup>WATER VR</sup> 04280 | 9/26/51 | owner/grower          |
| Kristie Lee Small     | 45 Perkins Rd <sup>MONMOUTH ME</sup> 04259    | 3/22/73 | owner/grower<br>sales |
|                       |   |         |                       |
|                       |   |         |                       |

|   |                         |       |               |            |       |
|---|-------------------------|-------|---------------|------------|-------|
| <b>APPLICANT INFORMATION:</b> Highest level official or employee of business/ cooperative such as Board President, Chief executive officer, Executive Director, or comparable position. |                         |       |               |            |       |
| Applicant Name  | Ricardo Chiaravello     |       | Date of Birth | 9/26/51    |       |
| Applicant Address   | 115 Wheeler Hill Rd     |       |               |            |       |
| Applicant EMAIL Address   | rrchevy@aol.com         |       | PHONE         | 2022121205 |       |
| City  | WALES                   | State | ME            | Zip        | 04280 |
| <input checked="" type="checkbox"/> Attachment B - Provide state or federally issued photo identification   |                         |       |               |            |       |
| <b>OPERATOR INFORMATION:</b> If different than the applicant, list the individual(s) responsible for day to day operations.   |                         |       |               |            |       |
| Operator Name   | Kristie Lee Small       |       | Date of Birth | 3/22/73    |       |
| Operator Address  | 45 Perkins Rd           |       |               |            |       |
| Operator EMAIL Address  | kristiesmall@icloud.com |       | PHONE         | 2074021697 |       |
| City  | MONMOUTH                | State | ME            | Zip        | 04259 |
| Operator Name   |                         |       | Date of Birth |            |       |
| Operator Address  |                         |       |               |            |       |
| Operator EMAIL Address  |                         |       | PHONE         |            |       |
| City  |                         | State |               | Zip        |       |
| <input type="checkbox"/> Attachment C - Provide copy of state or federally issued photo identification  |                         |       |               |            |       |

**LICENSE INFORMATION**

Has the applicant and/or operator been denied an application for medical marijuana retail store, dispensary, marijuana product manufacturing, marijuana cultivation facility or other related business from any jurisdiction?

Yes

No

If yes, state when, where and why: \_\_\_\_\_

Has the applicant had medical marijuana retail store, dispensary, marijuana product manufacturing, marijuana cultivation facility or other related business license suspended or revoked by any jurisdiction?

Yes

No

If yes, state when, where and why: \_\_\_\_\_

If yes to either question, what was the next business activity or occupation of the applicant subsequent to such action of suspension or revocation?

Has the applicant or operator ever been convicted of a felony or controlled substances violation(s) in a federal, state, or other court?

Yes

No

If yes, please provide the following: (If necessary, provide additional information on a separate sheet.)

\*\*\*Town Clerk shall order a background check for each individual per Town Code

| Name and Location of Court | Conviction Charge | Sentence | Date of Sentencing | Last date of incarceration/parole/probation |
|----------------------------|-------------------|----------|--------------------|---|
|                            |                   |          |                    |   |
|                            |                   |          |                    |   |

**PROPERTY OWNER INFORMATION**

|              |                       |       |              |     |       |
|--------------|-----------------------|-------|--------------|-----|-------|
| Owner Name   | 605 Lewiston Road LLC |       |              |     |       |
| Home Address | 30 Milk St 5th Floor  | Phone | 207 828 2005 |     |       |
| City         | Portland              | State | me           | Zip | 04101 |

Does the applicant have legal possession of the premises from the date that this license will be issued by virtue of ownership, lease, or other arrangement?

Ownership

Lease agreement included

Other: (Explain in detail) ~~Lease agreement~~

Attachment D – Provide proof of ownership or copy of lease

Attachment E – If premises are leased, attach written permission from the owner of the premises for the use specified in this application

**FACILITY INFORMATION**

Does the applicant have an alarm system in place?

Yes

No

If yes, name the alarm company, contact name and phone number: Cunningham Security  
Kate Schleh 207 882 9531

Does the applicant propose to have retail sales of packaged food, beverages, or other merchandise on site?

Yes

~~No~~ no

If yes, what items will be sold? \_\_\_\_\_

Does the applicant have a retail sales or food service license?

Yes

No

License #: 116/410 If yes, when did the applicant obtain the license? 2012

**Application Information 150-11 (Please respond to whether each standard is met or not – Y/N)**

1. If a State License is required for the proposed use, a copy of the Applicant's State License Application and supporting documentation as filed with the State Licensing Authority, and any amendments thereto

Yes

No

*waiting on state to issue licenses*

2. Evidence of all State approvals or conditional approvals required to operate a Marijuana Business, including, but not limited to, a State License as defined by this Article, a State retail certificate, or a State health license.

Yes

No

*included*

3. If not included in the Applicant's State License Application, attested copies of the articles of incorporation and bylaws if the Applicant is a corporation, operating agreement if the Applicant is a limited liability company, evidence of partnership if the Applicant is a partnership, or articles of association and bylaws if the Applicant is an association.

Yes

No

4. If not included in the Applicant's State License Application, an affidavit that identifies all owners, officers, members, managers, or partners of the Applicant, their ownership interests, and their places of residence at the time of the application and for the immediately preceding three (3) years.

Yes

No

5. Evidence of a property interest in the premises in which the Marijuana Business will be located, along with the written consent of the owner of the premises for such use if the applicant is not the owner.

Yes

No

*written consent included*

6. No Marijuana Business is permitted to utilize or provide a drive up service window

Yes

No

7. A description of the premises for which the Local License is sought, including a floor plan of the premises showing how the floor space is or will be used, parking for the premises, total floor area of the building(s), and the nature and location of any existing or proposed exterior lighting and signage (please attach a floor plan)

Yes

No

*sign has been in place from Walte Pharmacy*

8. A copy of the Applicant's security plan and operations manual (please attach).

Yes

No

*included*

9. Evidence that operating requirements of section 150-14 are met (please fill out next section)

Yes

No

**Operating Requirements (Please respond to whether each standard is met or not – Y/N)**

**1. All Licensed Premises shall be fixed, permanent locations. Licensees shall not be permitted to operate a Marijuana Business in temporary locations (such as mall kiosks, vending carts, or farm stands).**

Yes

No

**2. No more than one Registered Caregiver Retail Store shall be located on a single parcel of land**

Yes

No

**3. No Marijuana Business shall be located within 1,000 feet of the entrance of a pre-existing public or private school. For the purposes of this Ordinance, "school" includes a public school, private school, or public preschool program as defined in 20-A M.R.S. §1, or any other educational facility that serves children from prekindergarten to grade 12. Distance shall be measured in a straight line, without regard to intervening structures or objects, from the nearest entrance of the school to the nearest entrance of the Marijuana Business.**

Yes

No

**4. No Marijuana Business shall be located such that the nearest entrance to the facility is any closer than 1,000 feet, measured in a straight line, without regard to intervening structures or objects, to the nearest entrance of another Marijuana Business or Registered Caregiver Retail Store located on a separate parcel of land.**

Yes

No

**5. No Marijuana Business shall be located inside a building containing residential units, including transient housing such as lodging, group homes, hotels, motels, and boardinghouses.**

Yes

No

**6. No Registered Caregiver Retail Store shall be located within 200 feet of any residence, a building containing residents, or residential use. Distance shall be measured in a straight line, without regard to intervening structures or objects, from the nearest entrance of the residential building or use to the nearest entrance of the Registered Caregiver Retail Store**

Yes

No

7. No Marijuana Business is permitted to utilize or provide a drive up service window

Yes

No

8. Hours of operation shall be established by the licensing authority, but in no event shall a Marijuana Business be open to the public, and no sale or other distribution of marijuana shall occur upon the premise or via delivery from the premises, between the hours of 8:00pm and 8:00am

Yes

No

9. No registered caregiver retail store shall have a gross floor area, open to the public, in excess of 1,500 square feet.

Yes

No

10. No outside storage is permitted

Yes

No

11. Outdoor Cultivation of marijuana is prohibited.

Yes

No

12. Only one on-site sign per Marijuana Business is allowed.

Yes

No

13. A ventilation plan shall be included for Marijuana Cultivation Facilities, Marijuana Manufacturing facilities, and Marijuana Testing Facilities that provides for adequate ventilation so as to prevent pesticides, insecticides or other chemicals used in the cultivation or processing of marijuana or marijuana related products from being dispersed or released outside the premises. The plan shall further provide for resulting smoke, vapor, fumes, gases and particulate matter from marijuana or its processing or cultivation to be effectively confined to the premises

Yes

No

*all ready in place carbon charcoal Filters in each Room*

14. Marijuana Businesses shall provide odor control measures so that odor generated on site is mitigated at the property line of the lot containing the Marijuana Business. Applications must demonstrate appropriate measures, such as carbon filtration, ventilation and exhaust systems, facility plans or other additional practices adequate to mitigate odors for the scale of operations for the uses proposed.

Yes

No

4 large carbon charcoal Filters in place

15. Only one on-site sign per Marijuana Business is allowed.

Yes

No

16. Maximum size for all signage shall be 75 square feet, or as permitted by Chapter 225-33, whichever is less

Yes

No

Sign is 32 sq feet

17. Any signage is limited to displaying the following information: name of business; logogram of business; and business' address, hours of operation and contact information. Other than the forgoing information, no advertising for Marijuana or Marijuana Products shall be displayed on any sign in a publicly visible location.

Yes

No

18. Portable signs or sandwich board signs located in the public right of way are prohibited.

Yes

No

19. Marijuana plants, products, and paraphernalia shall not be visible from outside the building in which the Marijuana Business is located.

Yes

No

**THE ORIGINAL SIGNED COPY OF THIS FORM MUST BE ACCOMPANIED BY THE REQUIRED APPLICATION FEES AND OTHER NECESSARY SUBMISSIONS.**

*The undersigned hereby makes application to the Town of Topsham for approval of the proposed Marijuana Business License and declares all attached and embedded information to be true and accurate to the best of his/her knowledge.*

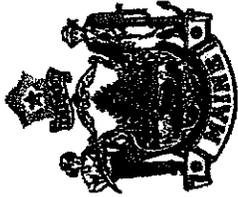
  
SIGNATURE: APPLICANT OR APPLICANT'S AGENT

7/1/19  
DATE

Ricardo Chiaravelotti  
PRINT NAME

**Licensing procedures.**

- (1) Applications shall be reviewed in the order they are received and determined to be complete. After a completed application packet and fee is received by the Town Clerk, the Clerk will review the information and will contact the applicant if clarifications or updates to the submitted application materials are needed. The Clerk will notify the applicant whether they have met the standards necessary to be invited to be reviewed by the Topsham Selectboard.
- (2) The initial application for a license shall be processed by the Town Clerk but shall be reviewed by the Topsham Selectboard. Applications shall be made on a form prepared by the Town and must include all information required by Sec. 150-11 of this Article and by the form.
- (3) In the event that the Town Clerk determines that a submitted application is not complete, the Town Clerk shall notify the Applicant within ten (10) business days that the application is not complete and shall inform the Applicant of the additional information required to process the application.
- (4) The Town Clerk shall order national background checks of each applicant and renewal applicant. If the applicant is a business entity, every officer, director, manager and general partner of the business entity is required to submit to a criminal history record check. Failure to submit required releases for a background check is grounds for denial of a license. The cost of the background check shall be borne by the applicant above and beyond the application fee.
- (5) Public hearing. A public hearing on an application for a license shall be scheduled after receipt of a completed application pursuant to Sec. 150-11. The Town Clerk shall post and publish public notice of the hearing not less than seven (7) days prior to the hearing.
- (6) A renewal application shall be subject to the same review standards as applied to the initial issuance of the license and the same notice requirement as a new application. As part of the renewal process, the Town Selectboard shall consider compliance from prior years, and based upon that review, may add conditions to any future license to correct, abate or limit past problems. The Town Clerk shall refer action on a renewal application to the Town Selectboard for public hearing and action.
- (7) Applications received after the maximum number of licenses has been issued shall be placed on a waiting list at the request of the applicant. Following termination of an existing license, the Selectboard shall consider applications in order from the waitlist.



**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:*

CHIARAVELOTTI RICARDO  
D/B/A MEDICAL HOMEGROWN MEDICI  
115 WHEELER HILL RD  
WALES, ME 04280-3221

**Registration Number:** 1161410

**Date Issued:** MARCH 15 2013

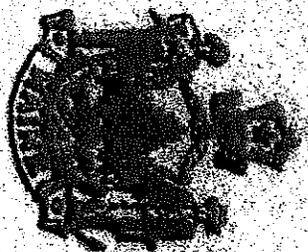
**Business Code:** 053  
**Filing Frequency:** MONTHLY



**STATE OF MAINE  
MAINE REVENUE SERVICES  
RESALE CERTIFICATE**

THIS CERTIFICATE IS VALID

JANUARY 01 2016 THRU DECEMBER 31 2020



Business Name and Location Address CHIARAVELLOTTI RICARDO  
D/B/A MEDICAL HOMEGROWN MEDICI  
115 WHEELER HILL RD  
WALES, ME 04280-3221  
Certificate Number 1161410  
Business Type DRUG STORE

This is to certify that the above named business is authorized to purchase tangible personal property for resale during the period identified on this certificate. 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 items will be resold as tangible personal property in the ordinary course of their business.

Presented to: \_\_\_\_\_  
(Insert name of seller on photocopy) (date)

Presented by: \_\_\_\_\_  
Authorized Signature (purchaser) (date)



Maine Medical Use  
Of Marijuana

Date Issued: 07/01/2019  
Expires: 06/30/2020

Individual Caregiver

**RICARDO CHIARAVELLOTTI**

DOB: 09/26/1951

No Retail Location Provided

Registration #: CGR25094

Authorized for: 30 mature/60 immature and/or

Control # : 556467

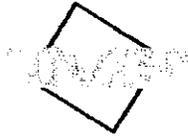
Harvested

**TRIPLE NET LEASE**  
605 Lewiston Road, Topsham, Maine

This LEASE AGREEMENT (the "Lease") is dated as of July 1, 2019 (the "Effective Date") between **605 LEWISTON ROAD, LLC**, a Maine limited liability company (the "Landlord"), and **HIGHER LIVING**, a Maine limited liability company with a mailing address of 605 Lewiston Road, Topsham, Maine 04086 (the "Tenant"). Landlord hereby agrees to lease to Tenant and Tenant hereby agrees to lease from Landlord, subject to all of the terms and conditions hereinafter set forth, certain real estate (the "Leased Premises") described in the Standard Lease Terms located at 605 Lewiston Road, Topsham, Maine (the "Property") as described in Exhibit A.

**BASIC LEASE TERMS**

1. **Property Name:** Commonly known as 605 Lewiston Road, Topsham, Maine.
2. **Leased Premises:** 5400 ± square feet of the free standing office building together with an exclusive right to use the parking area and other common elements including, but not limited to, hallways, kitchen, sidewalks, and loading areas.
3. **Base Rent:** Tenant agrees to pay Landlord Rent in the initial annual amount of 24,000.- and 00/100 (\$ 2000 ↗) per month, beginning on the Effective Date, if the first payment is made at such time which is not the first of the month, such payment shall be prorated for the actual days remaining for the first month of tenancy. The Base Rent shall increase by two percent (2%) annually.
4. **Initial Term:** Five (5) years.
5. **Option to Extend, Etc.:** One (1) renewal option for an additional five (5) year period, which option must be exercised by written notice from Tenant delivered to Landlord at least six (6) months prior to the end of the then Lease Term. The Base Rent during such renewal term shall increase by two percent (2%) annually.
6. **Triple Net Lease/Additional Rent.** This is a "triple net lease" and Tenant shall pay as Additional Rent, in addition to the Base Rent, its Proportionate Share of all expenses of the operation of the Property, all as defined in and subject to adjustment as provided in the attached Standard Lease Terms, but excepting (a) payments on any indebtedness encumbering the Property, (b) depreciation and amortization, and (c) any estate, inheritance or income taxes of Landlord.  
  
The Tenant's initial Proportionate Share of common expenses is 100%, subject to adjustment.  
  
Tenant shall directly pay for any utilities separately metered to the Leased Premises and janitorial service.
7. **Security Deposit:** 0
8. **Permitted Use:** Tenant shall use the demised premises for the purpose of the operation of a State of Maine licensed medical marijuana cultivation, warehousing and distribution facility, caregiver retail shop (not to exceed 1500 square feet) and any other related legal purpose.



TAYLOR  
McCORMACK &  
FRAME

ATTORNEYS AT LAW

André G. Duchette, Esquire  
ADuchette@TMEAttorneys.com

July 10, 2019

**Town of Topsham**  
Clerk's Office  
100 Main Street  
Topsham, ME 04086

RE: Higher Living License Application

To Whom it May Concern:

I am the Registered Agent and Attorney for 605 Lewiston Road, LLC, which is a real estate holding company that owns the real property located at 605 Lewiston Road, Topsham, Maine, pursuant to a deed dated February 9, 2016 and recorded in the Sagadahoc County Registry of Deeds in Book 2016R, Page 935. The company hereby grants permission that the premises may be used and occupied for the specified uses as provided for in the Higher Living License Application.

Sincerely,

André G. Duchette

Cc. 605 Lewiston Road, LLC  
Higher Living

MAINE  
LIMITED LIABILITY COMPANY  
  
STATE OF MAINE  
  
CERTIFICATE OF FORMATION

File No. 20191362DC Pages 2  
Fee Paid \$ 175  
DCN 2182532310021 DLLC  
FILED  
09/04/2018

  
Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to 31 MRSA §1511, the undersigned executes and delivers the following Certificate of Formation:

FIRST: The name of the limited liability company is:

HIGHER LIVING LLC

[A limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "LLC," "LLC," "L.C." or "LC" or, in the case of a low-profit limited liability company, "LLC" or "Llc" - see 31 MRSA 1508.]

SECOND: Filing Date: (select one)

- Date of this filing; or  
 Later effective date (specified here): \_\_\_\_\_

THIRD: Designation as a low-profit LLC (Check only if applicable):

This is a low-profit limited liability company pursuant to 31 MRSA §1611 meeting all qualifications set forth here:

- A. The company intends to qualify as a low-profit limited liability company;
- B. The company must at all times significantly further the accomplishment of one or more of the charitable or educational purposes within the meaning of Section 170(c)(2)(B) of the Internal Revenue Code of 1986, as it may be amended, revised or succeeded, and must list the specific charitable or educational purposes the company will further;
- C. No significant purpose of the company is the production of income or the appreciation of property. The fact that a person produces significant income or capital appreciation is not, in the absence of other factors, conclusive evidence of a significant purpose involving the production of income or the appreciation of property; and
- D. No purpose of the company is to accomplish one or more political or legislative purpose within the meaning of Section 170(c)(2)(D) of the Internal Revenue Code of 1986, or its successor.

FOURTH: Designation as a professional LLC (Check only if applicable):

This is a professional limited liability company\* formed pursuant to 13 MRSA Chapter 22-A to provide the following professional services:

\_\_\_\_\_  
(Type of professional services)

**FIFTH:** The Registered Agent is a: (select either a Commercial or Noncommercial Registered Agent)

Commercial Registered Agent CRA Public Number: \_\_\_\_\_

\_\_\_\_\_  
(Name of commercial registered agent)

Noncommercial Registered Agent

**DAVID W THOMAS, CPA**

\_\_\_\_\_  
(Name of noncommercial registered agent)

**650 BRIGHTON AVE B2**

\_\_\_\_\_  
(physical location, not P.O. Box - street, city, state and zip code)

**PORTLAND ME 04102**

\_\_\_\_\_  
(mailing address if different from above)

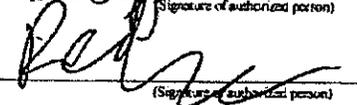
**SIXTH:** Pursuant to 5 MRSA §105.2, the registered agent listed above has consented to serve as the registered agent for this limited liability company.

**SEVENTH:** Other matters the members determine to include are set forth in the attached Exhibit \_\_\_\_\_, and made a part hereof.

\*\*Authorized person(s)

Dated 8/20/18

  
\_\_\_\_\_  
(Signature of authorized person)

  
\_\_\_\_\_  
(Signature of authorized person)

**KRISTIE SMALL**

\_\_\_\_\_  
(Type or print name of authorized person)

**RICHARDO CHIARAVELOTTI**

\_\_\_\_\_  
(Type or print name of authorized person)

\*Examples of professional service limited liability companies are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list - see 13 MRSA §723.7)

\*\*Pursuant to 31 MRSA §1676.1.A, Certificate of Formation MUST be signed by at least one authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

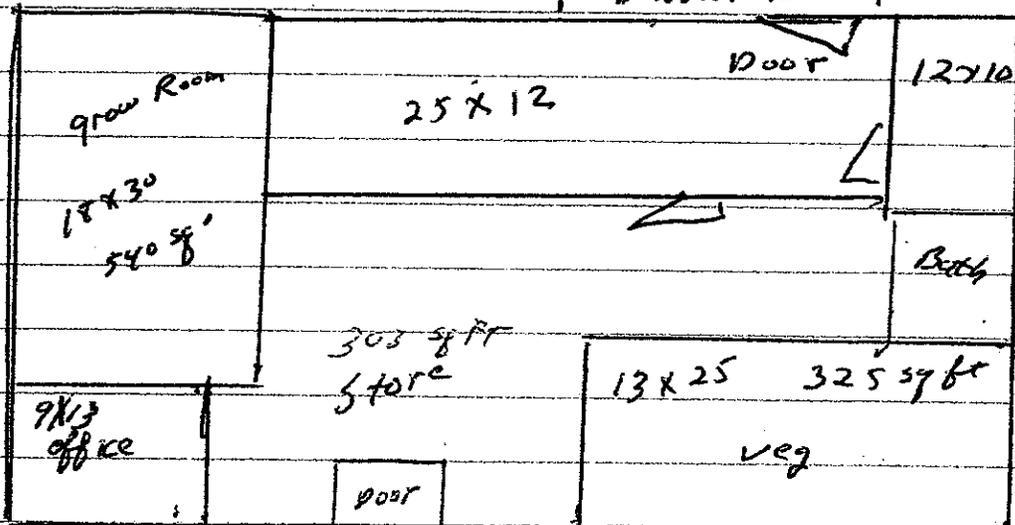
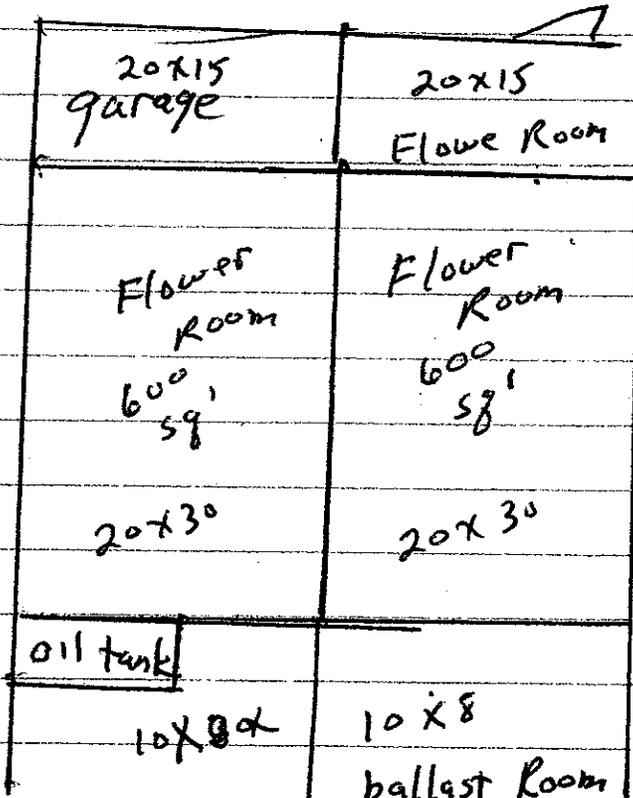
Secretary of State  
Division of Corporations, LLC and Commissions  
101 State House Station  
Augusta, ME 04333-0101  
Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Corporations@Maine.gov

Form No. MLLC-6 (2 of 2) Rev. 10/31/2012

Mobile 126  
store

Proposed and  
already approved for  
a 8000 sq ft building



55'

# Security Information

07/23/2019 12:48

ID: SMAHAN

## Customer Master File Report

R1003656 - 605 LEWISTON ROAD, LLC [A3/3656]

### \*\*\* Contact List \*\*\*

Person: **605 LEWISTON ROAD, LLC [Keyholder]**  
(Suppress)

**Access Permissions**

Can Open/Close within schedule  
Can cancel Alarm  
Can put Entire Customer On Test

Can edit Customer  
Can give out Customer information

Password: 1959

| <u>System</u>       | <u>Area</u>  | <u>Panel User ID</u> | <u>Mailing</u> |
|---------------------|--|----------------------|----------------|
| <u>Address Type</u> | <u>Address</u>   |                      | Yes            |
| Site/Home           | ATTN: GAIL SHELLEY<br>P.O. BOX 3676<br>AUBURN ME 04212 |                      |                |

Person: **RICK CHIARAVELOTTI [Contact]**  
Job Title: PARTNER

**Access Permissions**

Can cancel Alarm  
Can put Entire Customer On Test

Can edit Customer  
Can give out Customer information

Password: 1957

| <u>Type</u> | <u>Contact Point</u> | <u>Ext/Code</u> | <u>Schedule</u> |
|-------------|----------------------|-----------------|-----------------|
| Mobile      | (207) 212-1205       |                 |                 |

Person: **GAIL SHELLEY [Contact]**  
(Suppress)  
Job Title: CO-ORDINATOR

**Access Permissions**

Can cancel Alarm  
Can put Entire Customer On Test

Can edit Customer  
Can give out Customer information

Password: 2312

| <u>Type</u> | <u>Contact Point</u> | <u>Ext/Code</u> | <u>Schedule</u> |
|-------------|----------------------|-----------------|-----------------|
| Mobile      | (207) 333-9724       |                 |                 |

Person: **MARC CHRISTENSEN [Contact]**  
Job Title: PARTNER

**Access Permissions**

Can cancel Alarm  
Can put Entire Customer On Test

Can edit Customer  
Can give out Customer information

Password: 5755

| <u>Type</u> | <u>Contact Point</u> | <u>Ext/Code</u> | <u>Schedule</u> |
|-------------|----------------------|-----------------|-----------------|
| Mobile      | (207) 240-0645       |                 |                 |

# Security Information

07/23/2019 12:48

ID: SMAHAN

**Person: AMANDA HOWLAND [Contact]**

(Suppress)

Job Title: PARTNER

Access Permissions

Can cancel Alarm

Can edit Customer

Can put Entire Customer On Test

Can give out Customer information

Password: 53913

**Person: SVC - CSS WISCASSET BRANCH [Contact]**

Access Permissions

Can cancel Alarm

Can give out Customer information

Can put Entire Customer On Test

| <u>Type</u> | <u>Contact Point</u>            | <u>Ext/Code</u> | <u>Schedule</u> |
|-------------|---------------------------------|-----------------|-----------------|
| Business    | (866) 551-6377                  | 310             |                 |
| E-Mail      | dispatch@cunninghamsecurity.com |                 |                 |

**Person: Kristie Small [Keyholder]**

Access Permissions

Can cancel Alarm

Can edit Customer

Can put Entire Customer On Test

Can give out Customer information

Password: 1991

| <u>Type</u> | <u>Contact Point</u> | <u>Ext/Code</u> | <u>Schedule</u> |
|-------------|----------------------|-----------------|-----------------|
| Mobile      | (207) 402-1697       |                 |                 |

**Dealer: H - CSS Wiscasset [Dealer]**

**Authority: TPD - TOPSHAM POLICE DEPARTMENT [Police]**

**Authority: TFD - TOPSHAM FIRE DEPARTMENT [Fire]**

\*\*\* Systems \*\*\*

**System 1 - Fire & Intrusion System**

| <u>Type</u>      | <u>System ID</u> | <u>Panel Type</u> | <u>Description</u> | <u>Gateway No</u> | <u>Ext Cust No</u> |
|------------------|------------------|-------------------|--------------------|-------------------|--------------------|
| Event Monitoring | 2822             |                   |                    |                   | - Not Partitioned  |

\*\*\* Areas \*\*\*

| <u>Area</u> | <u>Schedule</u> | <u>Description</u> |
|-------------|-----------------|--------------------|
| 1           |                 |                    |

\*\*\* Zones \*\*\*

| <u>Area</u> | <u>Zone</u> | <u>Description</u>                             |
|-------------|-------------|--|
| *           | 1           | BREAK ROOM ENTRY DOOR                          |
| *           | 2           | BREAK ROOM BACK DOOR                           |
| *           | 3           | SHIPPING AND RECEIVING DOOR                    |
| *           | 4           | KNOX BOX TAMPER                                |
| *           | 5           | BREAK ROOM MOTION DETECTOR                     |
| *           | 6           | BREAK ROOM TELEPHONE/DATA ROOM MOTION DETECTOR |
| *           | 7           | RECEIVING ATTIC MOTION DETECTOR                |
| *           | 8           | SPARE ZONE 8                                   |
| *           | 9           | BREAK ROOM SMOKE DETECTOR                      |

|   |    |  |
|---|----|--|
| * | 11 | GROWING ROOM #1 SMOKE<br>DETECTOR          |
| * | 12 | GROWING ROOM #2 SMOKE<br>DETECTOR          |
| * | 13 | GROWING ROOM #2 & GARAGE<br>SMOKE DETECTOR |
| * | 14 | STORAGE SPACE SMOKE DETECTOR               |
| * | 15 | OIL STORAGE HEAT DETECTOR                  |
| * | 16 | BOILER ROOM HEAT DETECTOR                  |
| * | 17 | OFFICE ATTIC HEAT DETECTOR                 |
| * | 18 | OFFICE BOILER HEAT DETECTOR                |
| * | 19 | OFFICE FRONT PULL STATION                  |
| * | 20 | OFFICE BACK PULL STATION                   |
| * | 21 | SPARE ZONE 21                              |
| * | 22 | BREAK ROOM FRONT PULL STATION              |
| * | 23 | BREAK ROOM BACK PULL STATION               |
| * | 24 | SHIPPING & RECEIVING PULL<br>STATION       |
| * | 25 | RECEPTION AREA SMOKE DETECTOR              |
| * | 26 | OFFICE#2 SMOKE DETECTOR                    |
| * | 27 | OFFICE#1 SMOKE DETECTOR                    |
| * | 28 | OFFICE#3 SMOKE DETECTOR                    |
| * | 29 | AIR LOCK SMOKE DETECTOR                    |
| * | 30 | ROOM#4 SMOKE DETECTOR                      |
| * | 31 | SPARE ZONE 31                              |
| * | 32 | SPARE ZONE 32                              |
| * | 33 | SOUTHEAST ABOVE CEILING<br>MOTION DETECTOR |
| * | 34 | NORTHEAST ABOVE CEILING<br>MOTION DETECTOR |
| * | 35 | NORTHEAST ABOVE CEILING<br>MOTION DETECTOR |
| * | 36 | SOUTHWEST ABOVE CEILING<br>MOTION DETECTOR |
| * | 37 | BREAKROOM TO GROWING ROOM<br>DOOR          |
| * | 38 | CONTROL POWER MOTION DETECTOR              |
| * | 39 | GROWING ROOM#1 MOTION<br>DETECTOR          |
| * | 40 | GROWING ROOM#2 MOTION<br>DETECTOR          |
| * | 41 | GROWING ROOM#2 MOTION<br>DETECTOR          |
| * | 42 | ATTIC SOUTH MOTION DETECTOR                |
| * | 43 | ATTIC NORTH MOTION DETECTOR                |
| * | 44 | BACK OVERHEAD DOOR                         |
| * | 45 | EXTERIOR BACK DOOR                         |
| * | 46 | RECEIVINGMOTION DETECTOR                   |
| * | 47 | OFFICE#1 MOTION DETECTOR                   |
| * | 48 | OFFICE#2 MOTION DETECTOR                   |
| * | 49 | OFFICE#3 MOTION DETECTOR                   |
| * | 50 | OFFICE#4 MOTION DETECTOR                   |
| * | 51 | RECEPTION MOTION DETECTOR                  |
| * | 52 | FRONT DOOR                                 |
| * | 53 | OFFICE ENTRY DOOR                          |
| * | 54 | SPARE ZONE 54                              |
| * | 55 | WEST BEAM DETECTOR (DISABLED<br>02/23/17)  |

To Whom It May Concern,

Thank you in advance for considering our business, located at 605 Lewiston Rd Topsham, Me as the recipient of licenses for both retail and cultivation of medical marijuana.

I would like to take an opportunity to review the overall body of work my partner and I have put forth in anticipation of the Town of Topsham's approval for an additional retail location. Our journey started four years ago. Prior to selecting our permanent location, we met with town officials, Rod Melanson, John Shattuck and Tom Lister, along with police chief Christopher Lewis, to inform all parties of our intentions. We were pleased with the initial support and as a result, moved forward with locating the right facility for our business.

Our future plans, as communicated in preliminary meeting, focused on ensuring the property we procured would have space for a retail store in the town of Topsham. We wanted to find a location that was somewhat discreet, yet convenient and the former Waltz pharmacy met our criteria. The building is not too far out of town, but enough of a commute to be away from the everyday bustle of the community.

My partner and I have been operating out of 605 Lewiston Rd for four years now. I am pleased to convey we have never received any complaints around the odor affiliated with growing medical marijuana. I am also proud to say we have operated without incident during our four year residency. We designed our retail space 18 months ago and we are ready to go live. We have respected and complied with the town's moratorium on retail space, so we have refrained from opening to the public. Additionally, my partner and I have attempted to broaden our network in an effort to remain transparent with our intentions and provide additional support to the town by serving on the Advisory Committee for well over a year. We hope our partnership has provided additional insight into this new industry.

Again, thank you for considering our application. We are optimistic about our future with the Town of Topsham and are looking forward to continuing to do business with the greater public.

Rick Chiaravelotti

Kristie Small



Max-Filter 2500



## Max-Filter 2500

sku: 358608

msrp:

**\$488.57**

### At a Glance

The Original Can-Filters are designed for the control of VOCs (paint fumes, hydrocarbons, ect...), odors, and other gaseous contaminants. Built with the same proven packed bed design and pelletized virgin activated carbon we've used for 30 years, this line of time tested activated carbon air filters sets the standard for long life, consistent performance, and low pressure drop. Rated at a conservative 0.1 sec contact time, the Original Can-Filters provide excellent value and confidence.

### Details:

- Made in North America
- 8 sizes from 33-150cm, largest in industry

- You pick the flange that's right for you
- Low pressure drop even on smaller sizes
- Pelletized carbon delivers the cleanest filter available
- 2.5" Carbon bed, thickest in industry
- Flange comes separate to fit a wide range of fans and applications

## Technical Data:

- Max Exhaust CFM: 1250 cfm / 2123 m<sup>3</sup>h @ 0.1 sec contact time
- Max Recirculating (Scrubbing) CFM: 2500 cfm / 4247 m<sup>3</sup>h
- Recommended Min Airflow: 625 cfm / 1147 m<sup>3</sup>h
- Prefilter: Yes
- Flange: 14" - 16"
- Dimensions: (with pre-filter)
- Outside Diameter: 50 cm / 20"
- Height: 100 cm / 39.4"
- Total Weight: 47 kg / 103 lbs.
- Carbon Weight: 37 kg / 81.5 lbs.
- Carbon Bed Depth: 6.5 cm / 2.5"
- Max Operating Temp: 80 C
- Pressure drop at max CFM: 180pa / .75"wg

## Recommended Fans:

### Exhaust:

Max-Fan 14"

### Recirculating:

Max-Fan 14" HO

Pro-Series 16" (speed 1, 2, 3)

Max-Fan 16"

YOU MAY ALSO BE INTERESTED IN THE FOLLOWING PRODUCT(S)

|                |      |      |     |     |      |      |      |      |      |      |      |      |     |       |     |
|----------------|------|------|-----|-----|------|------|------|------|------|------|------|------|-----|-------|-----|
| 6" Pro Series  | High | 3322 |     | 69  | 0.62 | 420  | 405  | 386  | 364  | 338  | 273  | 96   | 39  | 1.377 |     |
|                | Med. | 3077 | 120 | 60  | 0.54 | 379  | 356  | 332  | 306  | 275  | 177  | 65   | N/A | 1.225 | 6"  |
|                | Low  | 2637 |     | 52  | 0.49 | 291  | 253  | 220  | 194  | 165  | 65   | N/A  | N/A | 0.911 |     |
| 8" Pro Series  | High | 3288 |     | 186 | 1.58 | 863  | 838  | 812  | 785  | 755  | 604  | 532  | 335 | 2.052 |     |
|                | Med. | 2836 | 120 | 165 | 1.42 | 726  | 680  | 630  | 580  | 538  | 470  | 388  | 220 | 1.69  | 8"  |
|                | Low  | 2276 |     | 127 | 1.15 | 530  | 468  | 407  | 368  | 333  | 193  | 58   | N/A | 1.128 |     |
| 10" Pro Series | High | 3093 |     | 242 | 2.05 | 1052 | 1020 | 990  | 960  | 925  | 854  | 762  | 655 | 2.108 |     |
|                | Med. | 2945 | 120 | 217 | 1.85 | 1008 | 972  | 939  | 900  | 858  | 769  | 667  | 450 | 1.923 | 10" |
|                | Low  | 2766 |     | 206 | 1.79 | 954  | 912  | 858  | 818  | 765  | 660  | 550  | 274 | 1.787 |     |
| 16" Pro Series | High | 1712 |     | 350 | 2.91 | 2343 | 2275 | 2205 | 2120 | 2030 | 1835 | 1540 | 485 | 1.586 |     |
|                | Med. | 1629 | 120 | 319 | 2.74 | 2250 | 2150 | 2045 | 1950 | 1850 | 1590 | 1265 | 365 | 1.486 | 16" |
|                | Low  | 1547 |     | 321 | 2.91 | 2149 | 2040 | 1905 | 1745 | 1560 | 1280 | 595  | 230 | 1.401 |     |

\*Performance certified is for installation typd D - Ducted inlet, Ducted outlet. Performance ratings do not include the effects of appurtenances (accessories).

### Recommended Filters:

|          |                   |
|----------|-------------------|
| Exhaust: | Recirculating:    |
|          | Max 2500          |
|          | Can-Lite 14x50 XL |



# 16" Max-Fan™ - Max-Fans - Fans

## At a Glance

Max-Fans are in line mixed-flow fans capable of jaw-dropping performance at high static pressure through innovative design. Manufactured in Germany they pack a serious punch for their size, operating costs, and quiet operation rising to the challenge where centrifugal fans just aren't cutting it. Aerodynamically optimized laminar airflow and extremely high efficiency set the Max-Fan in a class of its own and those seeking the highest quality in professional grade fans know there is only one option for true and reliable performance, Max-Fan.

## Details:

- Manufactured in Germany
- Extremely energy efficient 220-240V motors
- Optimized mixed flow is quieter than comparable fans
- Very high aerodynamic efficiency
- Potential savings of hundreds of dollars annually
- Easy installation
- 5-year warranty
- Available in sizes from 10" - 20"

## Technical Data:

|                          |                     |
|--------------------------|---------------------|
| <b>Amps</b>              | 1.5 @ 240v AC 60 Hz |
| <b>Max Ambient Temp.</b> | 80°C / 176°F        |
| <b>Blade Design</b>      | Mixed Flow          |

# Board of Selectmen Meeting

For the date of: 01/16/2019

**Type of Item:**

- Board or Committee Presentation
- Consent Agenda Item
- Public Hearing
- Unfinished Business
- New Business
- Executive Session
- Workshop

**Type of Submission:**

- Regular Submission
- Additional Agenda Item
- Additional Information

**Agenda Number:** 20-04

(If this is Unfinished Business, please remember to research and enter the original agenda number above. For Regular Agenda items, the Secretary will assign a number.)

**Brief Title of consent or Agenda Item:** Consideration and any appropriate action on accepting the bid for the Public Safety Building Female Locker room expansion.

**Brief Description of Consent or Agenda Item:** Please see attached memo and bids.

**Submitted by:** Derek Scrapchansky, Interim Town Manager

**Date:** 01/07/2020

## MEMORANDUM

To: Board of Selectmen  
From: Derek Scrapchansky, Town Manager (Interim)  
Date: January 7, 2020  
Re: Public Safety Building Female Locker Room Expansion

At Town meeting in May, \$20,000 was budgeted to expand the female locker room at the Public Safety Building. The room has been at full capacity due to space and number of lockers available. A RFP was released in November and only one bid was submitted. The bid was denied because it exceeded the budget by \$27,757. In December, the Town released the same RFP with two opportunities for contractors to view the facility. It resulted in bids submitted by the following companies.

- Lajoie Bros. Inc. in the amount of \$15,698
- Maine Highlands Contracting in the amount of \$39,757

### *Recommendation:*

It is my recommendation to award the project to Lajoie Bros. Lajoie Bros. is the company who recently worked on the Municipal Building Trim/Facia project. Lockers and associated equipment not included in the RFP will be purchased from a different vendor keeping total project costs within the budget appropriated. The project is to be completed no later than March 15, 2020.

## 4. PROPOSAL FORM

### PROJECT INFORMATION:

Project: Town of Topsham Public Safety Locker Room Expansion  
100 Main Street  
Topsham, ME 04086

Town: Town of Topsham  
100 Main Street  
Topsham, ME 04086

Assistant Town Manager: Derek Scrapchansky  
(dscrapchansky@topshammaine.com) 207-725-5821

### BIDDER INFORMATION:

Company: Lajure Bros Inc

Address: 3029 N. DeFaut Ave Augusta ME

Contact: Joe Lajure

Phone: 622-1364

E-mail: Joe.lajure@lajurebros.com

### ADDRESS PROPOSALS TO:

Town of Topsham  
100 Main Street  
TOPSHAM, ME 04011  
Attn: Derek Scrapchansky, Assistant Town Manager  
dscrapchansky@topshammaine.com

**Bid Date: January 7, 2020**

The undersigned Bidder has received the RFP Documents entitled "**Town of Topsham Public Safety Locker Room Expansion**". This package describes the work required for the Locker Room Expansion for the Topsham Public Safety Building at 100 Main Street, in Topsham, Maine 04086.

- A. All bids must be presented on this completed form. Bids must bear the handwritten signature of a duly authorized member or employee of the organization making the bid.
- B. Bidder has included the provisions of the above RFP Documents and Addenda in this proposal. Bidder has examined the RFP Documents and Site, and declares that:
  1. Bidder has examined copies of and familiarized itself with the nature and extent of the Contract Documents, Work, site, locality, and all local conditions, laws and regulations that in any manner may affect cost, progress, performance, or furnishing of the work.

Town of Topsham Public Safety Locker Room Expansion

C. In submitting this proposal, Bidder agrees to the following:

1. This bid will remain subject to acceptance for sixty (60) days after the Bid due date. Bidder will sign and submit the agreement with the Insurance Certificate, W-9, and other documents required within 15 days after the date of Town's Notice of Award.
2. To enter into an agreement with the Town which shall constitute a valid and binding Contract, to perform and furnish all work as specified or indicated in the Contract Documents for the Contract Price and within the Contract time indicated in this bid and in accordance with the other terms and conditions of the Contract Documents.
3. That this Bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation. Bidder has not directly or indirectly induced or solicited any other Bidder to submit a false or sham Bid. Bidder has not induced or solicited any person, firm or corporation to refrain from bidding. Bidder has not sought by collusion to obtain for itself any advantages over any other Bidder or over the Town.
4. To accomplish the work in accordance with the Contract Documents.
5. The Town reserves the right to reject any and all Bids as outlined in Section 2 (Instructions to Bidders).
6. When the Town gives a Notice of Award to the Successful Bidder, it will be accompanied by the required number of unsigned counterparts of the Agreement with all other written Contract Documents attached. Contractor shall sign the Agreement in an unaltered form.

The undersigned as "Bidder", has been familiarized with all local conditions likely to be encountered affecting the cost of the work and has carefully examined each cost item of the RFP Package. The undersigned "Bidder" does hereby declare that he will contract to provide all materials, supplies, labor, construction tolls and equipment and necessary services to perform and complete all work required for the construction of the above named project in accordance with the RFP Documentation provided, for the contract sum of:

**TOTAL BID**

\$ 15,698

(written): fifteen thousand six hundred ninety eight Dollars

Project Duration: 4 weeks

D. TIME FOR COMPLETION

The undersigned guarantees all work performed under this contract will be done in accordance with the specifications and in good and workmanlike manner, and to renew or repair any workmanship prior to the date of final completion and acceptance by the Town except for specific manufacturer's warranties.

Town of Topsham Public Safety Locker Room Expansion

The Undersigned hereby certifies that this Bid Proposal is genuine, and not a sham or collusive, or made in the interest of or in behalf of any person not herein named, and that the Undersigned has not directly or indirectly induced or solicited any other Bidder to submit a sham bid, or any other person, firm or corporation to refrain from bidding, and that the Undersigned has not in any manner sought by collusion to secure for himself an advantage over any other bidder.

Having reviewed all documents and having made a Site Visit and being otherwise familiar with existing site conditions, the Bidder understands that the completion date shall be no later than **March 15, 2020**. The Bidder agrees, if awarded the Contract, to commence actual work under the Contract within seven (7) days of Notice to Proceed. Actual construction shall only begin upon completing appropriate submittal review processes and only upon obtaining all applicable building construction permits.

- E. The undersigned agrees, if this proposal is accepted, to sign a contract and deliver it, along with all insurance specified, within fourteen (14) calendar days after the date of notification of such acceptance, except if the 14th day falls on a holiday, a Saturday or Sunday, then the conditions will be fulfilled if the required documents are received before 12 o'clock noon on the day following the holiday, or the Monday following the Saturday or Sunday.

The Town may use this authorization and information obtained with it to administer and enforce the contract documents and review credentials and credit of individuals, partnerships and or corporations involved in the bid process. Any individuals or organizations including public or private may be asked to release information including but not limited to financial institutions, suppliers, insurance companies, credit investigating agencies, law enforcement agencies, local, state and federal agencies.

The undersigned agrees, if awarded the Contract, to complete the work within the specified number of calendar days from the notice to proceed.

This proposal includes the full cost of all bonds and permits required for the completion of this work.

Signed: [Signature]  
Typed: Joe Lajure  
Title: VP  
Date: 1/7/19

Firm Name & Address:

Corporate Seal, if any:

If Bidder is a corporation, write State of incorporation, and if a partnership, give full name of all partners in the spaces provided below:

Maine  
\_\_\_\_\_  
\_\_\_\_\_

Town of Topsham Public Safety Locker Room Expansion

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## 4. PROPOSAL FORM

### PROJECT INFORMATION:

Project: Town of Topsham Public Safety Locker Room Expansion  
100 Main Street  
Topsham, ME 04086

Town: Town of Topsham  
100 Main Street  
Topsham, ME 04086

Assistant Town Manager: Derek Scrapchansky  
(dscrapchansky@topshammaine.com) 207-725-5821

### BIDDER INFORMATION:

Company: Maine Highlands Contracting  
Address: 400 W Etna Rd, Etna, ME 04434  
Contact: Brock Starbird  
Phone: 207 478 9248  
E-mail: BStarbird@contractingmaine.com

### ADDRESS PROPOSALS TO:

Town of Topsham  
100 Main Street  
TOPSHAM, ME 04011  
Attn: Derek Scrapchansky, Assistant Town Manager  
dscrapchansky@topshammaine.com

Bid Date: January 7, 2020

The undersigned Bidder has received the RFP Documents entitled "Town of Topsham Public Safety Locker Room Expansion". This package describes the work required for the Locker Room Expansion for the Topsham Public Safety Building at 100 Main Street, in Topsham, Maine 04086.

- A. All bids must be presented on this completed form. Bids must bear the handwritten signature of a duly authorized member or employee of the organization making the bid.
- B. Bidder has included the provisions of the above RFP Documents and Addenda in this proposal. Bidder has examined the RFP Documents and Site, and declares that:
  1. Bidder has examined copies of and familiarized itself with the nature and extent of the Contract Documents, Work, site, locality, and all local conditions, laws and regulations that in any manner may affect cost, progress, performance, or furnishing of the work.

**Town of Topsham Public Safety Locker Room Expansion**

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C. In submitting this proposal, Bidder agrees to the following:

1. This bid will remain subject to acceptance for sixty (60) days after the Bid due date. Bidder will sign and submit the agreement with the Insurance Certificate, W-9, and other documents required within 15 days after the date of Town's Notice of Award.
2. To enter into an agreement with the Town which shall constitute a valid and binding Contract, to perform and furnish all work as specified or indicated in the Contract Documents for the Contract Price and within the Contract time indicated in this bid and in accordance with the other terms and conditions of the Contract Documents.
3. That this Bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation. Bidder has not directly or indirectly induced or solicited any other Bidder to submit a false or sham Bid. Bidder has not induced or solicited any person, firm or corporation to refrain from bidding. Bidder has not sought by collusion to obtain for itself any advantages over any other Bidder or over the Town.
4. To accomplish the work in accordance with the Contract Documents.
5. The Town reserves the right to reject any and all Bids as outlined in Section 2 (Instructions to Bidders).
6. When the Town gives a Notice of Award to the Successful Bidder, it will be accompanied by the required number of unsigned counterparts of the Agreement with all other written Contract Documents attached. Contractor shall sign the Agreement in an unaltered form.

The undersigned as "Bidder", has been familiarized with all local conditions likely to be encountered affecting the cost of the work and has carefully examined each cost item of the RFP Package. The undersigned "Bidder" does hereby declare that he will contract to provide all materials, supplies, labor, construction tools and equipment and necessary services to perform and complete all work required for the construction of the above named project in accordance with the RFP Documentation provided, for the contract sum of:

**TOTAL BID**

\$ 39,757.00

(written): thirty nine thousand seven hundred and fifty seven **Dollars**

Project Duration: 4-5 weeks

D. TIME FOR COMPLETION

The undersigned guarantees all work performed under this contract will be done in accordance with the specifications and in good and workmanlike manner, and to renew or repair any workmanship prior to the date of final completion and acceptance by the Town except for specific manufacturer's warranties.

Town of Topsham Public Safety Locker Room Expansion

The Undersigned hereby certifies that this Bid Proposal is genuine, and not a sham or collusive, or made in the interest of or in behalf of any person not herein named, and that the Undersigned has not directly or indirectly induced or solicited any other Bidder to submit a sham bid, or any other person, firm or corporation to refrain from bidding, and that the Undersigned has not in any manner sought by collusion to secure for himself an advantage over any other bidder.

Having reviewed all documents and having made a Site Visit and being otherwise familiar with existing site conditions, the Bidder understands that the completion date shall be no later than **March 15, 2020**. The Bidder agrees, if awarded the Contract, to commence actual work under the Contract within seven (7) days of Notice to Proceed. Actual construction shall only begin upon completing appropriate submittal review processes and only upon obtaining all applicable building construction permits.

- E. The undersigned agrees, if this proposal is accepted, to sign a contract and deliver it, along with all insurance specified, within fourteen (14) calendar days after the date of notification of such acceptance, except if the 14th day falls on a holiday, a Saturday or Sunday, then the conditions will be fulfilled if the required documents are received before 12 o'clock noon on the day following the holiday, or the Monday following the Saturday or Sunday.

The Town may use this authorization and information obtained with it to administer and enforce the contract documents and review credentials and credit of individuals, partnerships and or corporations involved in the bid process. Any individuals or organizations including public or private may be asked to release information including but not limited to financial institutions, suppliers, insurance companies, credit investigating agencies, law enforcement agencies, local, state and federal agencies.

The undersigned agrees, if awarded the Contract, to complete the work within the specified number of calendar days from the notice to proceed.

This proposal includes the full cost of all bonds and permits required for the completion of this work.

Signed:   
Typed: Brock Starbird  
Title: Owner  
Date: January 3, 2020

Firm Name & Address:

Corporate Seal, if any:

If Bidder is a corporation, write State of incorporation, and if a partnership, give full name of all partners in the spaces provided below:

\_\_\_\_\_  
\_\_\_\_\_

# Board of Selectmen Meeting

For the date of: 01/16/2019

**Type of Item:**

- Board or Committee Presentation
- Consent Agenda Item
- Public Hearing
- Unfinished Business
- New Business
- Executive Session
- Workshop

**Type of Submission:**

- Regular Submission
- Additional Agenda Item
- Additional Information

**Agenda Number:** 20-05

(If this is Unfinished Business, please remember to research and enter the original agenda number above. For Regular Agenda items, the Secretary will assign a number.)

**Brief Title of consent or Agenda Item:** Consideration and any appropriate action to enter into Executive Session pursuant to 1 M.R.S.A. § 405 (6) (C) to discuss acquisition of real property or economic development.

**Brief Description of Consent or Agenda Item:**

**Submitted by:** John Shattuck, ECD Director

**Date:** 01/8/2020

# Board of Selectmen Meeting

For the date of: 01/16/2020

**Type of Item:**

- Board or Committee Presentation
- Consent Agenda Item
- Public Hearing
- Unfinished Business
- New Business
- Executive Session
- Workshop

**Type of Submission:**

- Regular Submission
- Additional Agenda Item
- Additional Information

**Agenda Number:** 20-06

(If this is Unfinished Business, please remember to research and enter the original agenda number above. For Regular Agenda items, the Secretary will assign a number.)

**Brief Title of consent or Agenda Item:** Consideration and any appropriate action to enter into Executive Session pursuant to 1. M.R.S.A. § 405 (6) (D) to discuss labor negotiations.

**Brief Description of Consent or Agenda Item:**

**Submitted by:** Derek Scrapchansky, Interim Town Manager

**Date:** 01/08/2020