

ITEM 5

**Town of Kittery
Planning Board Meeting
February 9, 2023**

ITEM 5 – 6 Kelsey Lane, Marijuana Home Establishment Business License and Major Home Occupation

Action: review for completeness, schedule public hearing: Pursuant to provisions of Title 16 of Kittery Town Code, applicant/ owner Ian Schlotman requests Planning Board approval of a proposed medical marijuana registered caregiver home establishment at his residence located at 6 Kelsey Lane, Lot 1b of Map 60. This use is classified as a major home occupation per §16.5.12. No retail, manufacturing, or testing of cannabis products is proposed.

PROJECT TRACKING

REQ' D	ACTION	COMMENTS	STATUS
YES	Business License and Major Home Occupation Application Review	Submission requirements met by applicant. Planning Board should review during 2/9 meeting.	Under Review
NO	Site Visit		
YES	Public Hearing	Pending	To be scheduled
YES	Final Decision	Pending	

Applicant: Plan Review Notes reflect comments and recommendations regarding applicability of Town Land Use Development Code, and standard planning and development practices. Only the PB makes final decisions on code compliance and approves, approves with conditions or denies final plans. Prior to the signing of the approved Plan any **Conditions of Approval related to the Findings of Fact along with waivers and variances (by the BOA) must be placed on the Final Plan and, when applicable, recorded at the York County Registry of Deeds. PLACE THE MAP AND LOT NUMBER IN 1/4" HIGH LETTERS AT LOWER RIGHT BORDER OF ALL PLAN SHEETS.**

Project Introduction

Applicant and property owner Ian Schlotman requests Planning Board approval for a proposed medical marijuana registered caregiver home establishment at his residence located at 6 Kelsey Lane, Lot 1b of Map 60. 6 Kelsey Land is a 2.4-acre property developed with a single family residence and located in a R-RL Residential Rural zoning district. No new development is proposed. This use is classified as a major home occupation per §16.5.12. No retail, manufacturing, or testing of cannabis products is proposed. Mr. Schlotman has obtained required state licenses and proposes to conduct caregiver home establishment uses in a portion of the existing garage.

Staff Review Notes: Title 16: Land Use and Development Code and Title 5:

- § 16.3.2: Marijuana, Medical Registered Caregiver Home Establishment, Definition: *A medical marijuana registered caregiver business operating on the property of a dwelling unit serving as the primary residence of the registered caregiver.*

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- 22 • 6 Kelsey Lane, Zoning: R-RL Residential – Rural. Applicant proposes to store and repackage
23 cannabis products in garage of existing residence. No cultivation, manufacturing, or retail
24 uses are proposed. No new development proposed.
- 25 • §16.4.10: Major home occupation = **special exception use** in R-RL zoning districts.
- 26 • §16.5.12 (B.3): Home occupation: Marijuana businesses are categorically prohibited as
27 minor home occupations. The proposed use must therefore be reviewed as a **major home**
28 **occupation** and must comply with the standards of §16.5.12- C (See below)
- 29 • § 16.7.2 (A.10): Medical marijuana registered caregiver home establishments are also subject
30 to site plan review provisions of Chapter 16.7. Such use constitutes a major site plan per
31 §16.7.5-A.2 requiring Planning Board review per §16.7.4-A.1
- 32 • §16.4.10-D. Standards: N/A no development proposed

33

34 §16.5.12-C Major Home Occupation Performance Standards:

- 35 1. Applicant must reside at premises. *Complies*
- 36 2. No more than 5 persons may work in the home occupation at any one time, including
37 residents. *Applicant states business will have no more than 3 employees.*
- 38 3. Activities of primary caregiver registered under 22 MRSA 2425 allowed. No other marijuana
39 business activity allowed as home occupation. *Complies*
- 40 4. Client or customer visits allowed only between 7am – 7pm. *Unknown. No retail proposed.*
- 41 5. Nuisances: excessive noise, dust, smoke, vibrations, glare, direct lighting, obnoxious fumes
42 or odors, traffic, or electrical interference detected at the property boundary must not be
43 greater in duration or intensity than that expected in the surrounding residential
44 neighborhood. *No cultivation, manufacturing, or retail proposed. Nuisance impacts not*
45 *anticipated.*
- 46 6. Parking: safe and sufficient parking must be provided. *Existing paved driveway is*
47 *approximately 130 feet long and terminates in approximately 40-foot-wide parking area. No*
48 *retail and no more than 3 employees are proposed. Existing parking and driveway facilities*
49 *are anticipated to be sufficient for proposed residential and caregiver uses.*
- 50 7. Outdoor storage is limited and must be screened from view of abutting properties and public
51 areas. *No outdoor storage proposed.*
- 52 8. Business activity must be conducted within enclosed building or screened from view.
53 *Information submitted by applicant indicate that proposed business activity will mainly occur*
54 *within existing garage.*
- 55 9. Refuse and recycling must be stored in containers that are screened from view. *Refuse and*
56 *recycling storage unknown. Applicant should address.*
- 57 10. Traffic: Home occupation must not create an “objectionable increase” in traffic or create or
58 exacerbate a traffic hazard. *No retail proposed. Traffic impacts anticipated to be minimal.*
- 59 11. Retail sales: *N/A no retail proposed.*
- 60 12. Health and safety hazards: *No health or safety hazards anticipated.*
- 61 13. Neighborhood compatibility: *Proposed use will occur within existing house and garage*
62 *which are located on 2.4-acre property and setback at least 80 feet from Kelsey Lane. No*
63 *retail or manufacturing uses are proposed and no more than 3 employees are proposed to be*
64 *employed on the premises. The proposed use is not anticipated to degrade quality of life for*
65 *residents of the surrounding neighborhood.*

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- 66 14. No screening required where buffers are 75-feet or greater. *Applies.*
- 67 15. Annual renewal of home occupation permit by the Code Enforcement Officer required.

68
69 §16.5.33 Medical marijuana registered caregiver home establishment

70 A.1: Municipalities cannot restrict the number of registered caregivers operating within
71 jurisdiction

72 B:1 Application requirements: Proof of ownership, proof of residency, valid State of Maine
73 licensure @ registered caregiver, site plan depicting proposed growing areas, floor plan of
74 building, narrative description of use. *Complies*

75 C. Standards:

- 76 1. Standards must be met
- 77 2. Manufacturing only allowed in certain zoning districts *Manufacturing not proposed*
- 78 3. Caregiver must reside at property. *Complies*
- 79 4. Caregiver must own property or have owners' permission. *Complies.*
- 80 5. Caregiver use must be accessory to residential use. *Caregiver use limited to portion of*
81 *existing garage. Complies.*
- 82 6. Caregiver home uses limited to those authorized by 22 M.R.S.A. 558-C § 2423-A.
83 *Licensure and State guidance of proposed use provided by applicant.*
- 84 7. Hours of operation limited to 7am to 7pm, by appointment only. *No retail proposed.*
- 85 8. No more than 3 employees. *Complies*
- 86 9. Adequate parking supply. *Complies*
- 87 10. No odor impacts on neighboring properties allowed. *No odor impacts anticipated.*
- 88 11. Cultivation limited. *No cultivation proposed.*
- 89 12. Signage prohibited. *No signage proposed*

90
91
92 **Recommendations**

93 The applicant submitted the required and information and, as described in the narrative and other
94 information provided, this proposal substantially complies with applicable standards. Staff
95 recommend determining this application to be complete and scheduling a public hearing.
96 Alternatively, the Planning Board may **continue review** if additional information is needed from
97 the applicant or staff.

98
99 **Motions**

100
101 ***Move to schedule the public hearing***

102
103 ***Move to accept medical marijuana registered caregiver home establishment and major home***
104 ***occupation application as complete, or continue review***

Move to accept as complete/ continue review of a medical marijuana registered caregiver home establishment and major home occupation application submitted by applicant/ owner Ian Schlotman for a proposed medical marijuana registered caregiver home establishment at his residence located at 6 Kelsey Lane, Lot 1b of Map 60 in the R-RL Residential Rural zoning district.

MHR-22-2

Marijuana Home Establishment Business License

Status: Active

Date Created: Dec 23, 2022

Applicant

Ian Schlotman
ischlots@gmail.com
6 Kelsey Ln
Kittery , Maine 03904
6038319317

Primary Location

6 KELSEY LANE
KITTERY, ME 03904

Owner:

Ian Schlotman
6 6 KELSEY LANE KITTERY, ME 03904

Applicant's Information

Applicant's Name

Ian Schlotman

Applicant's Mailing Address

6 kelsey Lane kitley maine

Applicant's Phone Number

6038319317

Applicant's Email Address

ischlots@gmail.com

Relationship of applicant to company

owner

Home Establishment Information

Home Establishment Street Address

6 Kelsey Ln

Home Establishment Business Name

High Society LLC

Is this business currently operating with Town of Kittery Approvals as either a Minor or Major Home Occupation?

No

Name of Property Owner

IAN SCHLOTMAN

Property Owner's Mailing Address

6 Kelsey Ln kittery Maine

Certification and Acknowledgement

I certify that all information provided on this application is true and accurate to the best of my abilities. I understand that any false or misleading information may be grounds for the rejection of this application.

Ian Schlotman
12/23/2022

I understand that the submittal of this application does not guarantee that a license will be granted.

Ian Schlotman
12/23/2022

I have read and understand the rules governing the operation of a Home Establishment as detailed in Town Code 16.8.30. I certify that I will not violate the ordinances of the Town of Kittery and that any such violation may result in the loss of licensure and/or Planning Board Approval.

Ian Schlotman
12/23/2022

Planning Board Application

Property Description

Parcel Map Number

60

Parcel Lot Number

1b

Base Zone

R-RL

Overlay Zones

no

Total Land Area

2.4

MS4

no

Physical Address

6 kelsey lane

Property Owner's Information

Last Name

schlotman

First Name

Ian

Phone Number

6038319317

Email Address

ischlots@gmail.com

Fax Number

--

Mailing Address

6 kelsey lane kittery

Applicant's Agent Information

First Name

Ian

Last Name

Schlotman

Phone Number

6038319317

Name of Business

high scoiety llc

Email Address

ischlots@gmail.com

Fax Number

--

Mailing Address

6 kelsey lane kittery

Project Description

Existing Land Use(s):

home dwelling

Proposed Land Use(s) and Development:

home based caregiver non cultivating non manufacturing non retail

Please describe any construction constraints (wetlands, shoreland overlay zone, flood plain, non-conformance, etc.)

none

Certification and Acknowledgement

I certify, to the best of my knowledge, this application information is true and correct and I will not deviate from the Plan submitted without notifying the Town Planner and Development Department of any changes.


Ian Schlotman


12/23/2022

Applicant's Name

Ian Schlotman


Attachments


 Executed and Signed Closing Package.pdf
 Uploaded by Ian Schlotman on Dec 23, 2022 at 2:16 pm


 STATE OF MAINE.pdf
 Uploaded by Ian Schlotman on Dec 23, 2022 at 2:24 pm





IMG_6095.jpg
 Uploaded by Ian Schlotman on Dec 23, 2022 at 2:24 pm


 1st OMP Upload_10_19_2021.pdf
 Uploaded by Ian Schlotman on Dec 23, 2022 at 2:42 pm

 Signature of Principal of the Applicant who is legally authorized to bind the business.pdf
 Uploaded by Ian Schlotman on Dec 23, 2022 at 3:32 pm

 marijuana_background_release.pdf
 Uploaded by Ian Schlotman on Dec 23, 2022 at 2:54 pm


 Scanned Documents.pdf
 Uploaded by Ian Schlotman on Dec 23, 2022 at 3:23 pm

 sketch plan.pdf
 Uploaded by Ian Schlotman on Dec 23, 2022 at 3:26 pm

 narrative.pdf
 Uploaded by Ian Schlotman on Dec 23, 2022 at 3:45 pm



IMG_6094.jpg
 Uploaded by Ian Schlotman on Dec 23, 2022 at 2:25 pm

 STATE OF MAINE (1).pdf
 Uploaded by Ian Schlotman on Dec 23, 2022 at 2:30 pm








 The High Society LLC EIN Application and Confirmation (1).pdf
 Uploaded by Ian Schlotman on Dec 23, 2022 at 2:43 pm

History

Date	Activity
Dec 23, 2022 at 1:40 pm	Ian Schlotman started a draft of Record MHR-22-2
Dec 23, 2022 at 2:05 pm	Ian Schlotman altered Record MHR-22-2, changed ownerName from "WELLS, ALISON E" to "Ian Schlotman"
Dec 23, 2022 at 2:05 pm	Ian Schlotman altered Record MHR-22-2, changed ownerStreetNo from "" to "6"

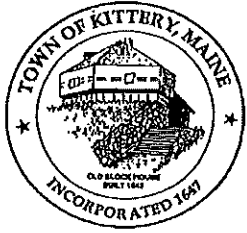
Date	Activity
Dec 23, 2022 at 2:25 pm	Ian Schlotman added attachment IMG_6094.jpg to Record MHR-22-2
Dec 23, 2022 at 2:30 pm	Ian Schlotman added attachment STATE OF MAINE (1).pdf to Record MHR-22-2
Dec 23, 2022 at 2:43 pm	Ian Schlotman added attachment The High Society LLC EIN Application and Confirmation (1).pdf to Record MHR-22-2
Dec 23, 2022 at 3:48 pm	Ian Schlotman submitted Record MHR-22-2
Dec 23, 2022 at 3:48 pm	approval step Application Completeness was assigned to Kearsten Metz on Record MHR-22-2
Dec 27, 2022 at 7:51 am	Kearsten Metz approved approval step Application Completeness on Record MHR-22-2
Jan 9, 2023 at 2:33 pm	completed payment step Licensing Fees on Record MHR-22-2
Jan 9, 2023 at 2:33 pm	approval step Code Enforcement Office Review was assigned to Kearsten Metz on Record MHR-22-2
Jan 9, 2023 at 2:33 pm	approval step Town Planner Review was assigned to Jason Garnham on Record MHR-22-2
Jan 11, 2023 at 9:53 am	Kearsten Metz approved approval step Code Enforcement Office Review on Record MHR-22-2
Jan 11, 2023 at 2:36 pm	Jason Garnham approved approval step Town Planner Review on Record MHR-22-2
Jan 11, 2023 at 2:36 pm	approval step Fire Department Certification was assigned to Dave O'Brien on Record MHR-22-2
Jan 11, 2023 at 2:36 pm	approval step Planning and Development Review was assigned to Jason Garnham on Record MHR-22-2
Jan 11, 2023 at 2:36 pm	approval step Police Review and Background Check was assigned to Danielle Lindman on Record MHR-22-2
Jan 12, 2023 at 2:07 pm	Danielle Lindman approved approval step Police Review and Background Check on Record MHR-22-2

Timeline

Label	Status	Activated	Completed	Assignee	Due Date
 Application Completeness	Complete	Dec 23, 2022 at 3:48 pm	Dec 27, 2022 at 7:51 am	Kearsten Metz	-
 Licensing Fees	Paid	Dec 27, 2022 at 7:51 am	Jan 9, 2023 at 2:33 pm	-	-
 Code Enforcement Office Review	Complete	Jan 9, 2023 at 2:33 pm	Jan 11, 2023 at 9:53 am	Kearsten Metz	-
 Town Planner Review	Complete	Jan 9, 2023 at 2:33 pm	Jan 11, 2023 at 2:36 pm	Jason Garnham	-
 Police Review and Background Check	Complete	Jan 11, 2023 at 2:36 pm	Jan 12, 2023 at 2:07 pm	Danielle Lindman	-
 Fire Department Certification	Active	Jan 11, 2023 at 2:36 pm	-	Dave O'Brien	-
 Planning and Development Review	Active	Jan 11, 2023 at 2:36 pm	-	Jason Garnham	-
 Planning Board Approval	Inactive	-	-	-	-
 Town Manager Review	Inactive	-	-	-	-
 License Issuance	Inactive	-	-	-	-

Narrative

The home caregivers operation will consist of buying 3rd party wholesale cannabis flower and oil and repackaging it for retailers and other wholesalers. This may consist of putting cannabis and oil in ready to inhale devices such as cartridges or prerolls. No growing or manufacturing will take place on site. No retail sales or wholesale sales will take place within the premise. The caregiver will have no more than 3 employees.



Town of Kittery

200 Rogers Road
Kittery, ME 03904
207-439-0452

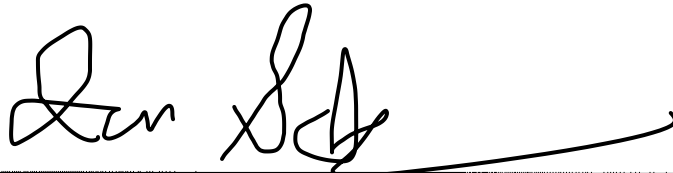
Criminal Record and Background Check Release

Instructions: Please print a copy of this form for each owner, officer, member manager or partner. Each individual must complete this form.

I hereby grant permission to the Town of Kittery to conduct a criminal record and background check. I understand that this is a requirement of licensing of a Marijuana Business pursuant to Kittery Town Code 5.11.6.G.

Ian Schlotman

Printed Name



Signature

12/23/22

Date

**MAINE ADULT USE MARIJUANA PROGRAM****162 STATE HOUSE STATION, 19 UNION STREET, AUGUSTA, ME 04333-0162, FIRST FLOOR**Transaction Type: **Apply for a Marijuana Retail Store License** | License: **ADULT USE MARIJUANA STORE****Transaction Receipt**

Transaction Details

- Date of Transaction: **10/19/2021 12:13 PM**
- Transaction Number: **2700928-2681569**
- Applicant: **THE HIGH SOCIETY LLC**
- Transaction Type: **Apply for a Marijuana Retail Store License**
- License Type: **ADULT USE MARIJUANA STORE**
- License: **AMS**
- Regulator:

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

- Fee Paid:
Fees are nonrefundable.

Total: \$0

Application Instructions

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

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

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

Documents That May be Uploaded with This Application

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

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

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

- Principal(s) Attestation(s)
- Operating Agreement(s)
- Financial Instrument(s) if applicable
- Preliminary Operating Plan
- Business organizing documents (articles of incorporation, articles of organization, operating agreement, or partnership agreement as applicable)
- Additional Supporting Documentation (optional)

Prior License Number

Has this entity ever been licensed (either conditional or full license) by the Maine Adult Use Marijuana Program in the past?: **No**

If yes, please provide the previous license number:

Applicant Information

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

Type of Organization: **Limited Liability Corporation**

Applicant Organization's Legal Name

If the applicant is an organized business, all information provided in the applicant section should match the information on file with the Maine Secretary of State, Bureau of Corporations. If the applicant is a sole proprietor, provide full legal name.

Status: **New**

Legal Name: **THE HIGH SOCIETY LLC**

Doing Business As Name(s)

If applicable, indicate primary trade name or "Doing Business As" name here.

Not on file

Applicant Organization Details

Please provide the applicant organization's PHYSICAL address, phone, and email address. Please note that the name you enter here should match the legal name provided above.

Status: **New**

Name: **THE HIGH SOCIETY LLC**

Physical Address: **20 GRAY HILL RD, PETERBOROUGH, NH 03458-2234 US**

Phone: **+1 (603) 831-9317**

Email Address: **ipschlotman@gmail.com**

Primary Contact Person for Application Purposes

This person will be the Office of Marijuana Policy's main point of contact for all correspondence, including required information missing in this application or supplemental information required later in the application process.

Status: **New**

Name: **JILL G POLSTER**

Address: **COHEN LAW MAINE, PO BOX 5404, PORTLAND, ME 04101-5404 US**

Phone: **+1 (207) 387-3192**

Email Address: **jill@cohenlawmaine.com**

Principals

A principal is natural person who has controlling authority or is in a leading position in the business organization. It also includes any person who operates an adult use marijuana establishment as a sole proprietorship. Other examples include without limitation, officers, directors, managers, and general partners, except that "manager" for the purposes of this definition does not include an employee of a licensee whose managerial responsibilities are limited to staff supervision related to the day-to-day operation of a marijuana establishment.

Note on OMP not enforcing residency requirement: Title 28-B requires that every sole proprietor, officer, director, manager and general partner of a business entity be a natural person who is Maine resident, however OMP is currently not enforcing the residency requirement provision of the statute.

Status: **New**

Individual ID Card #: **IIC3973**

Name: **SCHLOTMAN, IAN PAUL**

Role in Establishment: **Director**

Tax Compliance

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

Principal Attestation

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

Schlotman_Principal_Attestation_Signed.pdf

Ownership

List all natural persons and/or business entities that hold any ownership interest in the organization applying for this license.

Note on OMP not enforcing residency requirement: Title 28-B requires that a majority of the shares, membership interests, partnership interests or other equity ownership interests as applicable to the business entity must be held or owned by natural persons who are Maine residents or business entities whose owners are all natural persons who are Maine residents, however OMP is currently not enforcing the residency requirement provision of the statute.

Status: **New**
Legal Name: **IAN SCHLOTMAN**
Address: **20 GRAY HILL RD, PETERBOROUGH, NH 03458-2234**
Phone: **+1 (603) 831-9317**
% Ownership in the organization applying for licensure: **100.000**
Birthdate: **09/01/1989**
Place of Domicile/Residency: **NEW HAMPSHIRE**

Not on file

Operating Agreement(s)

You must provide copies of all ownership/shareholder agreements for each owner that holds any ownership interest in the organization applying for this license.

Operating_Agreement_High_Society_Signed.pdf

Financial Interest Holders in the Applicant Organization

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

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

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

Not on file

Co-Location of Adult Use and Medical Marijuana Operations

Note: Maine law prohibits a marijuana store licensee that is also a registered caregiver or a registered dispensary from selling or offering to sell to consumers adult use marijuana and adult use marijuana products within the same facility or building in which the licensee also sells or offers to sell marijuana and marijuana products to qualifying patients for medical use.

Does the applicant intend to co-locate adult use and medical marijuana operations on the same premises? If yes, you must clearly explain in your preliminary operating plan.: **No**

Additional Information

Please provide the your website (if known) and proposed physical location of your facility.

Status: **New**
Applicant's Website:
Proposed Municipality: **Eliot**

Track & Trace Administrator Information

Please identify the individual that will serve as your Track & Trace Administrator. An email detailing next steps with respect to training and credentialing with the State's track and trace vendor will be sent to the applicant's Track and Trace Administrator's email address..

Status: **New**
Individual ID Card #: **IIC3973**
Name: **SCHLOTMAN, IAN PAUL**

Email Address: **ipschlotman@gmail.com (New)**
Email Type: **Track and Trace**

Preliminary Operating Plan

The Operating Plan is an official Plan of Record. Use of the template is required. The template can be found on [OMP's Adult Use website](#) under the Applications and Forms tab. The Office of Marijuana Policy (OMP) understands that applicants may have prepared other operating documents. OMP will accept additional operating documents. However, this Operating Plan must be used and information must be summarized as requested. (Referring to another plan will not be sufficient.)

FINAL_High_Society_Retail_Operating_Plan_SIGNED.pdf

Business Organization Structure Documents

You must provide the following documentation:

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

Certificate_of_Formation_High_Society.pdf

Other Supporting Documentation

Would you like to provide any other documentation that would be helpful to the Office in reviewing your application?: **No, not at this time**

Authorization to Release Information

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

Schlotman_Release_of_Info_Signed.pdf

Affirmation and Consent

a. I affirm that the entire Maine Adult Use Marijuana Establishment Application, statements, attachments, and supporting documents are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed good cause for denial to issue a Maine Adult Use Marijuana Establishment by the Department.: **Agree**

b. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for denial or revocation of the Maine Adult Use Marijuana Establishment license. I affirm that I am voluntarily submitting this application to the Department of Administrative and Financial Services, Office of Marijuana Policy, and hereby authorize the Department to conduct a complete investigation into the truthfulness of the responses, using whatever legal means they deem appropriate.: **Agree**

c. I understand I am responsible for knowing and complying with all state laws and regulations governing Adult Use Marijuana pursuant to the Maine Revised Statutes, as well as the rules promulgated thereunder. I understand I am being made aware of the laws and regulations governing the Adult Use Marijuana Program and agree to comply with them, and all other applicable laws and regulations.: **Agree**

d. I understand that I must pay a fee to obtain a Maine Adult Use Marijuana Establishment license, as well as at the time of an annual renewal.: **Agree**

e. I understand the Department does not mail out a renewal application; and therefore, I am responsible for obtaining and submitting an application to renew my Adult Use Marijuana Establishment license prior to its expiration. I understand that in order to avoid unnecessary delays in issuance of a renewal license, the renewal application should be submitted no later than 30 days prior to the expiration date.: **Agree**

f. I understand that Maine Adult Use Marijuana Establishment licenses are valid for one year from the date of issuance. The Maine Adult Use Marijuana Establishment license shall be renewed on forms provided by the Department in accordance with the fee schedule. I understand that if I allow the Maine Adult Use Marijuana Establishment license to expire for even one day and then reapply, I must submit a new application along with the original application fee.: **Agree**

g. I understand I am responsible for notifying the Office of Marijuana Policy, in writing, upon any change in name, residence address, mailing address, or phone number, since all correspondence will be sent to my last known address. Failure to notify the Office of Marijuana Policy could result in not receiving my physical license, legal notices, and other correspondence.: **Agree**

h. I understand that I shall not by any means interfere with, obstruct, or impede, the Office of Marijuana Policy or its employees or investigators in exercising their official duties pursuant to the authority in Title 28-B and rules promulgated thereunder.: **Agree**

i. I understand that a Maine Adult Use Marijuana Establishment license issued by the Office of Marijuana Policy is a revocable privilege, and that the burden of proving an Applicant's qualifications for a Maine Adult Use Marijuana Establishment license rests at all times with the Applicant.: **Agree**

j. I understand in order to access or input data into the State's inventory tracking system, I must possess a valid Individual Identification Card and agree to follow all the rules and guidelines set forth for the use of this system.: **Agree**

k. I understand that this application is not complete and will not be processed until all required parties submit to have fingerprints taken and to a criminal history record check.: **Agree**

l. I understand that I may appeal an application denial pursuant to the Maine Administrative Procedure Act, 5 MRS, chapter 375.: **Agree**

Signature

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

If I have given incorrect information, this application may be denied, and I may be charged with giving false information. I understand the questions on this application and the penalty for hiding or giving false information or breaking any of the rules in the penalty warning. I certify under penalty of perjury that my answers, including those related to drug offenses correct and complete.

Authorizing Business Representative's Signature: **Jill G. Polster, Esq.**

Review of Application Materials

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

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

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

Operating Agreement(s) from **ALL** Owners: **I have provided all operating agreement(s)**

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

Operating Plan: **I will provide more operating plan information later**

Business organizing documents (articles of incorporation, articles of organization, operating agreement, or partnership agreement as applicable): **I have provided all business organizing documentation**

Other Supporting Documentation (optional): **N/A (I do not wish to provide optional documentation)**

Fee Notice

The Office of Marijuana Policy will send you an email with a Notice of Application Fee attached. In order for your application to be considered, the Office of Marijuana must receive your application fee. The Office of Marijuana Policy will accept application fees by cashier's check or money order made payable to the Treasurer, State of Maine in person or at our mailing address: Office of Marijuana Policy, 162 State House Station, Augusta, Maine 04333-0162.

Attest & Agree

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

If I have given incorrect information, my application may be denied, and I may be charged with giving false information. I understand the questions on this application and the penalty for hiding or giving false information or breaking any of the rules in the penalty warning. I certify under penalty of perjury that my answers, including those related to drug offenses correct and complete.

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

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

Credits



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Information

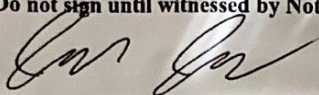
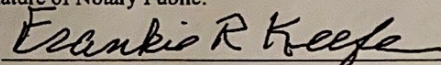
[Maine.gov](#)

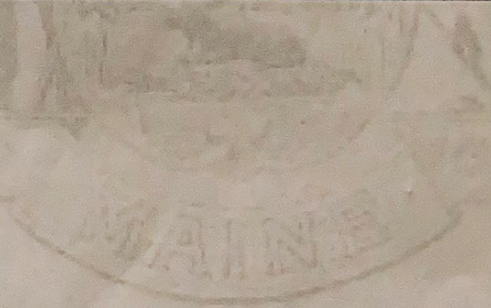
[Site Policies](#)

[Contact technical support.](#)

Transaction Security



Signature of Principal of the Applicant who is legally authorized to bind the business entity applying for the license: (Do not sign until witnessed by Notary) 		Date: Nov, 1, 2021
Information to be completed by a Notary:		
The foregoing instrument was acknowledged before me this <u>1st</u> day of <u>NOVEMBER</u> , 20 <u>21</u> at <u>WELLS</u> , Maine, by <u>IAN SCHOTMAN</u> to be his/her free act and deed.		
Name of Notary Public (Printed): <u>FRANKIE R KEEFE</u> Notary Public, State of Maine	Signature of Notary Public: 	
My commission expires: <u>3-12-2023</u>	SEAL Frankie R. Keefe, Notary Public State of Maine My Commission Expires 3/12/2023	
Office use only:		
Date received:	Reviewed by:	





OFFICE OF MARIJUANA POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

Maine Adult Use Establishment Applicant Notary Form

Information furnished by Adult Use Marijuana Program:				
Legal Business Name: THE HIGH SOCIETY LLC	Business DBA:		License Number: AMF1019	
License Type: ADULT USE MARIJUANA PRODUCTS MANUFACTURING FACILITY				
Applicant's Mailing Address: COHEN LAW MAINE PO BOX 5404 PORTLAND, ME 04101-5404		Applicant's Phone: +1 (207) 387-3192		
		Primary Contact Person: JILL G POLSTER		
		Contact Person Email: jill@cohenlawmaine.com		
Information to be completed by a Principal of the Applicant who is legally authorized to bind the business entity applying for the license:				
Legal Name of Individual Completing Application: Ian Schlotman	City Peterborough	County Hillsborough	State NH	ZIP 03458
<p>By signing this notary form, I affirm and acknowledge all application materials and supplemental documents, including those documents signed by a person other than myself, submitted in the application process for the above-referenced marijuana establishment license are truthful and complete to the best of my knowledge.</p> <p>I further affirm and acknowledge that the Department will not issue a license to an applicant if it determines that an applicant, natural person, or business entity associated with this application knowingly or recklessly made any false statement of material fact in the information or materials submitted in this application for this marijuana establishment license, and the Department may revoke this license and/or take disciplinary action pursuant to 28-B MRS, Chapter 1 if such statements are discovered at any time.</p> <p>I further affirm and acknowledge that issuance of a license to the applicant will not result in any person or business entity associated with the license having a direct or indirect financial interest in:</p> <ul style="list-style-type: none"> i. More than 3 cultivation facility licenses; ii. Multiple cultivation facility licenses with a combined total licensed amount of plant canopy exceeding 30,000 square feet, except when that exceedance is solely attributable to approved increases in the maximum licensed area of plant canopy authorized under a tier 4 cultivation facility license pursuant to section 28-B MRS §304; iii. A testing facility if the applicant or licensee is a caregiver or a registered caregiver or has an equity ownership interest or a partial equity ownership interest or any other type of financial interest, including but not limited to, being an investor or serving in a management position in a registered dispensary, a cultivation facility license, a products manufacturing facility license or a marijuana store license; or iv. More than 4 marijuana stores. 				

Initials of Signing Principal: *IS*
Page 1 of 2 for AMF1019



OFFICE OF MARIJUANA POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

Maine Adult Use Establishment Applicant Notary Form

Information furnished by Adult Use Marijuana Program:				
Legal Business Name: THE HIGH SOCIETY LLC	Business DBA:	License Number: ACC1026		
License Type: ADULT USE MARIJUANA CULTIVATION FACILITY, TIER 3				
Applicant's Mailing Address: COHEN LAW MAINE PO BOX 5404 PORTLAND, ME 04101-5404		Applicant's Phone: +1 (207) 387-3192		
		Primary Contact Person: JILL G. POLSTER, ESQ.		
		Contact Person Email: jill@cohenlawmaine.com		
Information to be completed by a Principal of the Applicant who is legally authorized to bind the business entity applying for the license:				
Legal Name of Individual Completing Application: Jan Schlotman	City: Peterborough	County: Hillsborough	State: NH	ZIP: 03458
By signing this notary form, I affirm and acknowledge all application materials and supplemental documents, including those documents signed by a person other than myself, submitted in the application process for the above-referenced marijuana establishment license are truthful and complete to the best of my knowledge.				
I further affirm and acknowledge that the Department will not issue a license to an applicant if it determines that an applicant, natural person, or business entity associated with this application knowingly or recklessly made any false statement of material fact in the information or materials submitted in this application for this marijuana establishment license, and the Department may revoke this license and/or take disciplinary action pursuant to 28-B MRS, Chapter 1 if such statements are discovered at any time.				
I further affirm and acknowledge that issuance of a license to the applicant will not result in any person or business entity associated with the license having a direct or indirect financial interest in:				
<ul style="list-style-type: none"> i. More than 3 cultivation facility licenses; ii. Multiple cultivation facility licenses with a combined total licensed amount of plant canopy exceeding 30,000 square feet, except when that exceedance is solely attributable to approved increases in the maximum licensed area of plant canopy authorized under a tier 4 cultivation facility license pursuant to section 28-B MRS §304; iii. A testing facility if the applicant or licensee is a caregiver or a registered caregiver or has an equity ownership interest or a partial equity ownership interest or any other type of financial interest, including but not limited to, being an investor or serving in a management position in a registered dispensary, a cultivation facility license, a products manufacturing facility license or a marijuana store license; or iv. More than 4 marijuana stores. 				

Initials of Signing Principal: *JS*
Page 1 of 2 for ACC1026

Signature of Principal of the Applicant who is legally authorized to bind the business entity applying for the license:

Date:

(Do not sign until witnessed by Notary)

[Handwritten Signature]

Nov, 1, 2021

Information to be completed by a Notary:

The foregoing instrument was acknowledged before me this 1st day of NOVEMBER 2021 at WELLIS, Maine, by

IAN SCHLOTMAN to be his/~~her~~ free act and deed.

Name of Notary Public (Printed):

FRANKIE R KEEFE

Signature of Notary Public:

[Handwritten Signature: Frankie R Keefe]

Notary Public, State of Maine

My commission expires:

3-12-2023

SEAL

Frankie R. Keefe, Notary Public
State of Maine

My Commission Expires 3/12/2023

Office use only:

Date received:

Reviewed by:



OFFICE OF MARIJUANA POLICY
DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

Maine Adult Use Establishment Applicant Notary Form

Information furnished by Adult Use Marijuana Program:

Legal Business Name: THE HIGH SOCIETY LLC	Business DBA:	License Number: AMS1018
---	---------------	-----------------------------------

License Type:
ADULT USE MARIJUANA STORE

Applicant's Mailing Address: COHEN LAW MAINE PO BOX 5404 PORTLAND, ME 04101-5404	Applicant's Phone: +1 (207) 387-3192
	Primary Contact Person: JILL G POLSTER
	Contact Person Email: jill@cohenlawmaine.com

Information to be completed by a Principal of the Applicant who is legally authorized to bind the business entity applying for the license:

Legal Name of Individual Completing Application: Jean Schlotman	City: Peterborough	County: Hillsborough	State: NH	ZIP: 03458
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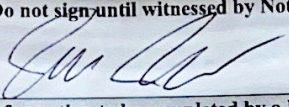
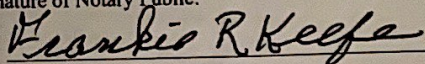
By signing this notary form, I affirm and acknowledge all application materials and supplemental documents, including those documents signed by a person other than myself, submitted in the application process for the above-referenced marijuana establishment license are truthful and complete to the best of my knowledge.

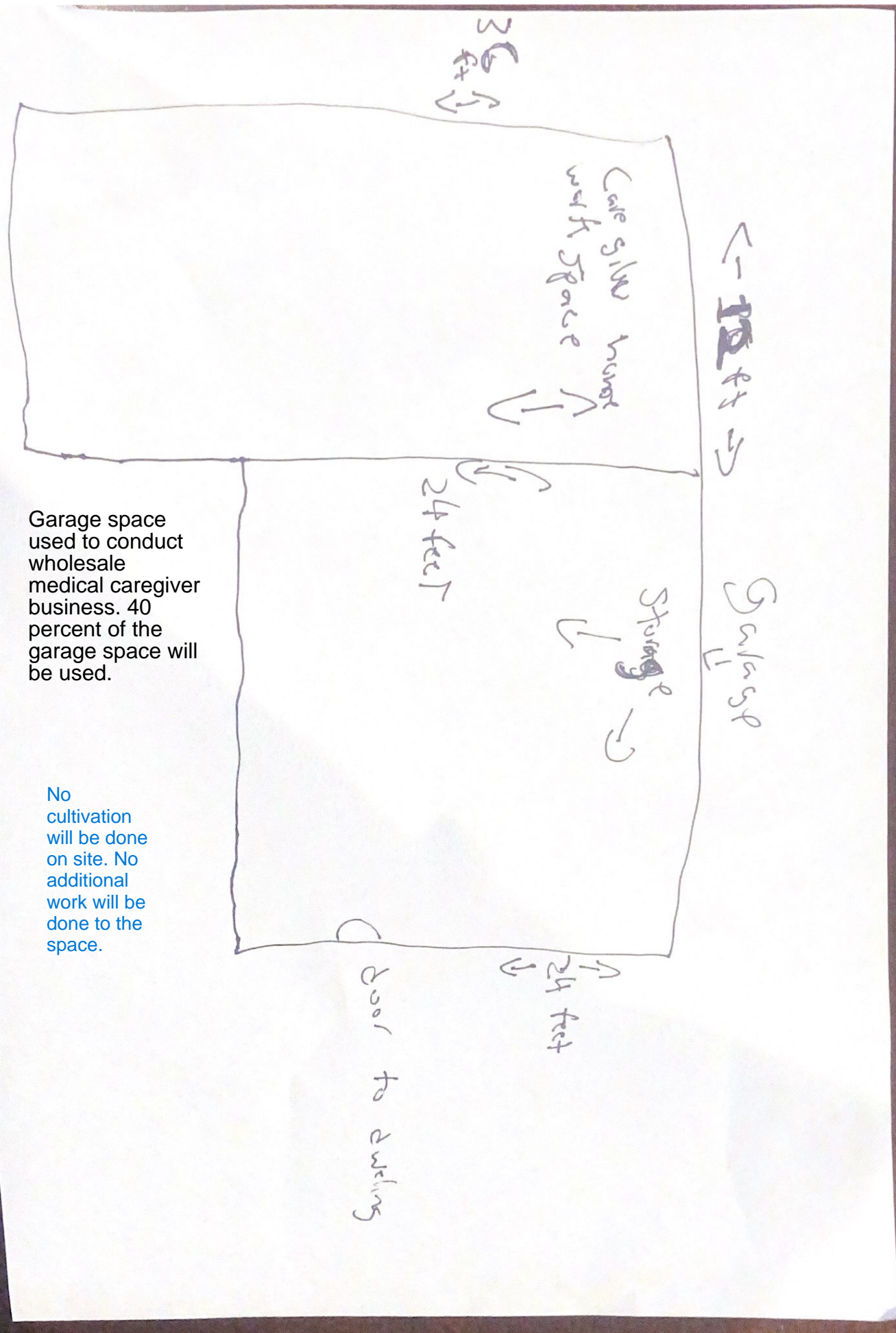
I further affirm and acknowledge that the Department will not issue a license to an applicant if it determines that an applicant, natural person, or business entity associated with this application knowingly or recklessly made any false statement of material fact in the information or materials submitted in this application for this marijuana establishment license, and the Department may revoke this license and/or take disciplinary action pursuant to 28-B MRS, Chapter 1 if such statements are discovered at any time.

I further affirm and acknowledge that issuance of a license to the applicant will not result in any person or business entity associated with the license having a direct or indirect financial interest in:

- i. More than 3 cultivation facility licenses;
- ii. Multiple cultivation facility licenses with a combined total licensed amount of plant canopy exceeding 30,000 square feet, except when that exceedance is solely attributable to approved increases in the maximum licensed area of plant canopy authorized under a tier 4 cultivation facility license pursuant to section 28-B MRS §304;
- iii. A testing facility if the applicant or licensee is a caregiver or a registered caregiver or has an equity ownership interest or a partial equity ownership interest or any other type of financial interest, including but not limited to, being an investor or serving in a management position in a registered dispensary, a cultivation facility license, a products manufacturing facility license or a marijuana store license; or
- iv. More than 4 marijuana stores.

Initials of Signing Principal: **JS**
Page 1 of 2 for AMS1018

Signature of Principal of the Applicant who is legally authorized to bind the business entity applying for the license: (Do not sign until witnessed by Notary) 		Date: NOV, 1, 2021
Information to be completed by a Notary: The foregoing instrument was acknowledged before me this <u>1ST</u> day of <u>NOVEMBER</u> 20 <u>21</u> , at <u>WELLS</u> , Maine, by <u>IAN SCHOTMAN</u> to be his/ her free act and deed.		
Name of Notary Public (Printed): FRANKIE R KEEFE	Signature of Notary Public: 	
Notary Public, State of Maine	<p style="text-align: center;">SEAL</p> <p style="text-align: center;">Frankie R. Keefe, Notary Public State of Maine My Commission Expires 3/12/2023</p>	
My commission expires: <u>3-12-2023</u>		
Office use only:		
Date received:	Reviewed by:	



Garage space used to conduct wholesale medical caregiver business. 40 percent of the garage space will be used.

No cultivation will be done on site. No additional work will be done to the space.

← 15 feet →

Garage

Caregiver's room with space

36 feet

24 feet

Storage

24 feet

Door to building

A



STATE OF MAINE
MAINE REVENUE SERVICES
RESALE CERTIFICATE



THIS CERTIFICATE IS VALID

JUNE 01 2022 THRU DECEMBER 31 2025

Business Name and Location Address	Certificate Number	Business Type
HIGH SOCIETY LLC THE 6 KELSEY LN KITTERY ME 03904-2518	1222437	MED MJCARE

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

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

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

★ 71568

DO NOT WRITE ON THIS ORIGINAL FORM

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

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

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

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

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

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

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



**STATE OF MAINE
MAINE REVENUE SERVICES**

THIS REGISTRATION CERTIFICATE FOR A

RETAILER

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

HIGH SOCIETY LLC THE
6 KELSEY LN
KITTERY, ME 03904-2518

Registration Number: 1222437

Date Issued: JUNE 01 2022

Business Code: 426
Filing Frequency: MONTHLY

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

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

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



**Maine Medical Use
Of Cannabis**

Date Issued: 12/09/2022

Expires: 12/08/2023

Individual Caregiver

IAN PAUL SCHLOTMAN

DOB: 09/01/1989

No Retail Location Provided

Registration #: CGR31512

Authorization for 6 mature/12 immature and/or

Harvested

Address: 6 KELSEY LN, KITTERY, ME 03904-2518

If found, please return to:
Maine Medical Use Of Cannabis Program
162 STATE HOUSE STATION
19 UNION STREET
FIRST FLOOR
AUGUSTA, ME 04333-0162



JANET T. MILLS
GOVERNOR

STATE OF MAINE
OFFICE OF CANNABIS POLICY
162 STATE HOUSE STATION
19 UNION STREET
FIRST FLOOR
AUGUSTA, MAINE 04333-0162

ADMINISTRATIVE & FINANCIAL SERVICES

KIRSTEN LC FIGUEROA
COMMISSIONER

OFFICE OF CANNABIS POLICY

VERNON W. MALLOCH
ACTING DIRECTOR

IAN PAUL SCHLOTMAN
6 KELSEY LN
KITTERY, ME 03904-2518

December 12, 2022

Dear IAN PAUL SCHLOTMAN

Enclosed please find your registry identification card. This card authorizes participation in the Maine Medical Use of Cannabis Program, Office of Cannabis Policy (OCP). However, in order for this card to be valid, it must be accompanied by your Maine or government issued photo identification for the purposes of verifying your identity.

It is the responsibility of the cardholder to review, understand and follow Maine's Medical Use Cannabis statute and rules. This information can be accessed on the OCP website:
www.maine.gov/dafs/ocp/.

In order to ensure receipt of up-to-date communications from OCP, please notify the Office immediately if any of your contact information changes.

Please contact OCP at (207) 287-3282 or by email at licensing.ocp@maine.gov with questions.

Sincerely,

Elisa C Ellis
Director of Licensing
Office of Cannabis Policy



JANET T. MILLS
GOVERNOR

STATE OF MAINE
OFFICE OF CANNABIS POLICY
162 STATE HOUSE STATION
19 UNION STREET
FIRST FLOOR
AUGUSTA, MAINE 04333-0162

ADMINISTRATIVE & FINANCIAL SERVICES

KIRSTEN LC FIGUEROA
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OFFICE OF CANNABIS POLICY

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ACTING DIRECTOR

IAN PAUL SCHLOTMAN
6 KELSEY LN
KITTEERY, ME 03904-2518

December 12, 2022

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www.maine.gov/dafs/ocp/.

In order to ensure receipt of up-to-date communications from OCP, please notify the Office immediately if any of your contact information changes.

Please contact OCP at (207) 287-3282 or by email at licensing.ocp@maine.gov with questions.

Sincerely,

Elisa C Ellis
Director of Licensing
Office of Cannabis Policy



EIN Assistant

Congratulations! The EIN has been successfully assigned.

EIN Assigned: **87-2981236**

Legal Name: **HIGH SOCIETY LLC**

The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

We strongly recommend you print this page for your records.

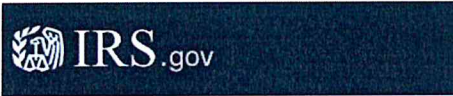
Click "Continue" to get additional information about using the new EIN.

[Continue >>](#)

5. EIN Confirmation

Help Topics

[Can the EIN be used before the confirmation letter is received?](#)



EIN Assistant

1. Your Information 2. Address 3. Authorization 4. EIN Request 5. EIN Confirmation

Summary of your information

Please review the information you are about to submit. If any of the information below is incorrect, you will need to [start a new application](#).

Click the "Submit" button at the bottom of the page to receive your EIN.

Organization Type: LLC

LLC Information

Legal name: HIGH SOCIETY LLC
 County: YORK
 State/Territory: ME
 Start date: OCTOBER 2021
 State/Territory where articles of organization are (or will be) filed: ME

Addresses

Physical Location: 000 ME-236 PAD 2
 ELIOT ME 03903
 Phone Number: 603-831-9317
 Mailing Address: 20 GRAY HILL ROAD
 PETERBOROUGH NH 03458
 UNITED STATES
 TPD Name: ANDY M COHEN
 TPD Address: 2703 BRAITHWOOD ROAD NE
 ATLANTA GA 30345
 TPD Phone Number: 404-271-9885

Responsible Party

Name: IAN SCHLOTMAN SOLE MBR
 SSN/ITIN: XXX-XX-4161

Principal Business Activity

What your business/organization does: RETAIL
 Principal products/services: FREE STANDING RETAIL STORE

Additional LLC Information

Owens a 55,000 pounds or greater highway motor vehicle: NO
 Involves gambling/wagering: NO
 Involves alcohol, tobacco or firearms: NO
 Files Form 720 (Quarterly Federal Excise Tax Return): NO
 Has employees who receive Forms W-2: NO
 Reason for Applying: STARTED A NEW BUSINESS

We strongly recommend you print this summary page for your records as this will be your only copy of the application. You will not be able to return to this page after you click the "Submit" button.

Click "Submit" to send your request and receive your EIN.

Submit

Once you submit, please wait while your application is being processed. It can take up to two minutes for your application to be processed.

RECORD AND RETURN TO:
Ian Scholtman
6 Kelsey Lane
Kittery, ME 03904
File No. FP-001588
Parcel No. 60/1/B

WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS that I,
Alison E. Wells, 6 Kelsey Lane, Kittery, ME 03904
for consideration paid, grants to
Ian Schlotman of 20 Gray Hill Road, Peterborough, NH 03458, **with WARRANTY COVENANTS, the following:**

A certain tract or parcel of land, located on the northeast side of Kelsey Lane, Town of Kittery, County of York, State of Maine, depicted on a plan entitled "Division of Land for property at Kelsey Lane, York County, Kittery, Maine owned by Webster P. and Marilyn W. Kelsey" prepared by Easterly Surveying to be recorded in the York County Registry of Deeds and being more particularly described as follows:

Beginning at a point on the northeast sideline of said Kelsey Lane at land of Grantor which is located N 36° 44' 46" W a distance of 198.01 feet from an iron rod in the northwest sideline of Picott Road; thence running N 36° 44' 46" W along the northeast sideline of said Kelsey Lane a distance of 163.74 feet to an iron rod; thence running N 36° 54' 35" W along the northeast sideline of said Kelsey Lane a distance of 238.90 feet to an iron rod at the end of said Kelsey Lane and land of grantor; thence running N 36° 54' 35" W along land of grantor a distance of 163.40 feet to an iron rod; thence running N 53° 05' 25" E along land of grantor a distance of 90.26 feet to an iron rod; thence running N 80° 28' 09" E along land of grantor a distance of 108.41 feet to a point at land of George Derby and Stanley Lange; thence running S 37° 22' 52" E along land of said Derby and Lange a distance of 62.58 feet to a point; thence running S 37° 22' 44" E along land of said Derby and Lange and a 60 foot wide right of way a distance of 454.16 feet to a point and land of grantor; thence running S 53° 15' 14" W along land of said grantor a distance of 191.23 feet to the point of beginning, containing 2.40 acres, plus or minus, of land.

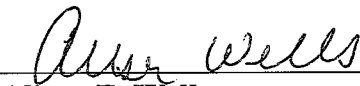
Said parcel described above is subject to an existing easement for subsurface wastewater disposal for Lot 1A located as shown on said plan.

Meaning and intending to convey the same premises conveyed to Alison E. Wells from Webster F. Kelsey and Marilyn W. Kelsey, by Warranty Deed dated October 9, 1998, and recorded on October 14, 1998, in Book 9083, Page 87.

The premises being known as 6 Kelsey Lane, Kittery, ME 03904


Parcel ID: 60/1/B

Dated this 12th day of September, 2022.

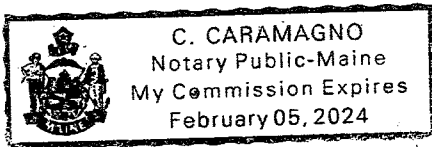
 _____ {SEAL}
Alison E. Wells

STATE OF MAINE
COUNTY OF YORK

On this the 12th - day of September, 2022 personally appeared **Alison E. Wells**, known to me, or satisfactorily proven, to be the person whose name is subscribed to the foregoing instrument and acknowledged that she executed the same for the purpose therein contained.

Before me,  _____
Notary Public

C. Caramagno A.K.A. Cheryl A. Caramagno



Jason Garnham

From: Jason Garnham
Sent: Wednesday, February 1, 2023 12:31 PM
To: Jason Garnham
Subject: RE: Kittery Home Caregiver Business Application

From: Ian Schlotman <ischlots@gmail.com>
Sent: Wednesday, February 1, 2023 12:08 PM
To: Jason Garnham <JGarnham@kitteryme.org>
Subject: Kittery Home Caregiver Business Application

Hi thank you for the email!

1. Yes a surveillance system is already on the plan when and if this gets approved. The plan was to set up ADT or a similar security company as well as personal security camera measures. The plan was to also get a safe and bolt it to the floor that will store all products. These two things in my opinion are above and beyond what is needed as this will not be a location that any customer will come to nor anyone will even know about. I don't know if it's possible to limit the knowledge of my address to the public during the meeting as this in my opinion will be the only way thieves would gain knowledge of the business existence and this is also where I live. Safety and security is my top priority as I would like to raise a family in Kittery and that is my last intention to put my family in harms way.

2. My plan is to purchase oil and cannabis flower that is already manufactured by other caregivers in the state and putting them into prerolls, Mylar bags, and vaping devices. I will not be extracting oil in any manner from cannabis plants or infusing oil with any edible products.

The states definition of manufacturing is "the production, blending, infusing, compounding or other preparation of cannabis concentrate and cannabis products, including, but not limited to, cannabis extraction or preparation by means of chemical synthesis."

When I initially got my caregiver card from the state I explicitly told them my business plan and they told me that what I would be doing would not be considered manufacturing.

I will work on uploading this to the portal as well.

Thank you!

On Tuesday, January 31, 2023, Jason Garnham <JGarnham@kitteryme.org> wrote:

Ian,

Kittery's planning board is still scheduled to review your application next week. Town staff took a look at your application during our bi-weekly meeting, in advance of the planning board's review. I wanted to share a couple of comments that came up:

1. Police Chief Richter suggested that measures should be considered for locking/ securing cannabis products and that a surveillance system should be considered.
2. Details should be provided regarding proposed repacking/ processing operations. Would these operations constitute "manufacturing" per town or state codes?

I will share these comments with the planning board so you should be prepared to address them during the meeting and/ or in subsequent review. Doing my best to help avoid surprises. You're welcome to upload additional information to the Town's application portal if you choose to (but you are not required to at this point). Anything I receive by this Thursday morning will go into the packet for next week's planning board meeting.

Please let me know if you have any questions. Thanks,

-Jason

From: Jason Garnham
Sent: Thursday, January 26, 2023 4:20 PM
To: 'ischlots@gmail.com' <ischlots@gmail.com>
Subject: Kittery Home Caregiver Business Application

Mr. Scholtman,

We just spoke on the phone. I'm confirming that Kittery's Planning Board will do its first review of the Home Establishment Marijuana Caregiver Business License Application that you submitted to our office during their **February 9** meeting. As discussed, they may require multiple meetings to arrive at a decision. They may also elect to schedule a site walk, to which your neighbors would be invited to attend.

For your information, Kittery Planning Board meeting agendas and packets get uploaded to the web about a week before each meeting at: [Planning Board | Kittery ME](#). See "agendas" toward the bottom on the right side of the page.

I understand that you may have questions about the adult use licensing process in Kittery. Please feel free to send them in a response email. I will share them with my more knowledgeable colleagues so they can advise you.

Regards,

-Jason

Jason Garnham, AICP

Director of Planning and Development

Town of Kittery, ME

207-475-1307

jgarnham@kitteryme.org

Jason Garnham

From: Ian Schlotman <ischlots@gmail.com>
Sent: Thursday, February 2, 2023 11:44 AM
To: Jason Garnham
Subject: Manufacturing clarification

Hi I also have this email correspondence with someone who works at the office of cannabis policy.

----- Forwarded message -----

From: Schooler, Nichole C <Nichole.C.Schooler@maine.gov>
Date: Thursday, February 2, 2023
Subject: Manufacturing clarification
To: Ian Schlotman <ischlots@gmail.com>

Ian,

Our office would not consider this manufacturing as you are not changing the form, of medical cannabis you are purchasing. We would consider this activity as purchasing wholesale and selling wholesale to other caregivers and dispensaries.

However if you are doing this at a different location than your home address you will need to disclose that address to us and the closest address that matches to is manufacturing.

Please note that caregiver *can* manufacture non edibles (excluding the use of inherently hazardous substances) without needing additional licensing, as long as the activity and the address is disclosed to us. Our office does not currently have a manufacturing license for medical, it is included in caregiver activity.

Hope this helps.

Nikki Schooler

Office Specialist I / [Office of Cannabis Policy](#)

Maine Department of Administrative and Financial Services

#162 State House Station, Augusta, ME 04333-0162

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From: Ian Schlotman <ischlots@gmail.com>
Sent: Wednesday, February 1, 2023 10:48 AM
To: Schooler, Nichole C <Nichole.C.Schooler@maine.gov>
Subject: Manufacturing clarification

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Hi this is Ian we just spoke my caregiver number is cgr31512. Im meeting with the town of Kittery to get my town approval and propose them my business plan. One of the questions they asked if what I'm doing is considered manufacturing. My plan is to buy cannabis flower and or oil from registered caregivers or registered manufacturers and put them into cartridges and or make pre-rolls and resell them to registered caregivers.

I want to confirm that this would not be considered manufacturing and I don't need a manufacturing license to do this.

Thank you!