



# Town of Raymond

## Board of Selectmen ePacket

### June 19, 2023

## Table of Contents

(Click on item to go to that page)

Agenda .....	2
Previous Meeting Minutes .....	4
Draft Consent Agreement.....	9
RSU #14 BOD Resignation - Katie Leveille.....	12
RSU #14 BOD Volunteer Application - Lisa Duncanson .....	13
RSU #14 BOD Volunteer Application - Megan Juhase-Nehez .....	15
RSU #14 BOD Volunteer Application - Michael McClellan .....	17
Peddler's License - B&B Fat Guys - Billie Jo Smith, owner .....	19
Business License - IFS in ME, Toni Jo Coppa, owner.....	34
Presentation of FY 2021-2022 Audit.....	50
Annual Payroll Warrant Policy .....	59
Request for Grandfathered Medical Cannabis Warrant Article.....	60
Town Retirement Match.....	77
Quit Claim Deeds .....	78
Annual Staff Appointments .....	84
Annual Committee Appointments .....	85
Annual Select Board Rep to Boards/Committees.....	86
Annual Fee Schedule .....	87

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# Agenda

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## **SELECT BOARD MEETING Agenda**

June 19, 2023

5:30pm – Regular Meeting

Via Zoom & on YouTube

*Resolution: We, the Raymond Board of Selectmen, recognize our individual and collective responsibilities as leaders and representatives of our community. To this end, we pledge to conduct ourselves in a manner befitting these roles and duties. We pledge and encourage others to "Be the Influence" and to recognize that decisions matter.*

### **1) Call to order**

### **2) Minutes of previous meetings**

- a) May 9, 2023

### **3) Election of Officers**

- a) Chair
- b) Vice Chair
- c) Parliamentarian

### **4) Executive Session**

- a) Code Enforcement Land Use Matter with Attorney – pursuant to 1 MRSA §405 (6) (E)
- b) Consideration and Award of Scholarship Applications and Student Recognition (Pursuant to MRSA 1 §405 (6)(F))

### **5) Public Hearing**

- a) Proposed Consent Agreement for 402 Webbs Mills Road

### **6) New Business**

- a) Consideration of Consent Agreement for 402 Webbs Mills Road
- b) Consideration of Appointment of RSU #14 Board of Directors Vacancy – Sue Look, Town Clerk
  - Kate Leveille resigned from the Board as of May 15, 2023
- c) Consideration of Peddler's License Application – B&B Fat Guys, Billie Jo Smith, Owner
  - Food Truck selling subs, burgers, hot dogs, etc.

- d) Consideration of Business License Application – IFS in ME, Toni Jo Coppa, Owner
  - Counseling
- e) Presentation of FY 2021-2022 Audit – Ron Smith, Managing Partner, RHR Smith & Company, CPA's
- f) Consideration of Annual Payroll Warrant Policy – Charisse Keach, Finance Director
- g) Discussion of Change to Grandfathered Medical Cannabis Establishment – Alex Sirois, CEO
  - Request for a warrant article that would authorize grandfathered medical cannabis retail stores to operate pursuant to a state dispensary registration rather than a caregiver registration.
- h) Discussion of Town Retirement Funds Match
  - There may need to be an Executive Session for part of this discussion pursuant to 1 MRSA §405 (6) (A)
- i) Consideration of Quit Claim Deeds – Sue Carr, Tax Collector
- j) Consideration of Staff Annual Appointments – Sue Look, Town Clerk
- k) Consideration of Boards/Committees Annual Appointments – Sue Look, Town Clerk
- l) Consideration of Select Board Representation on Boards/Committees – Select Board
- m) Consideration of Annual Fee Schedule – Sue Look, Town Clerk

**7) Public Comment**

**8) Selectman Comment**

**9) Town Manager's Report and Communications**

- a) **Confirm Dates for Upcoming Regular Meetings**
  - July 11, 2023
  - August 8, 2023
- b) **Reminder of Upcoming Holiday Schedule**
  - Tuesday, July 4<sup>th</sup> – Independence Day

**10) Adjournment**

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# Previous Meeting Minutes

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## **SELECT BOARD MEETING Minutes**

May 9, 2023

5:30pm – Regular Meeting

At Broadcast Studio &  
Via Zoom & on YouTube

*Resolution: We, the Raymond Board of Selectmen, recognize our individual and collective responsibilities as leaders and representatives of our community. To this end, we pledge to conduct ourselves in a manner befitting these roles and duties. We pledge and encourage others to "Be the Influence" and to recognize that decisions matter.*

**Select Board members in attendance:** Rolf Olsen, Joe Bruno, Teresa Sadak, Lawrence Taylor, Samuel Gifford

**Select Board members absent:** none

**Town Staff in attendance:**

Wayne Jones, Fire Inspector  
Bruce Tupper, Fire Chief  
Lee O'Connor, Deputy Fire Chief  
Charisse Keach, Finance Director  
Alex Sirois – CEO  
Sue Look – Town Clerk

1) **Called meeting to order** at 5:31pm by Chair Bruno

2) **Minutes of previous meetings**

a) April 11, 2023

**Motion** to approve as presented by Selectman Sadak. Seconded by Selectman Olsen.

**Unanimously approved**

3) **New Business**

a) Presentation by Sebago Lake Rotary – George Bartlett, Past President

The Rotary Club has been holding the fishing derby for 23 years and the Town of Raymond – Nathan White & Public Works & Bruce Tupper & Public Safety have all been great. Over that time, between the Fishing Derby and the Polar Dip, we have raised over \$3,000,000 that we have donated to charities and the various things we have done. We could not have done that without the help of the Town. Thank you! Mr Bartlett presented 2 letters to the Select Board:

*Dear Select Board,*

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*\* Taken out of order*

*Select Board Meeting Minutes*

*(Page 1 of 5)*

*May 9, 2023*



*On behalf of the Sebago Lakes Region Chamber of Commerce I would like to thank the Town of Raymond for the amazing support you give to us during our annual Polar Dip event. Whether it is assessing the ice thickness, cutting the hole, or providing EMT and divers for the event, the town goes above and beyond for this very important event. It is because of your support we can ensure our brave jumpers a fun and safe experience. For that, we are forever thankful and grateful.*

*The Polar Dip is the largest fundraiser we have for our Feed the Need campaign. Through this campaign we donate annually to the twelve food pantries in our region (Casco, Gray, Naples, New Gloucester, Raymond, Sebago, Standish, and Windham). Last year we donated \$25,000 to these pantries and will be making this year's donations soon as part of our Member Appreciation week.*

*Once again, thank you, and we look forward to partnering again in 2024. Let's all start praying for ice now!*

*Sincerely,*

*Robin Mullins, President/CEO of Sebago Lakes Region Chamber of Commerce*

\*\*\*\*\*

*Dear Select Board,*

*As you may be aware, the Sebago Lake Rotary has been holding an Ice Fishing Derby for more than 20 years. This event is our largest fundraiser of the year for our club. This year, despite the lack of ice, we still managed to be profitable.*

*The Sebago Lake Rotary is a service club that provides support to many worthwhile programs in the region. For the past two years profits from the derby have gone to the Feed the Need program, which supports several food banks in the Sebago Lake region. We have also supported the Windham Neighbors Helping Neighbors fuel assistance program, school lunch backpack program, just to name a few. We are proud to say that this year we received an award from the Secretary of State Maine 2022 Spirit of America Award in recognition of the charitable causes we support. We are very proud of our work and contribution to the Sebago Lake region. We are also proud of the family fun event that the derby is and recognized as.*

*This club's success could not happen without the generous support of a lot of organizations. We are extremely grateful for the support we receive from the Town of Raymond, the Select Board, and all town staff who support the derby, many several who put in time on the weekend to support us.*

*Thank you from our entire club, we appreciate your support and look forward to our continued relationship with the Town.*

*Sincerely yours,*

*Kevin Schofield, President of Sebago Lake Rotary Club*

- b) Consideration of Business License Application – Camp Crescent Cove (formerly Camp Nashoba) – Jason Feig, owner

Intend to continue in the same manner as Camp Nashoba and will make some improvements.

**Motion** to approve contingent upon a completed Fire Inspection by Selectman Sadak. Seconded by Selectman Olsen.

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\* Taken out of order

**Unanimously approved**

- c) Consideration of Business License Application – City Beer, Wine & Smoke – Pawel Z Binczyk, Esq., owner

Mr Nilesh Patel purchased 1243 Roosevelt Trail (previously owned by Kevin Gagnon) and intends to continue running it as it has been. This shop will sell tobacco products with a focus on premium cigarettes and cigars. There may be some vaping. Specialize in craft beers. They will be opening next to The Beacon and will have hours similar to the other businesses in the plaza. Mr Patel wants to use more light, more colors, and update signage to refresh the branding of the whole plaza. His goal is to bring more business during the winter months. They have already gotten a sign permit and permits to do what they have done. He is updating the fire alarm system and will walk through each business with Fire Inspector Jones to get a list of what needs to be addressed.

**Motion** to approve contingent upon a completed Fire Inspection by Selectman Sadak. Seconded by Selectman Taylor.

**Unanimously approved**

- d) Consideration of Business License Application – SAMP 1223 LLC – Pawel Z Binczyk, Esq., owner

**Motion** to approve by Selectman Olsen. Seconded by Selectman Taylor.

**Unanimously approved**

- e) Consideration of Business License Application – One 4 All Learning Center – Courtnee Benner & Bobby Sue Lowe, owners

1317 Roosevelt Trail. There is a great need for childcare in Maine. This would be the only center in Raymond. They are working on licensing with DHHS. 6 weeks to 5 years old. Planning on opening 2<sup>nd</sup> week of July, dependent upon licensing.

**Motion** to approve contingent upon a completed Fire Inspection and DHHS licensing by Selectman Sadak. Seconded by Selectman Gifford.

**Unanimously approved**

- f) Consideration of Business License Application – Rugged Roots South LLC (formerly B&B Cultivation) – Sean M Bowie, owner

This would be their 6<sup>th</sup> retail site and they have 2 large growing sites. The property is grand-fathered to allow the use as a medical marijuana retail site and the grand-fathering would continue for 2 years after this use was discontinued. It could not be changed from medical to recreational use. As long as the use is not increasing in size and is not changing from medical marijuana, the grand-fathering continues.

**Motion** to approve contingent upon a completed Fire Inspection by Selectman Sadak. Seconded by Selectman Olsen.

**Unanimously approved**

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*\* Taken out of order*

- g) Consideration of New Policy – Fire Department Motor Vehicle Accident Billing Policy – Lee O'Connor, Deputy Fire Chief

Change the named medical billing entity in section 4.F.1 to be the Town of Raymond's medical billing entity. This only pertains to car accidents and will bill the insurance companies. It is a way to off-set the cost/replacement of equipment used at accidents.

**Motion** to approve as corrected above by Selectman Sadak. Seconded by Selectman Olsen.

**Unanimously approved**

- h) Discussion of Webroot Security Training – Sue Look, Town Clerk

Phishing is by far the biggest threat to IT security and can cause days of expensive downtime, theft of sensitive information, and account takeovers through credential theft. When users are well trained on cybersecurity awareness, an organization's risk of falling victim to a cyberattack can decrease by as much as 70%. A Stanford University study found that 88% of all data breaches are caused by employee mistakes.

There was a recent study that was done and presented at a large security conference. It showed that both annual and twice-per-year training is not enough. People can quickly forget what they've learned in as little as 6-months if the message of cybersecurity is not reinforced. By making cybersecurity something that is infused in your company culture, you build a team that thinks of security first, reducing your risk of human-error-caused cybersecurity incidents.

Technology insurance requires this training, without training the insurance is more expensive. All people who can affect the Town's network via a @raymondmaine.org email or signing on to a PC.

We should have a security policy and I will work with our technology contactor, Kevin Woodbrey to draft one.

- i) Consideration of Spirit of America Award – Sue Look, Town Clerk

We have been notified that it is time to nominate if the Select Board so chooses.

#### 4) **Public Comment**

Gracie Leavitt spoke regarding the public comment given, and the minutes taken, at the April 11, 2023, Select Board Meeting, rebutting each point and expounding on her views of sexual education for children. Chair Bruno thanked Ms Leavitt for her comments.

#### 5) **Selectman Comment**

Selectman Sadak had a conversation with Superintendent Howell who said that they may need to move the completion of the school out a year. The building committee has not met recently, and Selectman Olsen (Select Board representative on the committee) could not confirm this.

Chair Bruno thanks everyone who comes up with a citizen comment.

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*\* Taken out of order*

*Select Board Meeting Minutes*

*(Page 4 of 5)*

*May 9, 2023*

**6) Town Manager's Report and Communications**

a) Confirm Dates for Upcoming Regular Meetings

- June 19, 2023 (note this is a Monday)
- July 11, 2023 (only if need be)

**7) Executive Session**

a) Consideration and Award of Scholarship Applications and Student Recognition (Pursuant to MRSA 1 §405 (6)(F))

**Motion** to enter executive session at 7:23pm by Selectman Sadak. Seconded by Selectman Taylor.

**Unanimously approved**

**Motion** to leave executive session at 7:31pm by Selectman Olsen. Seconded by Selectman Gifford.

**Unanimously approved**

b) \* Discussion of Code Enforcement with Attorney – pursuant to 1 MRSA §405 (6) (E)

**Motion** to enter executive session at 7:00pm by Selectman Sadak. Seconded by Selectman Taylor.

**Unanimously approved**

**Motion** to leave executive session at 7:23pm by Selectman Sadak. Seconded by Selectman Taylor.

**Unanimously approved**

**8) Adjournment**

**Motion** to adjourn at 7:31pm by Selectman Olsen. Seconded by Selectman Taylor.

**Unanimously approved**

*Respectfully submitted,*

*Susan L Look, Town Clerk*

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\* Taken out of order

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# Draft Consent Agreement

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## ADMINISTRATIVE CONSENT AGREEMENT

This agreement is made as of this \_\_\_\_ day of \_\_\_\_\_ 2023 by and between Nicole Starrett (hereinafter “Property Owner”) and the Town of Raymond (hereinafter “the Town”).

WHEREAS, Property Owner own a certain parcel of land located at 402 Webbs Mills Road in Raymond, Maine, identified in the Town Assessor's records as Map 10 Lot 27 (the “Premises”); and

WHEREAS, on October 7, 2020 and June 3, 2022, the Town’s Code Enforcement Officer issued Notices of Violation (hereinafter the “NOVs”) to Property Owners concerning violations of the Raymond Zoning Ordinance and ordered corrective action to remedy the violations (attached to this Administrative Consent Agreement as Exhibit A); and

WHEREAS, while the Property Owner obtained conditional use approval for a contractor use on the Premises on December 29, 2020, there are remaining violations outlined in the NOVs that have not been corrected; and

WHEREAS, state law and the Town’s ordinances authorize the Town to bring enforcement actions to cure violations, including the imposition of fines and the recovery of legal fees and expenses; and

WHEREAS, the Town and Property Owner wish to resolve this matter without further litigation;

NOW, THEREFORE, in consideration of the mutual promises and agreements set forth herein, the parties agree as follows:

1. The Property Owner shall comply with the following corrective actions:

- a. Obtain site plan approval from the Planning Board for the clearing of vegetation on the Premises in excess of 25%, and for the non-residential use or structures, and apply for and obtain after-the fact building permits for the temporary structures erected on-site in association with the contractor use by \_\_\_\_\_, 2023.
  - b. Pay a fine in the amount of \$\_\_\_\_\_ by \_\_\_\_\_, 2023.
2. In the event that the Property Owner fails to comply with the terms of this agreement, the Town shall reserve the right to initiate enforcement proceedings to resolve the violations and seek further proceedings under Section 300-5.9 of the Zoning Ordinance and 30-A M.R.S. 4452. In the event of breach of this consent agreement, the Town, in its sole discretion, may elect to enforce against the Property Owner based on this consent agreement and/or may commence an enforcement action under 30-A M.R.S. 4452 under the existing NOV's.
3. When the terms of this consent agreement have been completed, it shall conclude this matter between the parties and shall resolve the violation. A copy of this agreement will remain in the property file.

IN WITNESS WHEREOF, the parties hereto have executed this agreement as of the date first written above.

NICOLE STARRETT

\_\_\_\_\_  
Witness

TOWN OF RAYMOND

\_\_\_\_\_  
Witness

By \_\_\_\_\_  
Don Willard, Town Manager, duly authorized

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## RSU #14 BOD Resignation - Katie Leveille

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**From:** "Donald Willard" <Don.Willard@raymondmaine.org>  
**To:** "Sue Look" <sue.look@raymondmaine.org>  
**Date:** 05/16/2023 09:43 AM  
**Subject:** Fwd: RSU14 Board Resignation

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Don Willard  
Town Manager  
401 Webbs Mills Road  
Raymond, Maine 04071  
(207) 655-4742 x 131  
(207) 650-9001  
www.raymondmaine.org

From: Kate Brix <kbrix@rsu14.org>  
To: don.willard@raymondmaine.org, joe.bruno@raymondmaine.org  
Cc: Christopher Howell <chowell@rsu14.org>, Christine Bertinet <cbertinet@rsu14.org>, Kate Brix <kbrix@rsu14.org>, Kate Leveille <kleveille@grsu14.org>, Marge Govoni <mgovoni@rsu14.org>, Jessica Bridges <jhoule3@maine.rr.com>, Jennie Butler <jbutler@rsu14.org>, Jodi Carroll <jcarroll@rsu14.org>, Char Jewell <cjewell@rsu14.org>, Caitlynn Downs <cdowns@rsu14.org>, Christina Small <csmall@rsu14.org>  
Date: Mon, 15 May 2023 15:32:25 -0400  
Subject: RSU14 Board Resignation

Good afternoon Mr. Bruno and Mr. Willard.

I am writing to inform you that I have accepted Kate Leveille's resignation effective immediately. Her term was originally set to end in November 2024. Kate has provided valuable service as a member of the RSU14 Board of Directors and we thank her for her many contributions to the district.

I have included the statute that addresses vacancies here:

<https://www.mainelegislature.org/legis/statutes/20-a/title20-Asec1254.html>

Once you have determined a process and timetable for a replacement, please let me know. In the meantime, I am happy to answer any questions you might have. Thank you.

Sincerely,  
Kate Brix

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**Kate Brix**  
**Board Chair**  
**RSU 14**

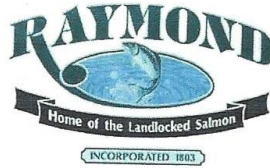
\*\*\*\*\*  
**CONFIDENTIALITY NOTICE:** This email and attachments, if any, may contain confidential information, which is privileged and protected from disclosure by Federal and State confidentiality laws, rules or regulations. This email and attachments, if any, are intended for the designated addressee only. If you are not the designated addressee, you are hereby notified that any disclosure, copying, or distribution of the email and its attachments, if any, may be unlawful and may subject you to legal consequences. If you have received this email and attachments in error, please contact the Windham-Raymond School District at 207-892-1800 and delete the email and its attachments from your computer.  
\*\*\*\*\*



# RSU #14 BOD Volunteer Application - Lisa Duncanson

## VOLUNTEER APPLICATION

**Town of Raymond**  
401 Webbs Mills  
Rd Raymond, ME  
04071  
[www.raymondmaine.org](http://www.raymondmaine.org)



**Town Clerk Sue Look**  
Phone: 207-655-4742 Ext 121  
Fax: 207-655-3024  
[sue.look@raymondmaine.org](mailto:sue.look@raymondmaine.org)

If you are a Raymond resident and interested in serving on any of the following committees or boards, please fill in the information below and submit to the Town Clerk for distribution to the appropriate board or committee chair(s) for consideration and response concerning open positions.

- Beautification Committee
- Board of Assessment Review
- Conservation Commission
- Comprehensive Plan Committee
- Recycling Committee
- Zoning Board of Appeals
- Planning Board

There are many other opportunities to serve your town as an elected official, a member of a community resource organization, an election worker on Election Day, etc. Contact the Town Clerk for more information.

Please complete this form and submit to:

Town Clerk, 401 Webbs Mills Road; Raymond, ME 04071  
or via fax to (207) 655-3024  
or via email to [sue.look@raymondmaine.org](mailto:sue.look@raymondmaine.org)

Name: <b>Lisa Duncanson</b>
Mailing Address: <b>9 Viola Street, Raymond</b>
Telephone Number: <b>207-838-3298</b>
E-mail Address: <b>duncansons@mail.com</b>
Occupation: <b>Entrepreneur</b>

Boards and/or committees you are interested in (please list in order of preference):

1. <b>RSU #14 School Board</b>
2.
3.

Why are you interested in the board(s) and/or committee(s) chosen above?

For the protection of a solid education for Raymond students with traditional Raymond values (Respect for oneself, Respect for others, Respect for our schools, town and country)

What contributions, benefits, talents, and skills can you bring to the Town of Raymond?

calmness, reason, the ability look at all the information before rushing to judgement, I can bring all the skills I have obtained in my 35 years of running my own businesses ( customer service, financial expertise and leadership).....I also can bring the natural skills that I have used as a mother, aunt and grandmother (the ability to listen, empathy, love, understanding, conflict resolution, encouragement,, , ,

What do you feel is the responsibility of the boards and/or committees you chose?

It should be all about the traditional education of students - guiding and contributing to making them solid and productive citizens and future leaders.

What municipal boards, volunteer organizations, or community service groups/committees have you worked with in the past and for what length of time?

Raymond Baseball/Softball (10 yrs) both as league director and softball coach  
Windham High School Booster Club Member (8 yrs)  
Windham High School Varsity Club Director (5 yrs)  
Rick Duncanson Memorial Scholarship Director (10 yrs)

Does your schedule allow the flexibility to attend meetings on a regular basis?

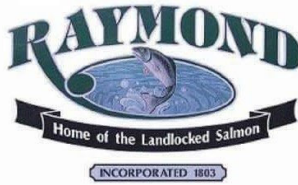
Yes ☒ No ☐

Thank you.

# RSU #14 BOD Volunteer Application - Megan Juhase-Nehez

## VOLUNTEER APPLICATION

**Town of Raymond**  
401 Webbs Mills  
Rd Raymond, ME  
04071  
[www.raymondmaine.org](http://www.raymondmaine.org)



**Town Clerk Sue Look**  
Phone: 207-655-4742 Ext 121  
Fax: 207-655-3024  
[sue.look@raymondmaine.org](mailto:sue.look@raymondmaine.org)

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- Beautification Committee
- Board of Assessment Review
- Conservation Commission
- Comprehensive Plan Committee
- Recycling Committee
- Zoning Board of Appeals
- Planning Board

There are many other opportunities to serve your town as an elected official, a member of a community resource organization, an election worker on Election Day, etc. Contact the Town Clerk for more information.

Please complete this form and submit to:

Town Clerk, 401 Webbs Mills Road; Raymond, ME 04071  
or via fax to (207) 655-3024  
or via email to [sue.look@raymondmaine.org](mailto:sue.look@raymondmaine.org)

Name: <b>Megan Juhase-Nehez</b>
Mailing Address: <b>16 Pulpit Rock Road</b>
Telephone Number: <b>207-572-3589</b>
E-mail Address: <b>megannehez@gmail.com</b>
Occupation: <b>Special Services Coordinator/Educator</b>

Boards and/or committees you are interested in (please list in order of preference):

1. <b>School Board</b>
2.
3.

Why are you interested in the board(s) and/or committee(s) chosen above?

I have two children in the school district, at RES and WHS and would like to be a part of the decisions that are made that affect them and all students within RSU 14

What contributions, benefits, talents, and skills can you bring to the Town of Raymond?

As both a resident, parent, and educator in regular and special education, I think I can bring a unique viewpoint to the board on behalf of the Town of Raymond. I am a former educator in RSU 14 as well, which I think can be beneficial, as I often can understand varying viewpoints in relation to our schools.

What do you feel is the responsibility of the boards and/or committees you chose?

Assisting in the development of policy and the effectiveness of policies, in addition to establishing educational goals for our district.

What municipal boards, volunteer organizations, or community service groups/committees have you worked with in the past and for what length of time?

I have not been very active since moving to Maine in 2017. I do volunteer for the special olympics a couple times of year and sign up for the occasional PTO event when I can.

Does your schedule allow the flexibility to attend meetings on a regular basis?

Yes ☒ No ☐

Thank you.

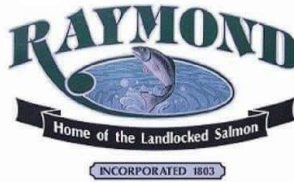
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# RSU #14 BOD Volunteer Application - Michael McClellan

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## VOLUNTEER APPLICATION

**Town of Raymond**  
401 Webbs Mills  
Rd Raymond, ME  
04071  
[www.raymondmaine.org](http://www.raymondmaine.org)



**Town Clerk Sue Look**  
Phone: 207-655-4742 Ext 121  
Fax: 207-655-3024  
[sue.look@raymondmaine.org](mailto:sue.look@raymondmaine.org)

If you are a Raymond resident and interested in serving on any of the following committees or boards, please fill in the information below and submit to the Town Clerk for distribution to the appropriate board or committee chair(s) for consideration and response concerning open positions.

- Beautification Committee
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- Planning Board

There are many other opportunities to serve your town as an elected official, a member of a community resource organization, an election worker on Election Day, etc. Contact the Town Clerk for more information.

Please complete this form and submit to:

Town Clerk, 401 Webbs Mills Road; Raymond, ME 04071  
or via fax to (207) 655-3024  
or via email to [sue.look@raymondmaine.org](mailto:sue.look@raymondmaine.org)

Name: <b>Michael McClellan</b>
Mailing Address: <b>27 Pismire Mountain Road, Raymond, ME 04071</b>
Telephone Number: <b>207-329-6148</b>
E-mail Address: <b>mmcclell@maine.rr.com</b>
Occupation: <b>Policy Director</b>

Boards and/or committees you are interested in (please list in order of preference):

1. <b>RSU 14 School Committee</b>
2.
3.

Why are you interested in the board(s) and/or committee(s) chosen above?

I have served in the past, as I watch current issues confronting this board...I feel I can join the board and make positive efforts to help unify it.

What contributions, benefits, talents, and skills can you bring to the Town of Raymond?

Budgeting, policy, collaboration, communication, hard worker, understanding of process and particularly education process.

What do you feel is the responsibility of the boards and/or committees you chose?

The School Board should oversee the education of our children.

What municipal boards, volunteer organizations, or community service groups/committees have you worked with in the past and for what length of time?

School board - 2 terms and 1 year fill in (served as chair). Selectboard - 1 term, (served as chair). Maine State House - 3 terms (served on Education Committee all 6 years). I served many other roles in Raymond such as sport coaching, Raymond Beautification Committee, Raymond Recycling Committee and on the committee charged with looking at leaving the RSU.

Does your schedule allow the flexibility to attend meetings on a regular basis?

Yes ☒ No ☐

Thank you.



# Peddler's License - B&B Fat Guys - Billie Jo Smith, owner



## Peddler's License

☐ \$250 – Residents ☒ \$500 – Non-Residents

Town of Raymond  
401 Webb's Mills Road  
Raymond, Maine 04071  
207.655.4742

Applicant Name: Billie Jo Smith

Description: weight 179 eye color Green hair color Brunet with Grey

Residence Address: 99 Pinewoods Road Lewiston me. 04240

Phone: 207 - 699 - 7273 Email: b.b.fatguys@gmail.com

Business Name: B+B Fat Guys Co. LLC

Business Address: 99 Pinewoods Road Lewiston me. 04240

Nature of Business and Goods to be Sold: Food, Sausage Subs, Steak n Cheese, Chicken Tenders, FF, Hamburgers, Cheese Burgers, Hot Dogs, Bacon Cheddar Loks, Fried Green Beans, Water, Soda, Ice Tea, Juices.

Name & Address of Employer (if employed by another – please include proof of employment): \_\_\_\_\_

Description of the Location from which Goods will be Sold: In Parking lot of Sebago Outfitters At 1254 Roosevelt Trail Raymond me. 04071 near front Right Side of Building When Looking at Sebago Outfitters

Description of Vehicle or Stand: Red Collar Towbehind Trailer with Fat Guys Logo on it

Names of at least 2 reliable property owners who will certify as to the applicant's good character and business responsibility:

Name: Howell Copp Address: 81 W Gray Rd, Gray, me

Phone Number: 207-838-2324 04039

Name: Scott Doyle Address: New Gloucester me

Phone Number: 207-376-6550





### **FOOD TRUCK SPACE RENTAL AGREEMENT**

This FOOD TRUCK SPACE RENTAL AGREEMENT (the "Agreement") is entered into on this 1<sup>st</sup> day of May, 2023 (the "Effective Date") by and between Leah Drinkwater and Billie Jo Smith (the "Vendor", with its principal

The business address located at Sebago Outfitters with its principal business address located at 1254 Roosevelt Trail Raymond, ME 04071.

Each party is individually referred to as a "Party" and collectively as the "Parties".

The Parties agree as follows:

1. Term of the Agreement. This Agreement shall not become effective until both Parties execute this Agreement, and the Vendor provides insurance documents pursuant to Section 5. The term of this Agreement shall be through calendar year December 31<sup>st</sup> 2023, (the "Term") [a new agreement is required for each calendar year] unless terminated earlier.
  2. Rental Fee of \$200 per month. Rental shall be paid commensurate with the attached rate schedule at the time business operations commence. Rental fees are subject to change at the discretion of Sebago Outfitters.
  3. Termination of this Agreement. Sebago Outfitters and Fat Guys Concessions may terminate this Agreement prior to the Term ending, with or without cause, without any penalty whatsoever. 30 day notice prior to the Term ending,
  4. Food Truck Space, Merchandise, & Display Standards. Sebago Outfitters shall assign Food Truck, in its sole discretion, a parking space. Sebago Outfitters has, in its sole discretion, final say on how the space is used and how the Food Truck presents to the general public. Food Trucks are required to provide their own connections, including adapters, for the permanent power provided.
- Sebago Outfitters, and all patrons of Sebago Outfitters. Under no circumstances, be liable for any loss or damage to Vendor's property. Vendor agrees, at its sole cost and expense, to keep its space clean and in a manner satisfactory to Sebago Outfitters. Food Trucks shall not transfer, assign, sublet, or share any booth space without written approval, and any such attempt to do so is automatically void. Additionally, Vendor shall have all property removed by the end of their scheduled time.
5. Vendor Documentation. To the extent that Sebago Outfitters requests and requires documentation from Food Trucks, Food Truck shall provide The Eddy with true and correct copies of any required documentation, including but not limited to, business licenses, permits, sales tax certificates, certificates of authority, certificates of insurance.
  6. Indemnification. Food Truck agrees to indemnify, defend, and hold harmless Sebago Outfitter, its managers, its members, its affiliates, officers, employees, agents, and representatives from and against any and all losses, lawsuits, judgments, causes of action, costs, damages, claims (actual or alleged) and expenses resulting from claims for nuisance, bodily injury, tort, death, property destruction, and/or property damage arising out of or incidental to or in any way resulting from the acts or omissions, whether negligent or otherwise, of the Food Truck, its employees, subcontractors,

8. Video and Photography Release. Food Truck hereby grants to Sebago Outfitters the irrevocable and unlimited right and permission to use photographs and/or video recordings of Food Truck, Food Truck's intellectual property and Food

Truck's property on each of Sebago Outfitters social medial and other Internet properties, publications, promotional flyers, marketing materials, derivative works, or for any other similar purpose without compensation or permission from Food Truck. Food Truck hereby releases, acquits and forever discharges The Eddy from any and all claims, demands, rights, promises, damages, and/or liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation, likeness, or defamation.

9. Agreement, shall not be affected, and each provision of this Agreement shall be valid and shall be enforceable to the extent permitted by law. This Agreement may not be assigned to a third Party without the written consent of Sebago Outfitters.

This Agreement shall be governed by, and construed in accordance with, the internal Laws of the State of Maine. Without giving effect to any principles of conflicts of laws. Each Party hereby irrevocably submits to the jurisdiction of any State or Federal Court sitting in Washoe County, state of Nevada, in respect of any suit, action or proceeding arising out of or relating to this Agreement, and irrevocably accepts for itself and in respect of its property, generally and unconditionally, jurisdiction of such courts. This Agreement may be executed in any number of counterparts.

IN WITNESS WHEREOF, the Parties have executed this Agreement and intend to be bound thereby as of the effective date stated above.

Business- Sebago Outfitters

Owner: Leah Drinkwater

Signature:

Food Truck- Fat Guys Concession

Owner: Billie Joe Smith

Signature:

EST ID: 9423  
EATING PLACE - MOBILE

FAT GUYS CONCESSIONS II (RED WAGON)  
99 PINWOODS RD  
LEWISTON ME 04240

EXPIRES: 05/18/2024

FEE: \$270.00

ATTN BILLIE JO SMITH  
B & B FAT GUYS LLC  
FAT GUYS CONCESSIONS II (RED WAGON)  
99 PINWOODS RD  
LEWISTON ME 04240

*Jeanne A. Lortie*  
Commissioner

Employers must establish a written smoking policy that prohibits smoking in any business facility, including in vehicles used for work, and in outdoor areas where employees perform services under the control of the employer. Smoking in workplaces shall only be permitted outdoors. Employers shall only permit employer and employees to smoke outside within a Designated Smoking Area that is at least 20 feet away from the business facility and designed in a way to prevent smoke from escaping back into a workplace, public place or other areas where smoking is prohibited.

Eating Establishments shall prohibit smoking in outdoor eating areas and all enclosed areas of public places. Smoking includes the use of electronic smoking devices, whether or not they contain nicotine.

Tobacco Retailers are required to card all persons 30 years of age or younger by photographic identification that contains the persons date of birth. Tobacco products may not be sold to any person under 21 years of age unless the person obtained 18 years of age on or before July 1, 2018. Tobacco products include, but not limited to, a cigarette, a cigar, a hookah, pipe tobacco, chewing tobacco, snuff or snus, electronic smoking devices, and any component or accessory used in the consumption of a tobacco product, such as filters, rolling papers, pipes and liquids used in electronic smoking devices, whether or not they contain nicotine.

For free guidance regarding Maine's retail tobacco and workplace smoking laws, please contact the Maine CDC Tobacco and Substance Use Prevention and Control program at [tsup.dhhs@maine.gov](mailto:tsup.dhhs@maine.gov) or call 207-287-4627.

ATTN BILLIE JO SMITH  
B & B FAT GUYS LLC  
FAT GUYS CONCESSIONS II (RED WAGON)  
99 PINWOODS RD  
LEWISTON ME 04240

Owner: B & B FAT GUYS LLC  
Licensee: FAT GUYS CONCESSIONS II (RED WAGON)  
Location: 99 PINWOODS RD  
LEWISTON  
ATTN BILLIE JO SMITH  
Mail: 99 PINWOODS RD  
  
LEWISTON ME 04240  
Lic Type: EATING PLACE - MOBILE

ISSUED: 5/19/2023  
EXPIRES: 5/18/2024  
FEE: \$270.00  
TEL: 207-699-7273

Est ID: 9423







# ServSafe® CERTIFICATION

**BILLIE SMITH**

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)—Conference for Food Protection (CFP).

18856427

CERTIFICATE NUMBER

5473

EXAM FORM NUMBER

1/14/2020

DATE OF EXAMINATION

1/14/2025

DATE OF EXPIRATION

local laws apply. Check with your local regulatory agency for recertification requirements.



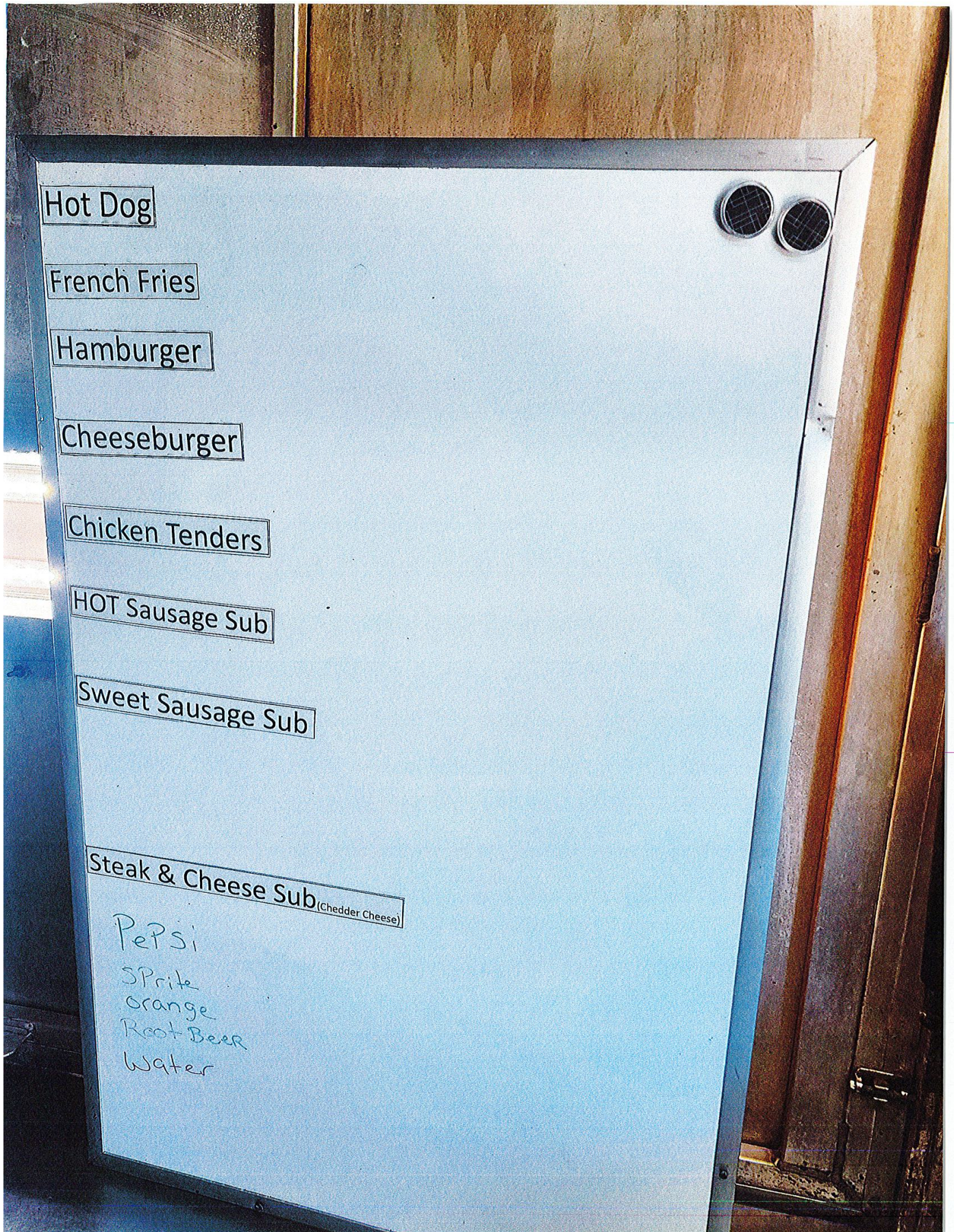
#0655

*Sherman Brown*  
Sherman Brown  
Executive Vice President, National Restaurant Association Solutions

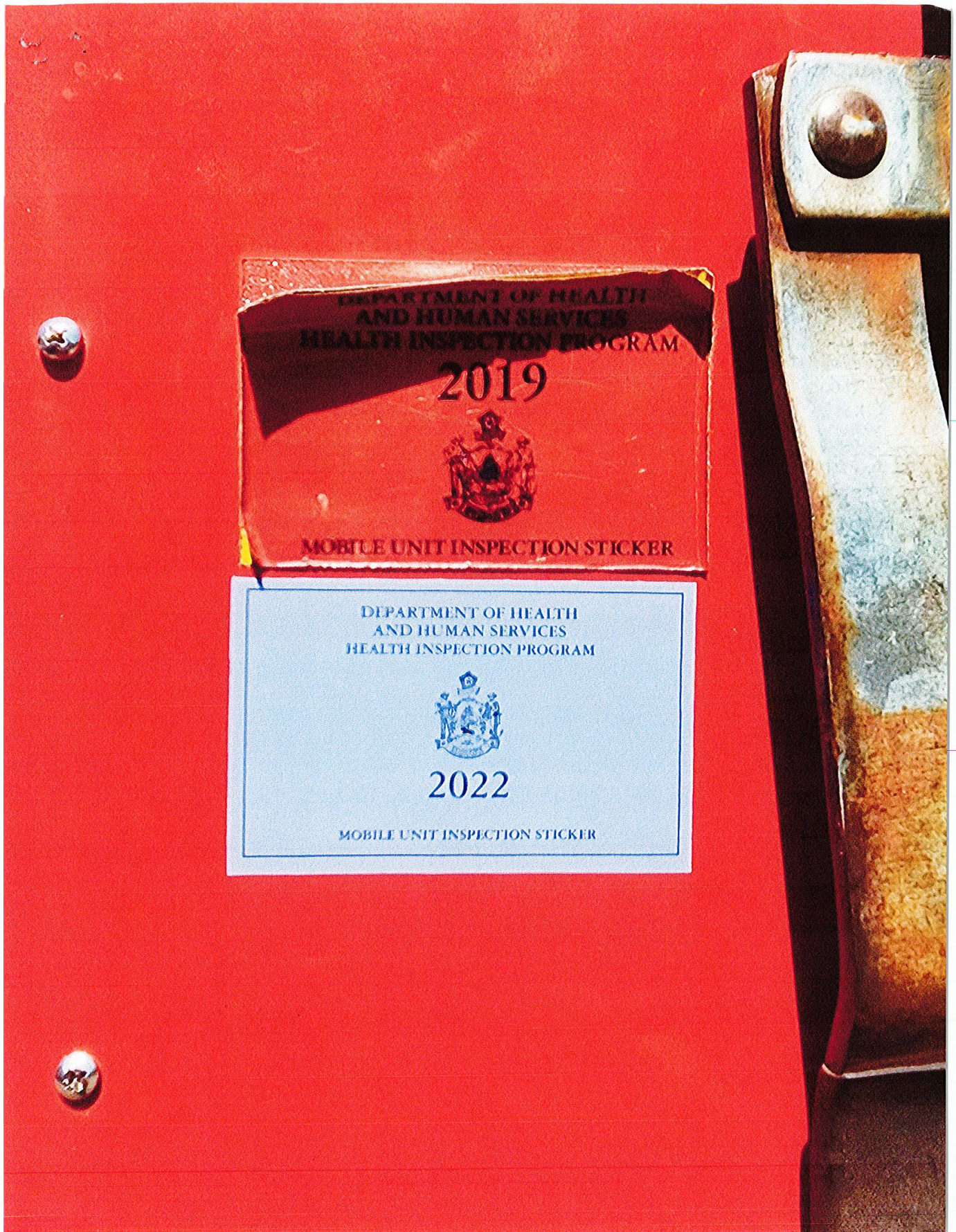


In accordance with Maritime Labour Convention 2006, Resolution ADMN.048-2013 (Regulation 3.2, Standard A3.2).  
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## CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
03/20/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

<b>PRODUCER</b> Hiscox Inc. 520 Madison Avenue 32nd Floor New York, New York 10022	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 844-357-0403 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> contact@hiscox.com <b>PRODUCER CUSTOMER ID:</b>
<b>INSURED</b> B & B Fat Guys, LLC 99 Pinewoods Rd Lewiston, ME 04240	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Hiscox Insurance Company Inc. <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b> 10200

### COVERAGES

### CERTIFICATE NUMBER:

### REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATION MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input type="checkbox"/>	PROPERTY	P100.245.116.3	05/04/2023	05/04/2024	<input type="checkbox"/>	BUILDING	\$
	CAUSES OF LOSS					<input checked="" type="checkbox"/>	PERSONAL PROPERTY	\$ \$ 10,000
	<input type="checkbox"/>	BASIC				<input type="checkbox"/>	BUSINESS INCOME	\$
	<input type="checkbox"/>	BROAD				<input type="checkbox"/>	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL				<input type="checkbox"/>	RENTAL VALUE	\$
	<input type="checkbox"/>	EARTHQUAKE				<input type="checkbox"/>	BLANKET BUILDING	\$
	<input type="checkbox"/>	WIND				<input type="checkbox"/>	BLANKET PERS PROP	\$
	<input type="checkbox"/>	FLOOD				<input type="checkbox"/>	BLANKET BLDG & PP	\$
	<input type="checkbox"/>					<input type="checkbox"/>		\$
	<input type="checkbox"/>					<input type="checkbox"/>		\$
<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY			<input type="checkbox"/>	\$		
<input type="checkbox"/>	CAUSES OF LOSS				<input type="checkbox"/>	\$		
<input type="checkbox"/>	NAMED PERILS	POLICY NUMBER			<input type="checkbox"/>	\$		
<input type="checkbox"/>					<input type="checkbox"/>	\$		
<input type="checkbox"/>	CRIME				<input type="checkbox"/>	\$		
<input type="checkbox"/>	TYPE OF POLICY				<input type="checkbox"/>	\$		
<input type="checkbox"/>					<input type="checkbox"/>	\$		
<input type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN				<input type="checkbox"/>	\$		
<input type="checkbox"/>					<input type="checkbox"/>	\$		
<input type="checkbox"/>					<input type="checkbox"/>	\$		

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### CERTIFICATE HOLDER

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 24 (2016/03)

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/20/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hiscox Inc. 520 Madison Avenue 32nd Floor New York, New York 10022	<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): (888) 202-3007 FAX (A/C, No): E-MAIL ADDRESS: contact@hiscox.com <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Hiscox Insurance Company Inc INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	<b>NAIC #</b> 10200
<b>INSURED</b> B & B Fat Guys, LLC 99 Pinewoods Rd Lewiston, ME 04240		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			P100.245.116.3	05/04/2023	05/04/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

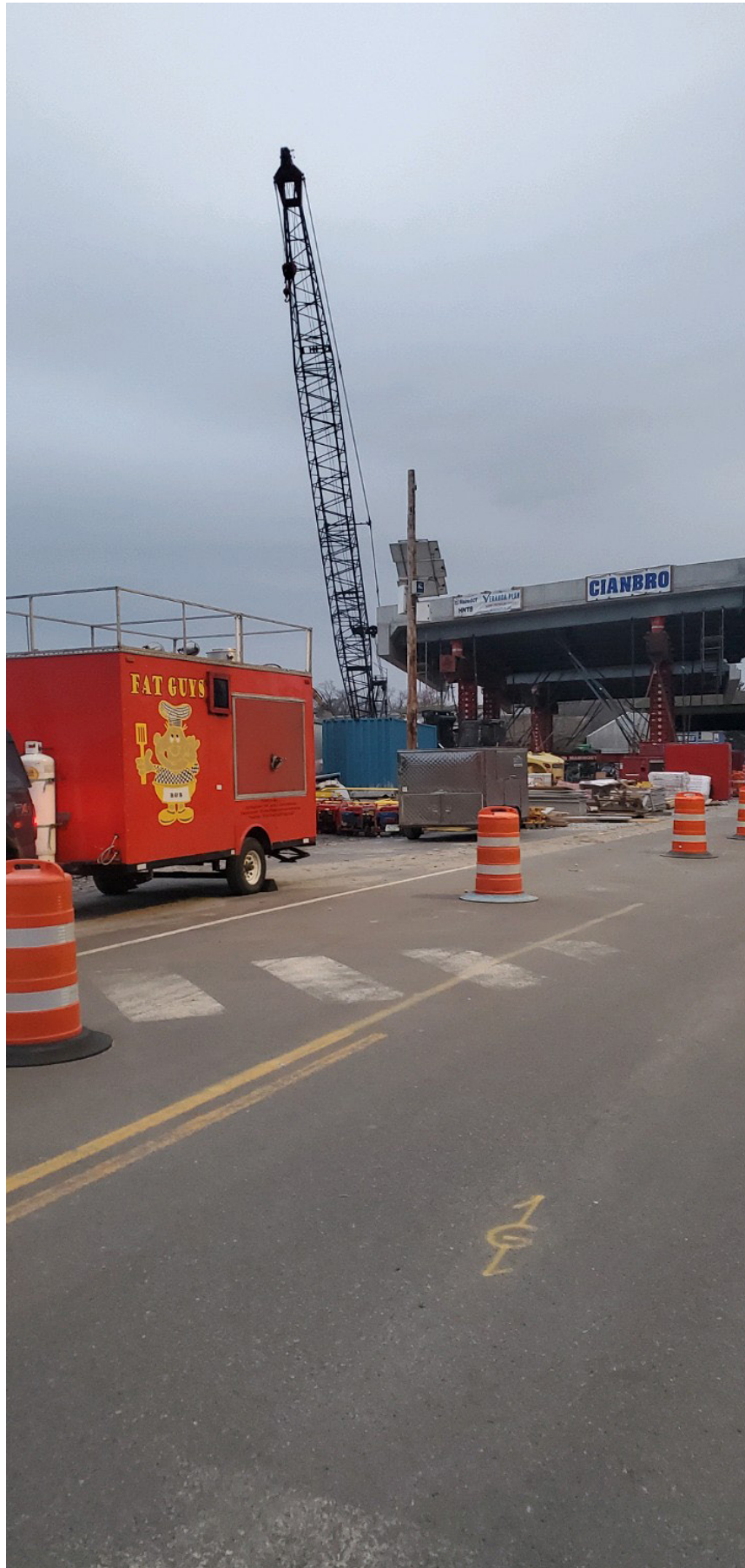
**CERTIFICATE HOLDER****CANCELLATION**

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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# Business License - IFS in ME, Toni Jo Coppa, owner



## Business License Application

### OFFICIAL USE

Permit Fee: \$25.00

Application Date: 1/19/23

Map-Lot: \_\_\_\_\_

Zone: \_\_\_\_\_

Business Name: IFS in ME

Business Location: 1265 Roosevelt Trail, Raymond, ME 04071

Applicant: Toni Jo Coppa

Mailing Address: 14 Harvest Hill Road, Windham

City State Zip: Windham, ME 04062

Home Telephone: 413-977-9592 Work Telephone: \_\_\_\_\_

Email Address: toni.jocoppa@yahoo.com

Description of Business: Counseling - Mental Health

Owners/Partners Names	Owners/Partners Address	Owners/Partners Phone #s
<u>Toni Jo Coppa</u>	<u>14 Harvest Hill Rd.</u>	<u>413-977-9592</u>
	<u>Windham, ME</u>	
Emergency Contact Names	Emergency Phone # 1	Emergency Phone # 2

I have secured or am in the process of securing all State and local licenses/permits required for my business to operate. Please list required licenses/permits:

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

Have there been any public health, safety, or welfare problems occurring in the operation of the business or a similar business at the same location in the immediately preceding year, including but not limited to neighborhood complaints, disorderly customers, and excessively loud or unnecessary noise that initiated complaints to or required a response from the sheriff's department fire department or other municipal regulatory body or employee? ☐ Yes ☐ No

If Yes, please provide evidence of satisfactory resolution of any such complaint.

Applicant Signature: 



Form: Annual 18-0331

## Raymond Fire & Rescue

Occupancy: **IFS in Maine (Toni Jo Coppa) & LCSW (Stephanie Rowland)**

Occupancy ID: **Roosevelt 1265 - 1**

Address: **1265 Roosevelt TRL Apt/Suite #Suite 1 Raymond ME 04071**

Inspection Type: **Business License Inspection**

Inspection Date: **5/23/2023**

By: Jones, 358 Wayne (JONESW)

Time In: **15:00**

Time Out: **16:45**

Authorized Date: **06/13/2023**

By: Jones, 358 Wayne (JONESW)

### Inspection Description:

Annual Inspection Form

New and Change of Use Inspection Form

### Inspection Topics:

#### General

Address numbers 3 inches high visible from street.

Raymond Addressing Ordinance Article 6. Numbers must be a contrasting color to the background. Address numbers are critical to emergency personnel in finding people who may need assistance or aid in an emergency.

**Status:** **PASS**

**Notes:** **2-2-2023: E-911 address was in place on Business Sign and Front of the building.**



Posted Maximum Occupancy signs at room entrances where required.

Assembly uses shall have an Occupancy Permit issued by the Raymond Fire Department.

**Status:** **Not Applicable**

**Notes:**



Is a Knox Box installed. Are the keys current?

All properties protected by a Fire Alarm System and/or a Fire Suppression System shall have a Knox Box with current keys to the property. Raymond Fire Protection Ordinance Article 5 Section 1

**Status:** PASS

**Notes:** 2-2-2023: No Knox Box on the building during the inspection.

2-3-2023: Owner provided photo of the Knox Box installed on the building.

2-3-2023: Master Key(s) for the for the building and individual Suite's will need to be provided and placed into the Knox Box, The RFRD Knox Box will need to lock the Knox Box Cover (see merged photo in Additional Inspection Items section).

5-8-2023: Master Keys for the building complex, including IFS of Maine have been placed into the Knox Box for RFRD access in an emergency.



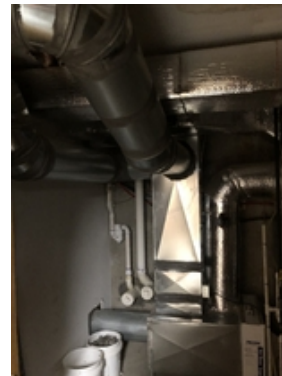
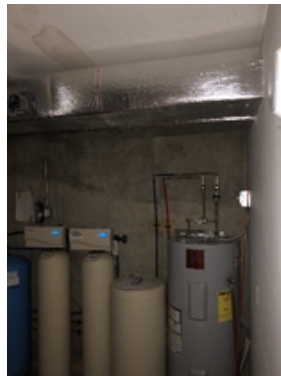
## Housekeeping

Boiler, mechanical, and electrical panel rooms shall not be used for storage.

Combustible materials in these equipment rooms often get put too close to sources of heat and a fire will likely result.

**Status:** PASS

**Notes:**





Locate all dumpsters at least 10 feet from the building or overhangs.

Dumpsters are a common fire target of vandals. Moving the dumpster away will reduce the risk of a fire spreading to the building.

**Status:** PASS

**Notes:**



Are combustible wastes properly stored in containers.

Combustible waste like grease can be hazardous if not properly stored.

**Status:** PASS

**Notes:**

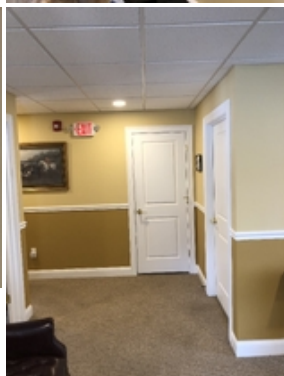
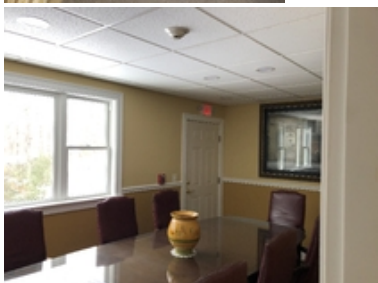
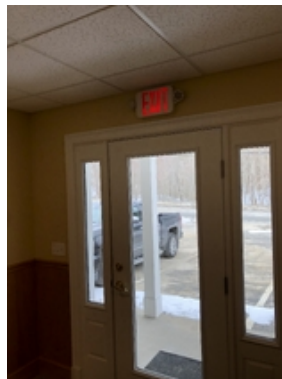
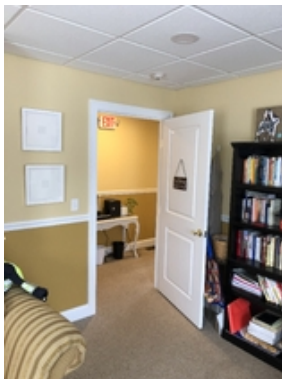
## Exits

Are all required exits marked?

[NFPA 101 7.10] Means of egress exits, other than the main entrance to a room or space that is obviously and clearly identifiable, must be marked as an exit to direct egress in an emergency.

**Status:** PASS

**Notes:**



Are emergency egress light fixtures installed and operational?

Test battery and check for broken or missing light fixtures.

**Status:** PASS

**Notes:** Also see combo Exit Sign photos above.



Are exit doors clear of obstructions, snow and ice?

101:7.1.10 Doors in means of egress or escape shall be maintained free of obstructions, including snow and ice.

**Status:** PASS

**Notes:** 2-2-2023: Rear Exit Conference Room Door was not cleared of snow at the time of the inspection.

2-3-2023: Rear Exit Conference Room Door has been cleared of all snow (see merged photo in Additional Inspection Items section).



If the occupancy is more than 50 persons, are exit doors equipped with panic or fire exit hardware?

Include reference

**Status:** Not Applicable

**Notes:** Occupant Load is less than 50 persons, panic hardware is not required.

Unlock all required and marked exit doors during business hours.

Locked exit doors make it impossible for occupants to escape in an emergency.

**Status:** PASS

**Notes:**



Remove storage from exit stairs.

Items stored beneath or in exit stairs present a fire risk that can endanger persons using that escape route.

**Status:** PASS

**Notes:**

### Hazardous Materials

Store Class 1 liquids in approved containers.

Class 1 flammable liquids are highly flammable and should only be used in small quantities for approved purposes and stored in approved storage cabinets.

**Status:** Information

**Notes:** Lawnmower and LPG Propane cylinder for gas grille were stored on trailer inside the basement.



### Construction

Are Means of Egress components compliant with construction requirements?

Elements of a Means of Egress must meet construction requirements and be kept clear of obstacles at all times.

**Status:** PASS

**Notes:**

Are Means of Egress Clear?

[NFPA 101 7.1.10] A means of egress shall be continuously maintained free of obstructions.

**Status:** PASS

**Notes:** 2-2-2023: See note above regarding Suite 2 rear Exit Door from Conference Room.

2-3-2023: Rear Exit Conference Room Door has been cleared of all snow (see merged photo in Additional Inspection Items section).

Are required occupancy separations constructed properly?

Required fire barriers for separation of occupancies must be full height and sealed at floor, walls and roof/ceiling assemblies. All penetrations shall be properly protected with either a joint or through penetration sealant system.

**Status:** PASS

**Notes:**

Seal unapproved openings with approved material.

Flame, smoke, and hot gases can easily travel through holes and pipe chases, thus creating more damage and a hazard to occupants.

**Status:** PASS

**Notes:**

Keep attic and scuttle covers closed, and ceiling tiles in place.

Ceilings are an integral part of the building's fire protection. If kept in place, the ceiling will protect roof structures from premature collapse.

**Status:** PASS

**Notes:**

### Fire Extinguishers

Are portable fire extinguishers properly mounted, charged and inspected?

Portable fire extinguishers need to be routinely checked to maintain usefulness.

**Status:** PASS

**Notes:** 2-2-2023: Extinguishers were installed in front Entry and outside basement furnace room, but had not been serviced, tested or tagged.

2-3-2023: New Extinguishers were purchased and mounted (see receipt and photos in Additional Inspection Items section).



Mount extinguishers where readily available, not more than 4 feet above floor.

Extinguishers must be easily within reach of all occupants, but not where they will be subject to damage.

**Status:** PASS

**Notes:** See note above reference servicing, testing, and tagging.



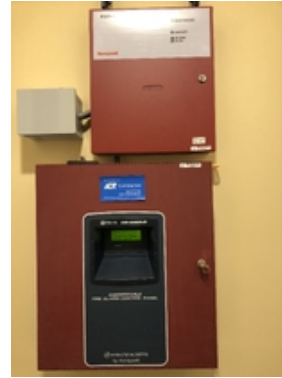
## Fire Alarm

Is a monitored fire detection and alarm system installed?

Raymond Fire Protection Ordinance Article 5 requires all commercial, assembly and public occupancies over 1000 sf to have a monitored fire alarm system.

**Status:** PASS

**Notes:**



Has a current fire alarm test report on file with the Raymond Fire Department.

Raymond Fire Protection Ordinance (Article 5 Section 1) requires an annual fire alarm test report be filed with the Office of the Fire Inspector before January 1 each year.

**Status:** PASS

**Notes:** 2-2-2023: Annual NFPA 72 Inspection, Testing and Maintenance Form has not been submitted to the RFRD for the past 2-years in accordance with Town Ordinance and adopted Codes.

2-3-2023: See the owner email in Additional Inspection Items section.

5-23-2023: The annual NFPA 72 Inspection, Testing and Maintenance Report has been received from Protection One / ADT



Are carbon monoxide detectors installed?

Carbon monoxide is a colorless, odorless gas that can create a life threatening situation without warning. Carbon Monoxide detectors are recommended in all occupancies. Carbon Monoxide detectors are required in all occupancies with sleeping rooms or areas and Day Cares Occupancies.

**Status:** PASS

**Notes:** 2-2-2023: None were noted during the inspection.

2-3-2023: See the CO Detector photos in Owners merged photos found in Additional Inspection Items section.

Other

Other Fire Alarm Comments

**Status:** PASS

**Notes:** 2-2-2023: LPG detectors had not been noted as being installed in accordance with Maine Law.

2-3-2023: LPG Detector is located in the basement (see merged photo in Additional Inspection Items section).

## Fire Sprinkler

Is a fire sprinkler system installed?

Installed fire sprinkler systems shall comply with NFPA101:9.7 for the type hazard being protected.

**Status:** Not Applicable

**Notes:**

Is the main valve open and secured with an operational tamper switch?

The main source of water supply must always be open unless maintenance is being performed. A trouble alarm must be activated in the fire alarm system if the valve is not in the full open position.

**Status:** Not Applicable

**Notes:**

Remove obstacles within 18 inches of sprinkler heads. (36 inches if sprinkler heads are installed more than 12 feet above the floor)

Obstacles stored or installed too close to sprinkler heads will not allow adequate coverage to properly protect the area from fire.

**Status:** Not Applicable

**Notes:**

Maintain access to and operation of standpipes, fire hose, sprinkler valves, fire hydrants, fire extinguishers, and other fire protection equipment

Fire protection equipment must have clear access and be operational at all times to be effective in an emergency.

**Status:** Not Applicable

**Notes:**

If the system includes a pump, is the power supply monitored.

If a pump is required to provide the hydraulic pressure to the sprinkler system, the pump's power supply must be monitored by the fire alarm system. A trouble alarm shall be activated if power to the pump is lost.

**Status:** Not Applicable

**Notes:**

Other

Other Fire Sprinkler Comments

**Status:** Not Applicable

**Notes:**

### Electrical Systems

Are electrical systems properly installed?

Electrical systems shall be installed to comply with NFPA 70 National Electric Code. Improperly installed systems present a significant fire and life safety danger.

**Status:** PASS

**Notes:**

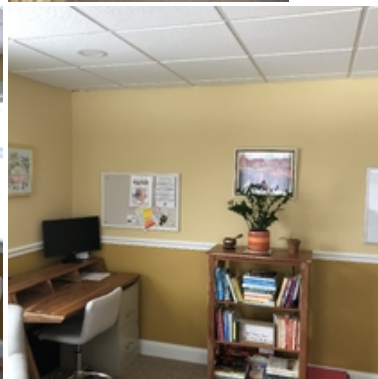
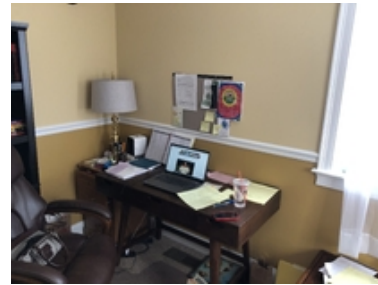
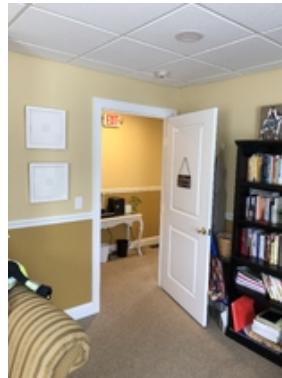


Discontinue use of extension cords as permanent wiring.

Extension cords do not afford the durability, safety and protection from shock or fire. No more than (1) one 6-outlet surge protected power strip should be used on any circuit.

**Status:** PASS

**Notes:** No issues were noted during this inspection.



Each outlet box shall have a cover faceplate or fixture canopy.

Covers protect people from being shocked by exposed wires, prevent spread of electrical current, and heat and flame during short circuits.

**Status:** PASS

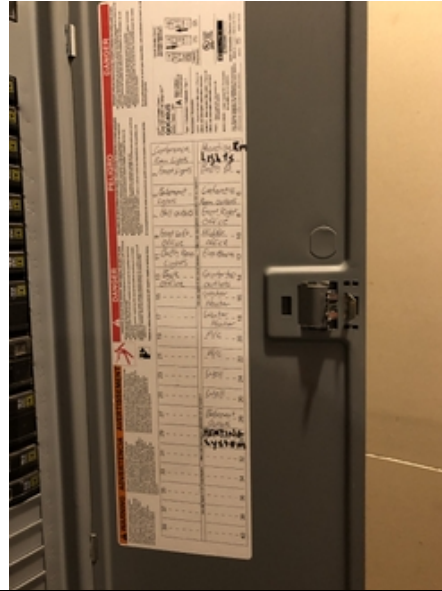
**Notes:**

Label all circuit breakers and provide blank panels for spares.

Proper identification of the areas served by a circuit breaker is important during an emergency.

**Status:** PASS

**Notes:**



Maintain at least 30 inches clearance in front of electrical panel.

Access to electrical panels must be cleared to allow for general inspection and emergency shutdown.

**Status:** PASS

**Notes:** 2-2-2023: 30-inches of clearance to Main Electrical Service panel had not been cleared of storage items at the time of inspection.

2-3-2023: 30-inches of clearance to Main Electrical Service panel has been provided (see photo). Owner will need to continue to maintain this clearance.



## Heating System

Are any unvented fuel fired heated equipment in use?

Unvented fuel-fired heating equipment, other than gas space heaters in compliance with NFPA 54 National Fuel Gas Code, shall be prohibited.

**Status:** Not Applicable

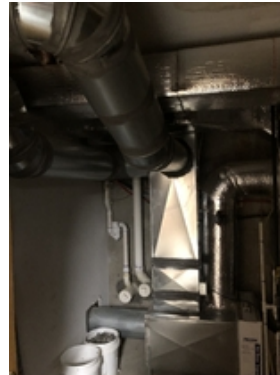
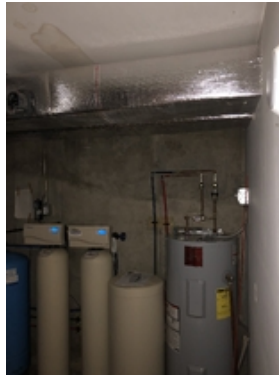
**Notes:** None were found during the inspection.

Are all heating appliances protected from clients touching hot surfaces or open flame.

Any heating equipment in spaces occupied by clients shall...protect clients from hot surfaces and open flames...

**Status:** PASS

**Notes:** See furnace room photos below.



Other

Other Heating System Comments

**Status:** PASS

**Notes:** 2-2-2023: LPG Furnace requires the installation of gas detectors to be in compliance with Maine Law.

2-3-2023: LPG Detector is located in the basement (see merged photo in Additional Inspection Items section).

## Other Comments

### Additional Inspection Items

Enter additional inspection comments

#### Status: Information

**Notes:** 2-2-2023: All Violations and Routine Maintenance Items noted in this report must be corrected. A follow-up inspection must be scheduled, and/or photos and documentation provided to the RFRD for verification of the corrections being performed. All deficiencies need to be corrected prior to the RFRD signing off on the Business License Application.

2-3-2023: The building owner (Reggie Butts) has provided a follow up email and photos & receipt regarding the corrections since yesterday's inspection at 1265 Roosevelt Trail (see enclosed merged photos and email).

2-3-2023: The remaining deficiencies to be corrected are as follows:

- 1) Master Key(s) for building and/or Suites needs to be provided and locked into the installed Knox Box
- 2) The NFPA 72 Inspection, Testing, & Maintenance Report needs to be forwarded to the RFRD.
- 3) A 30-inch clearance to the Main Electrical Service Panel needs to be provided.

2-17-2023: 30-inch clearance in front of the Main Electrical Service Panel has been provided.

5-8-2023: Master Keys for the entrance doors to the entire building complex have been placed into the Knox Box on the front of the building.

5-23-2023: The annual NFPA 72 Fire Alarm System Inspection, Testing & Maintenance Report has been received by the RFRD for 2023.

From: Harger5000 <marger5000@aol.com>  
To: wayne.jones@raymondmaine.org  
Date: 02/03/2023 10:05 AM  
Subject: From Reggie Butts - 1265 Roosevelt Trail, Raymond, Maine 04071

Good Morning Wayne:

I purchased two new fire extinguishers (REED) and replaced the white fire extinguishers in the entrance to the building and the entrance of the boiler room in the basement. I shoveled the back steps, although that door has never been used and we have four other exits out of the building, reinstalled the Jack box on the front entrance to the building and took pictures of everything including the Propane detector and carbon Monoxide detector at two different locations in my office, a picture of the propane detector in the basement, a picture of the new red fire extinguisher in the front entrance way and in the boiler room. I also scanned the receipt for the two new fire extinguishers.

I didn't take a picture of the propane detector in Toni Jo's office that you inspected yesterday, as she said you took pictures of it.

I called Protection 1 "RDT" and told them we needed the letter you requested for the inspection that was done two weeks ago and they said they would forward it to the Portland Maine Office and have it done. If there is anything else you need Wayne, please call, text or email me. I don't want to hold up Toni Jo's business permit.

I will be leaving on vacation next Tuesday. Have a great day!

Reggie Butts  
Cell 329-3069

Attachments:

File: IMG\_2790  
[merged.pdf](#) Size: 1645K Content Type: application/pdf



## Additional Time Spent on Inspection:

Category	Start Date / Time	End Date / Time
Administrative	6/13/2023 12:00:00 PM	6/13/2023 1:00:00 PM

**Notes:** Add updated inspection report information and documents into the ER Fire & Life Safety program.

**Total Additional Time: 60 minutes**

**Inspection Time: 105 minutes**

**Total Time: 165 minutes**

**Summary:**

**Overall Result:** Passed

The occupancy is in compliance with the Raymond Fire Protection Ordinance and State Fire Code.

**Inspector Notes:** Business License Re-inspection deficiencies have been corrected.

**Closing Notes:**

This fire prevention inspection has been made by the Raymond Fire Department for the purpose of promoting fire safety and to assist the Owner or Operator of the Occupancy in identifying conditions that require correction. Items listed in this inspection report must be corrected before the Occupancy will be deemed in compliance with the Raymond Fire Protection Ordinance.

**Inspector:**

Name: Jones, 358 Wayne  
Rank: Fire Inspector



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Presentation of FY 2021-2022 Audit

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**RHR  
SMITH  
& COMPANY**

*Certified Public Accountants*

*Town of*  
**Raymond**

June 30, 2022

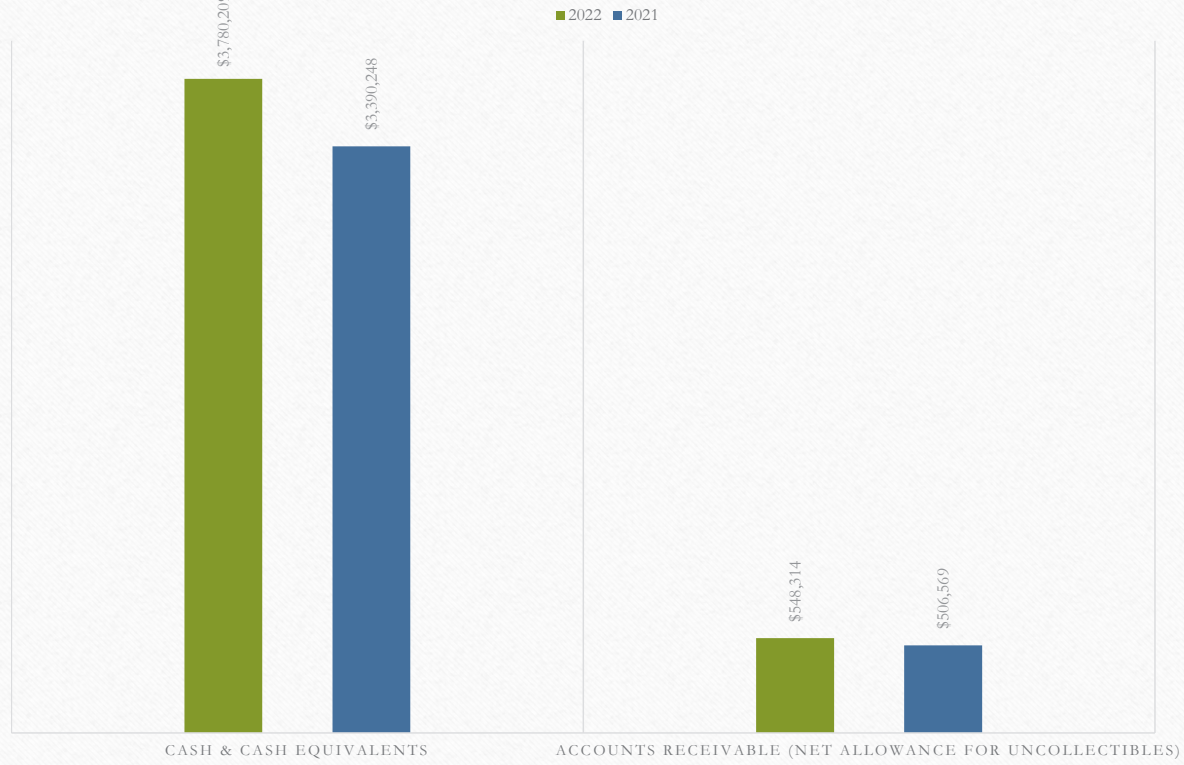
Financial Statement Presentation

**Town of Raymond**  
**Balance Sheet**  
Governmental Funds

	General Fund	Other Governmental Funds	Total Governmental Funds
<b>ASSETS</b>			
Cash and cash equivalents	\$ 3,780,209	\$ 302,077	\$ 4,082,286
Investments	-	397,202	397,202
Accounts receivables (net of allowance for uncollectibles):			
Taxes/liens	378,163	-	378,163
Other	170,151	-	170,151
Prepaid items	55,581	-	55,581
Tax acquired property	185,099	-	185,099
Due from other funds	32,989	1,416,713	1,449,702
<b>TOTAL ASSETS</b>	<b>\$ 4,602,192</b>	<b>\$ 2,115,992</b>	<b>\$ 6,718,184</b>
<b>LIABILITIES</b>			
Accounts payable	\$ 184,963	\$ 5,133	\$ 190,096
Accrued expenses	40,015	-	40,015
Due to other funds	1,435,901	32,989	1,468,890
<b>TOTAL LIABILITIES</b>	<b>1,660,879</b>	<b>38,122</b>	<b>1,699,001</b>
<b>DEFERRED INFLOWS OF RESOURCES</b>			
Deferred revenues	-	1,638	1,638
Prepaid taxes	29,905	-	29,905
Deferred tax revenues	344,817	-	344,817
<b>TOTAL DEFERRED INFLOWS OF RESOURCES</b>	<b>374,722</b>	<b>1,638</b>	<b>376,360</b>
<b>FUND BALANCES</b>			
Nonspendable	240,680	224,786	465,466
Restricted	-	1,051,315	1,051,315
Committed	-	830,101	830,101
Assigned	310,695	-	310,695
Unassigned	2,015,216	(29,970)	1,985,246
<b>TOTAL FUND BALANCES</b>	<b>2,566,591</b>	<b>2,076,232</b>	<b>4,642,823</b>
<b>TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND FUND BALANCES</b>	<b>\$ 4,602,192</b>	<b>\$ 2,115,992</b>	<b>\$ 6,718,184</b>

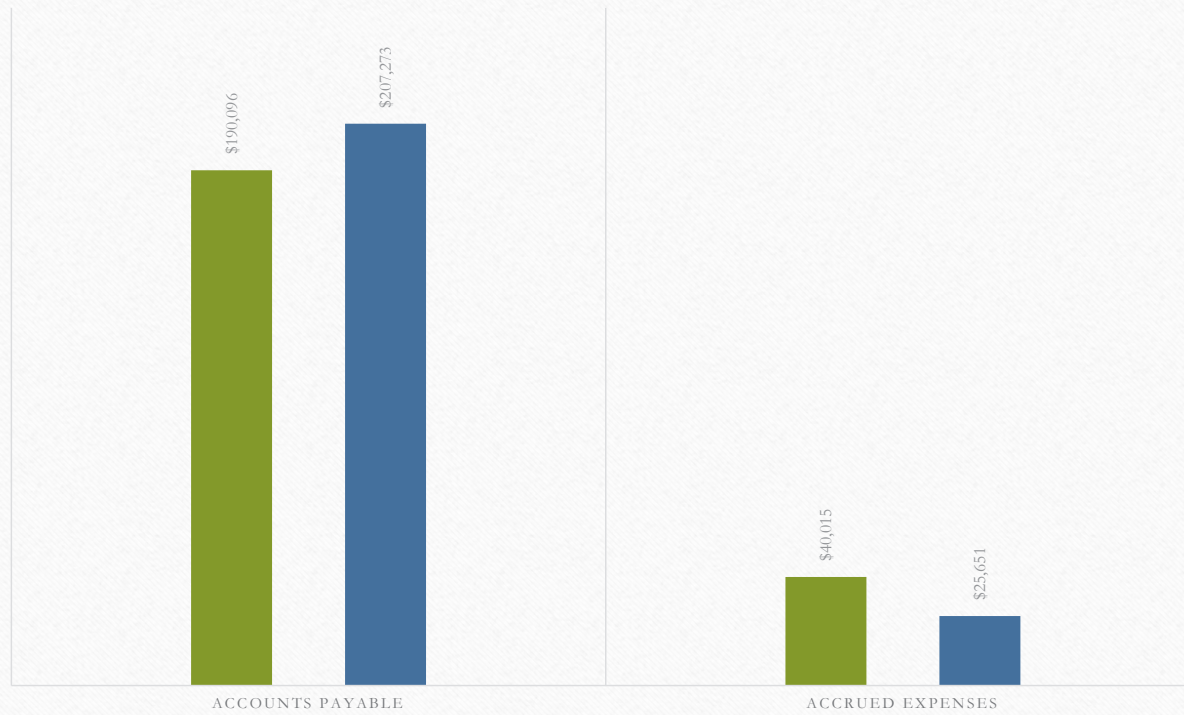


Town of Raymond  
General Fund Assets Two-Year Comparison

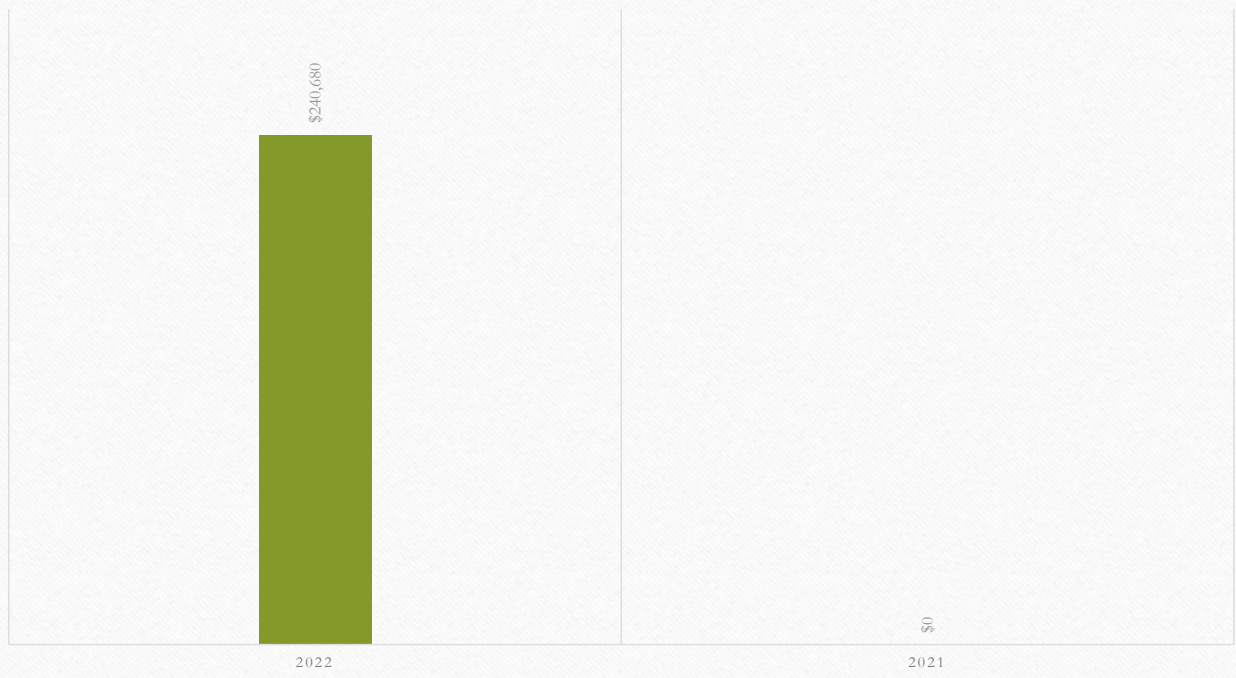


### Town of Raymond General Fund Liabilities Two-Year Comparison

■ 2022 ■ 2021

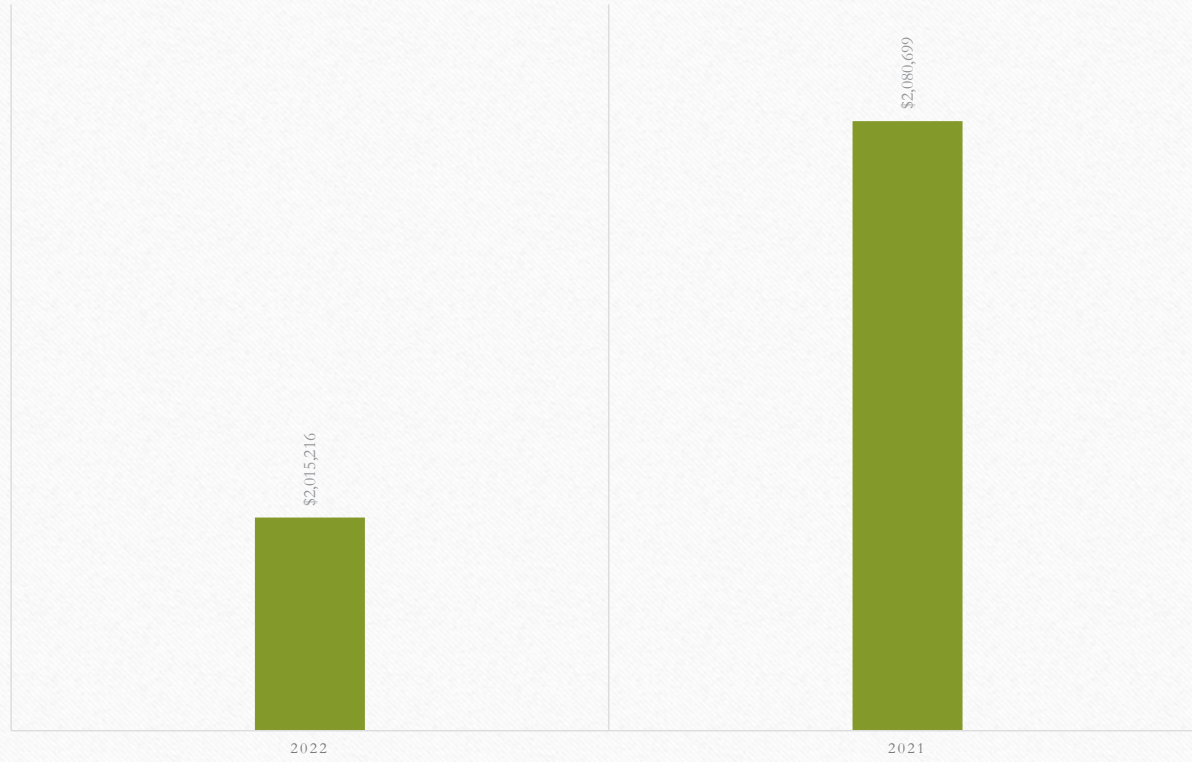


Town of Raymond  
General Fund Nonspendable/Assigned/Committed Fund Balance





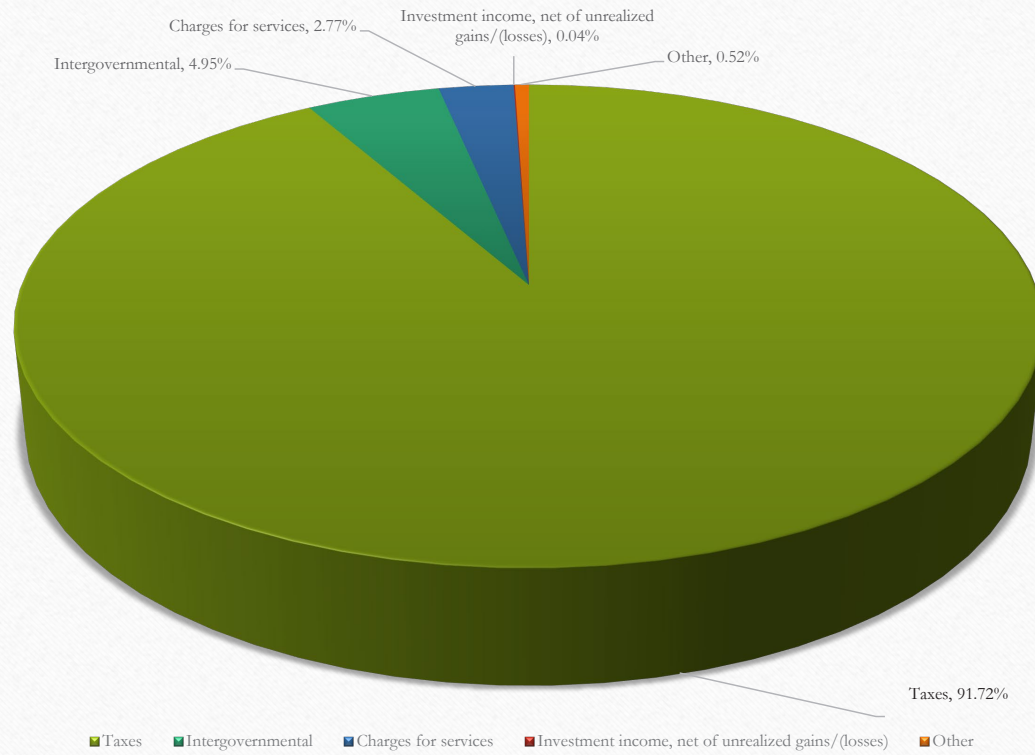
Town of Raymond  
General Fund Unassigned Fund Balance



Town of Raymond  
Statement of Revenues, Expenditures and Changes in Fund Balances  
Governmental Funds

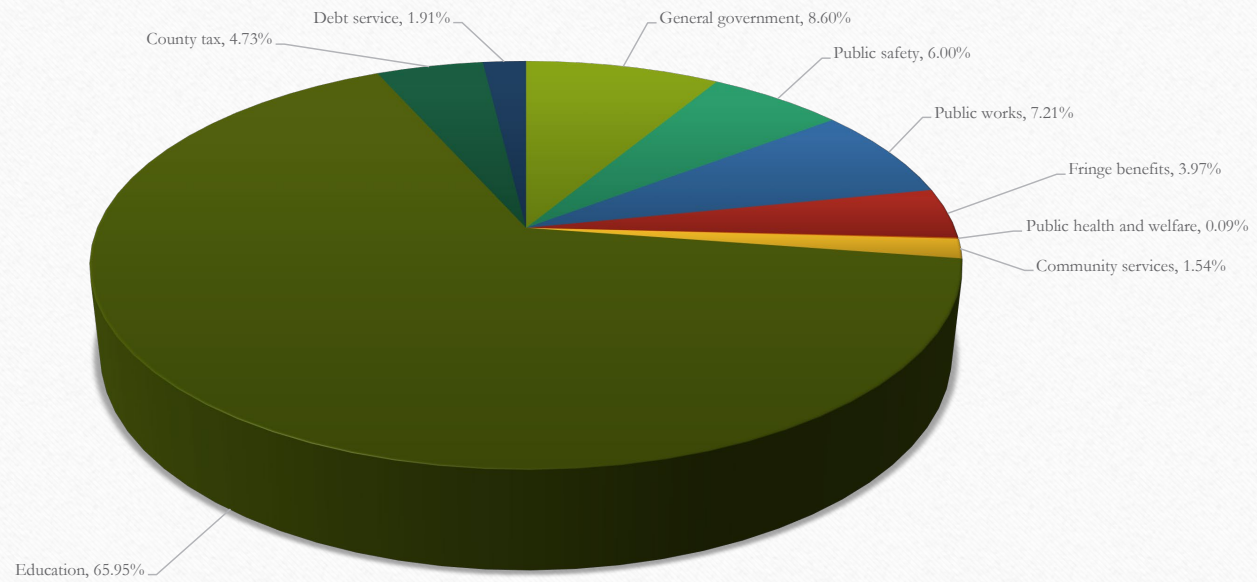
	General Fund	Other Governmental Funds	Total Governmental Funds
<b>REVENUES</b>			
General tax revenue	\$ 16,030,549	\$ -	\$ 16,030,549
Intergovernmental revenue	864,499	478,255	1,342,754
Charges for services	484,430	-	484,430
Investment income, net of unrealized gains/(losses)	7,637	(50,525)	(42,888)
Other revenue	90,627	100,816	191,443
<b>TOTAL REVENUES</b>	<b>17,477,742</b>	<b>528,546</b>	<b>18,006,288</b>
<b>EXPENDITURES</b>			
Current:			
General government	1,406,969	-	1,406,969
Public safety	982,028	-	982,028
Public works	1,178,946	-	1,178,946
Fringe benefits	649,723	-	649,723
Public health and welfare	15,196	-	15,196
Community services	251,385	-	251,385
Education	10,789,433	-	10,789,433
County tax	773,657	-	773,657
Program expenses	-	300,962	300,962
Debt service:			
Principal	290,000	-	290,000
Interest	22,000	-	22,000
Capital outlay	-	684,733	684,733
<b>TOTAL EXPENDITURES</b>	<b>16,359,337</b>	<b>985,695</b>	<b>17,345,032</b>
<b>EXCESS REVENUES OVER (UNDER) EXPENDITURES</b>	<b>1,118,405</b>	<b>(457,149)</b>	<b>661,256</b>
<b>OTHER FINANCING SOURCES</b>			
Transfers in	4,000	1,122,547	1,126,547
Transfers (out)	(1,122,547)	(4,000)	(1,126,547)
<b>TOTAL OTHER FINANCING SOURCES (USES)</b>	<b>(1,118,547)</b>	<b>1,118,547</b>	<b>-</b>
<b>NET CHANGE IN FUND BALANCES</b>	<b>(142)</b>	<b>661,398</b>	<b>661,256</b>
<b>FUND BALANCES - JULY 1, RESTATED</b>	<b>2,566,733</b>	<b>1,414,834</b>	<b>3,981,567</b>
<b>FUND BALANCES - JUNE 30</b>	<b>\$ 2,566,591</b>	<b>\$ 2,076,232</b>	<b>\$ 4,642,823</b>

### Town of Raymond General Fund Revenues





### Town of Raymond General Fund Expenditures



■ General government ■ Public safety ■ Public works ■ Fringe benefits ■ Public health and welfare ■ Community services ■ Education ■ County tax ■ Debt service

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# Annual Payroll Warrant Policy

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## **POLICY ON TREASURER'S PAYROLL WARRANTS AND ACCOUNTS PAYABLE WARRANTS**

Purpose	To allow at least one (1) of the municipal officers to review, approve, and sign, by either original or electronic means, the treasurer's payroll warrants, and to allow a majority of the municipal officers to review, approve, and sign, by either original or electronic means, the treasurer's accounts payable warrants.		
Delegation of Authority	<p>This policy allows at least one (1) of the municipal officers (selectmen), acting on behalf of the full board of municipal officers, to review, approve, and sign, by either original or electronic means, municipal treasurer's disbursement warrants for employee wages and benefits (pursuant to 30-A MRSA § 5603 (2)(A)(1)).</p> <p>This policy further allows at least a majority of the municipal officers (selectmen), acting on behalf of the full board of municipal officers, to review, approve, and sign, by either original or electronic means, municipal treasurer's accounts payable warrants (pursuant to 30-A MRSA § 5603 (2)(A)).</p>		
Majority Power	This policy is in addition to, not in lieu of, majority power. Nothing in this policy is intended to replace the authority of the full board of municipal officers, acting by majority vote, to act on any treasurer's warrant, including warrants for payroll and for accounts payable.		
Original & Copy	The original document will be filed annually with the Town Clerk and a copy will be filed with the Treasurer.		
Expiration	This policy expires annually on June 30, if not sooner amended or cancelled.		
Renewal	This policy may be renewed at any time before it expires. Thereafter it may be readopted at any time. Any renewal is valid until June 30 of the next fiscal year.		
Effective Date:	July 1, 2023	End Date:	June 30, 2024
Municipal Officers:	<div>Rolf Olsen</div> <div>Teresa Sadak</div> <div>Joseph Bruno</div> <div>Samuel Gifford</div> <div>Derek Ray</div>		

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# Request for Grandfathered Medical Cannabis Warrant Article

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大成 DENTONS

BINGHAM  
GREENEBAUM

Hannah E. King  
Partner

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D +1 207 835 4354

Dentons Bingham Greenebaum LLP  
One City Center  
Suite 11100  
Portland, ME 04101  
United States

[dentons.com](http://dentons.com)

June 1, 2023

## SENT VIA E-MAIL

Mr. Bruno and Mr. Willard,

I represent Rugged Roots South, LLC (“Rugged Roots”), who was approved to operate a medical cannabis retail store at 1259 Roosevelt Trail, Raymond, ME, at the May 9, 2023 Selectboard meeting. For the foregoing reasons, I am writing to respectfully request that Selectboard include on its June 19, 2023 meeting agenda consideration of a warrant article that would authorize grandfathered medical cannabis retail stores to operate pursuant to a state dispensary registration rather than a caregiver registration.

Rugged Roots intends to operate a professional and secure medical cannabis retail store and, as such, would prefer to operate pursuant to a state dispensary registration rather than a caregiver registration. This would also benefit the Town, because, as explained in more detail below, while both caregiver and dispensary registrations authorize the operation of a retail store for the sale of medical cannabis to qualifying patients, registered dispensaries are more regulated and subject to significantly more oversight by the Office of Cannabis Policy than registered caregivers.

For Rugged Roots to operate the medical cannabis retail store pursuant to a dispensary registration, however, the Town would need to adopt a warrant article authorizing the store to be operated as a registered dispensary. Such an article can be very narrowly drafted, for example: “To see if the town will vote to approve medical cannabis retail store locations with municipal approval as of July 1, 2020 to operate pursuant to a dispensary registration or a caregiver registration.” Such a warrant article, if adopted by the Town, would not allow for expansion of the use, but would provide for more regulation by the State of existing operations.

The differences in the State regulation of caregiver retail stores and registered dispensary retail stores are striking. Under the Maine Medical Use of Cannabis Act, a medical cannabis retail store can operate under a dispensary registration or under a caregiver registration. Both registrations are issued by the Office of Cannabis Policy and authorize the retail store to sell medical cannabis and medical cannabis products to qualified patients and caregivers. However,

LuatViet ► Fernanda Lopes & Associados ► Guevara & Gutierrez ► Paz Horowitz Abogados ► Sirote ► Adepetun Caxton-Martins Agbor & Segun ► Davis Brown ► East African Law Chambers ► Eric Silwamba, Jalasi and Linyama ► Durham Jones & Pinegar ► LEAD Advogados ►  
For more information on the firms that have come together to form Dentons, go to [dentons.com/legacyfirms](http://dentons.com/legacyfirms)



registered dispensaries are governed by much stricter regulations than caregivers and are subject to a significantly more robust licensing and renewal process, that includes annual onsite inspections and an annual submission of a local authorization form from the Town certifying continued local approval to operate, neither of which are part of the caregiver registration application or renewal process. Below is a chart providing more examples of the differences in the ways that caregiver retail stores and dispensary retail stores are regulated.

Caregiver Retail Stores	Dispensary Retail Stores
No security requirements	<p>Are required to implement appropriate security measures to deter and prevent unauthorized entrance into areas containing cannabis and the theft of cannabis at the registered dispensary including, but not limited to:</p> <ol style="list-style-type: none"> <li>1. On-site parking.</li> <li>2. Exterior lighting sufficient to deter nuisance activity and facilitate surveillance, but not disturb neighbors.</li> <li>3. Devices or a series of devices, including, but not limited to, a signal system interconnected with a radio frequency method such as cellular, private radio signals, or other mechanical or electronic device to detect an unauthorized intrusion.</li> <li>4. Interior electronic monitoring, video cameras, and panic buttons. Electronic monitoring and video camera recording records must be maintained by the dispensary for at least 14 days.</li> <li>5. Consistent and systematic prevention of loitering.</li> </ol>
No inspection requirements	Mandatory annual inspections by the Office of Cannabis Policy
Not mandated to have standard operating procedures	Mandatory standard operating procedures to be provided to the Office of Cannabis Policy

	governing inventory control, record keeping, destruction of product
No oversight of product quality	Sampling and testing of cannabis product for quality control by the Office of Cannabis Policy
No drug free work place requirements	Must have and adhere to a written alcohol and drug-free workplace policy

I have also attached as Exhibit A an application for a caregiver retail store, and, as Exhibit B an application for a registered dispensary retail store, including the mandatory local authorization that must be completed and submitted to the Office of Cannabis Policy by the municipality for the registered dispensary to obtain a state registration or renew a state registration. As you will see, dispensary applicants are required to submit information about the owners and principals of the company, proximity schools, detailed facility layouts, equipment lists, and a long list of mandated standard operating procedures; none of which is submitted or required for a caregiver retail store. Additionally, all officers and directors of a registered dispensary are subject to both a criminal background check and are vetted for tax compliance by the Maine Revenue Services. See Exhibit C.

Thank you for your attention to the matter.

Sincerely,



Hannah King, Partner

HEK/mnw  
Enclosures

## EXHIBIT A



# OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

## Maine Medical Use of Cannabis Program Caregiver Application

☐ New or ☐ Renewal of CGR

### Section 1: Caregiver Information.

Applicant's Legal Name	SSN or Federal EIN	Date of Birth	
Maiden/Married Names Used (Full Name) (Attach separate sheet if necessary)	Previous Names Used (Full Name) (Attach separate sheet if necessary)		
Trade Name/DBA (if applicable)			
Mailing Address	City	State	ZIP
Residential Street Address	City	State	ZIP
Prior Address if at above address less than 5 years (Attach separate sheet if needed to list all addresses in last 5 years)	City	State	ZIP
Applicant Phone Number	Applicant Email Address		
Applicant Website Address (if applicable)			

### Section 2: Criminal History Records Check.

Have you submitted to a State criminal background check for the Maine Medical Cannabis Program in the last 12 months?

☐ Yes ☐ No

### Section 3: Prior Drug Convictions.

1. Have you ever been convicted for a violation of a state or federal controlled substance law that is a crime punishable by imprisonment for one year or more?

☐ Yes ☐ No

2. If you answered "yes" to question 1 above, has at least 5 years elapsed from the completion of any resulting term of probation, incarceration or supervised release?

☐ Yes ☐ No

3. If you answered "yes" to question 1 above, was the offense regarding conduct that is now authorized under Maine Revised Statutes Title 22, Chapter 558-C or Title 28-B.

☐ Yes ☐ No

OCP\_CGR App  
Rev. 02/2023

Exhibits to Letter - 000001



#### Section 4: Registered Caregiver Authorized Activities.

Please select all activities in which caregiver will engage, for example, if selecting "Cultivation activities", also indicate which activity or activities best describes what happens to harvested cannabis.

- ☐ Cultivation activities.
- ☐ Manufacturing of cannabis without the use of inherently hazardous substance extraction.
- ☐ Manufacturing of cannabis using inherently hazardous substances.
- ☐ Manufacturing edible cannabis products.
- ☐ Transfer, donation and/or sale of medical cannabis, concentrate and products to patients.
- ☐ Operation of one caregiver retail store.
- ☐ Purchase or other receipt of wholesale cannabis from other caregivers or dispensaries.
- ☐ Sale or other transfer of wholesale cannabis to other caregivers or dispensaries.

Please note: Manufacturing means 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. The harvesting, trimming, and packaging of that raw cannabis, including raw pre-rolls, is considered part of cultivation activities.

#### Section 5: Location(s).

##### Section 5a: Cultivation Location(s).

Street Address	City	State	ZIP
Is this location for: <input type="checkbox"/> Mature Plants and/or <input type="checkbox"/> Immature Plants	At this location, are you cultivating: <input type="checkbox"/> Indoors and/or <input type="checkbox"/> Outdoors		
Property Owner Name (if caregiver, put "Self")	Property Owner Phone Number		

Street Address	City	State	ZIP
Is this location for: <input type="checkbox"/> Mature Plants and/or <input type="checkbox"/> Immature Plants	At this location, are you cultivating: <input type="checkbox"/> Indoors and/or <input type="checkbox"/> Outdoors		
Property Owner Name (if caregiver, put "Self")	Property Owner Phone Number		

##### Section 5b. Manufacturing Location.

Street Address	City	State	ZIP
Property Owner Name (if caregiver, put "Self")	Property Owner Phone Number		

##### Section 5c. Caregiver Retail Store Location.

Street Address	City	State	ZIP
Property Owner Name (if caregiver, put "Self")	Property Owner Phone Number		

##### Section 5d. Caregiver Wholesale Storage Location.

Street Address	City	State	ZIP
Property Owner Name (if caregiver, put "Self")	Property Owner Phone Number		

OCP\_CGR App  
Rev. 02/2023

Exhibits to Letter - 000002

## Section 6: Plant Count

Select the appropriate plant count level:

### Caregiver cultivating/servicing patients

(Select either a plant count or canopy)

#### Plants

<input type="checkbox"/> 6 mature / 12 immature plants	\$240
<input type="checkbox"/> 12 mature / 24 immature plants	\$480
<input type="checkbox"/> 18 mature / 36 immature plants	\$720
<input type="checkbox"/> 24 mature / 48 immature plants	\$960
<input type="checkbox"/> 30 mature / 60 immature plants	\$1,200

#### Canopy

<input type="checkbox"/> 500 Sq. Ft. Mature Canopy / 1,000 Sq. Ft. Immature Plant Canopy	\$1,500
---	---------

### Caregiver non-cultivating/servicing patients

(Select plant count receiving from a registered caregiver or dispensary)

#### Harvested Cannabis From:

<input type="checkbox"/> 6 mature / 12 immature plants	\$240
<input type="checkbox"/> 12 mature / 24 immature plants	\$480
<input type="checkbox"/> 18 mature / 36 immature plants	\$720
<input type="checkbox"/> 24 mature / 48 immature plants	\$960
<input type="checkbox"/> 30 mature / 60 immature plants	\$1,200

## Section 7: Supplemental Documents.

Please attach the following documents:

- ☐ Copy of state-issued photographic identification from the current state of residence.
- ☐ Pesticide Applicator's License, if cultivating.
- ☐ Commercial or Home Food Establishment License and/or Beverage Plant License, if producing edible cannabis products.
- ☐ Retail Food Establishment License, if selling edible cannabis products.
- ☐ Maine Revenue Services Registration Certificate (Retailer and/or Resaler)
- ☐ Local Authorization from the municipality where retail location is located showing you are authorized to operate there.
- ☐ Business organization documents, if sales tax id is registered in a business name:
  - If the business entity is a corporation, a copy of its bylaws and/or operating agreement and stock ledger; or
  - If the business entity is a limited liability company, a copy of its limited liability company agreement and/or operating agreement; or
  - If the business entity is any type of partnership, a copy of the partnership agreement.

## Section 8: Affirmations.

I, \_\_\_\_\_, affirm that the entire Maine Medical Cannabis Caregiver 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 Caregiver Registry Identification Card by the Department.

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 Caregiver Registry Identification Card. I affirm that I am voluntarily submitting this application to the Department of Administrative and Financial Services, Office of Cannabis Policy, and hereby authorize the Department to conduct a complete investigation into the truthfulness of the responses, using whatever legal means they deem appropriate.

I understand I am responsible for knowing and complying with all state laws and regulations governing Medical Use Cannabis pursuant to the Maine Revised Statutes, as well as the rules promulgated thereunder. I understand I am being made aware of the laws and regulations and agree to comply with them, and all other applicable laws and regulations, upon issuance of my Caregiver Registry Identification Card.

I understand that I must pay a fee to obtain a Caregiver Registry Identification Card, as well as at the time of an annual renewal.

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 Maine Medical Cannabis Caregiver Registry Identification Card 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.

I understand that Caregiver Registry Identification Cards are valid for one year from the date of issuance. The Caregiver Registry Identification Card shall be renewed on forms provided by the Department in accordance with the fee schedule. I understand that if I allow the Caregiver Registry Identification Card to expire for even one day and then reapply, I must submit a new application along with the original application fee.

I understand I am responsible for notifying the Office of Cannabis Policy, in writing, upon any change in name, residence address, mailing address, address(es) of caregiver activities or phone number, since all correspondence will be sent to my last known address. Failure to notify the Office of Cannabis Policy could result in not receiving my physical registry identification card and other correspondence.

OCP\_CGR App  
Rev. 02/2023

Exhibits to Letter - 000003

I understand that in the event law enforcement, Office of Cannabis Policy staff, and/or their representatives question my status as a Caregiver Registry Identification Cardholder, I must provide my card and current government-issued photo identification.

I understand that I must comply with inspections, as required, and refusal of entry could jeopardize my status as a Caregiver Registry Identification Cardholder.

I understand that I must comply with applicable regulations and requirements if I am producing edibles with medical cannabis or using pesticides in the cultivation of medical cannabis.

I understand that it is my responsibility to know if Title 10, Chapter 501, Weights and Measures Law, applies to me, and if so, to have a certified scale.

I understand that I must abide by packaging and labeling requirements as defined by the Maine Medical Cannabis Program rule and statutes.

I understand that I may not sell, furnish, or give cannabis to a person who is not allowed to possess cannabis for medical purposes.

I understand that I may operate only one retail store to sell harvested cannabis to qualifying patients for the patients' medical use.

I understand that I may only operate and have medical cannabis at the addresses listed in this application.

I understand that I may employ assistants to assist in performing the duties of the caregiver and they must be registered with the State of Maine, Office of Cannabis Policy in accordance with state law.

I have reviewed local/town/municipal ordinances and my status as a caregiver does not violate any ordinance currently in place.

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

I understand that a Caregiver Registry identification Card issued by the Office of Cannabis Policy is a revocable privilege, and that the burden of proving an Applicant's qualifications for a Caregiver Registry Identification Card rests at all times with the Applicant.

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

## Section 9: Fees.

<b>Application Fee (from Section 4):</b>	\$
<b>Criminal Background Check \$31 (required annually):</b>	\$
	_____
<b>Total Enclosed:</b>	\$

Cash and personal checks are not accepted by the Office of Cannabis Policy. Please submit a bank/cashier's check or money order made payable to "Treasurer, State of Maine." Include your name and license number, if application on the payment. **All fees are non-refundable.**

## Signature – This application cannot be accepted without a signature.

I understand that if I have given incorrect information, my application may be denied. I have read and understand the questions above.

Applicant's Signature

Date

Printed Name:

***Submit completed application, state-issued photographic identification and applicable fees (personal checks are not accepted) to the following address:***

Office of Cannabis Policy  
 162 State House Station  
 Augusta, ME 04333-0162  
 Tel: (207)287-3282; Fax: (207)287-2671; TTY users: Dial 711 (Maine Relay)  
 Email: [licensing.ocp@maine.gov](mailto:licensing.ocp@maine.gov)  
 Website: <https://www.maine.gov/dafs/ocp>

OCP\_CGR App  
 Rev. 02/2023

**Exhibits to Letter - 000004**



## EXHIBIT B



### Maine Medical Cannabis Program Application Dispensary

Notice: In order for this application to be considered complete by the Office of Cannabis Policy (OCP), the applicant must submit this form; a local authorization form for each physical location where the applicant intends to cultivate, manufacture and/or conduct retail sales to qualifying patients (limit 2 locations); the required dispensary application fee; and registry identification card applications and all required application and criminal history check fees for any person listed in this application as an officer or director of the dispensary.

#### Section 1: Dispensary Applicant Information.

This section is to be completed with information pertaining to the dispensary applicant.

##### Section 1(a): Entity information.

This section is to be completed with information pertaining to the business entity applying for a dispensary registration certificate.

Business Legal Name		Federal Taxpayer ID/EIN	Trade Name/DBA, if any	
Mailing address		City	State	Zip
Phone	E-mail Address	Website, if any		
Business Type <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership		<input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Limited Partnership <input type="checkbox"/> Other: _____		
		Is this business entity incorporated in the State of Maine or otherwise formed or organized pursuant to the laws of the state of Maine? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Incorporation, Formation or Organization		

##### Section 1(b): Dispensary Primary Contact Person information.

This section is to be completed with information pertaining to the primary contact person for the dispensary completing this application. All correspondence from OCP regarding this application will be sent to the primary contact person at the address listed below.

Primary Contact Name	Phone	Primary Contact E-mail Address		
Title/Relationship to dispensary applicant				
Mailing Address		City	State	Zip

#### Section 2: Dispensary ownership and management.

This section to be completed with information pertaining to all officers, directors, managers, shareholders, board members, partners, or other persons holding a management position or ownership interest in the entity listed in Section 1(a).

An application for a dispensary registration certificate will not be considered complete by OCP until OCP receives a complete registry identification card application (unless the individual has a current registry identification card with OCP) and sends to Maine Revenue Services a completed Maine Revenue Services Authorization to Review and Disclose Status of Tax and Filing Obligations form for every natural person listed in Sections 2(a) and 2(b).

OCP reserves the right to request additional information to clarify the nature of the interests and responsibilities of the individuals listed in Section 2.

**Section 2(a): Entity Officers.** This section to be completed with information pertaining to all officers of any governing body (i.e. board of directors, partners, etc.) responsible for oversight of the entity listed in Section 1(a). Use additional pages if necessary.

Name	Date of birth	Role within governing body (i.e. chair, vice chair, treasurer, secretary, etc)		
Residential address		City	State	Zip
Name	Date of birth	Role within governing body (i.e. chair, vice chair, treasurer, secretary, etc)		
Residential address		City	State	Zip
Name	Date of birth	Role within governing body (i.e. chair, vice chair, treasurer, secretary, etc)		
Residential address		City	State	Zip
Name	Date of birth	Role within governing body (i.e. chair, vice chair, treasurer, secretary, etc)		
Residential address		City	State	Zip

**Section 2(b): Entity other officers, directors, managers, board members, partners.**

This section to be completed with information pertaining to all other members of any governing body (i.e. board of directors, partners, etc.) responsible for oversight of the entity listed in Section 1(a) and any other natural person identified in the entity's organizing documents. Use additional pages if necessary.

Name	Date of birth	Role within governing body or organization (i.e. other officer, director, manager, board member, partner)		
Residential address		City	State	Zip
Name	Date of birth	Role within governing body or organization (i.e. other officer, director, manager, board member, partner)		
Residential address		City	State	Zip
Name	Date of birth	Role within governing body or organization (i.e. other officer, director, manager, board member, partner)		
Residential address		City	State	Zip
Name	Date of birth	Role within governing body or organization (i.e. other officer, director, manager, board member, partner)		
Residential address		City	State	Zip

**Section 2(c): All equity interest holders.**

This section to be completed with information pertaining to all natural persons and entities holding an equity interest in the entity listed in Section 1(a). The sum of the percentage of equity interests held by individuals and entities listed in this section must equal 100.

In the space below or attachments to this application, provide OCP with a narrative description of all natural persons and entities holding an equity interest in the entity listed in Section 1(a).

**Section 3. Dispensary authorized activities.** An appropriately registered dispensary may conduct the following activities in accordance with the requirements and restrictions of the Maine Medical Use of Cannabis Act, Title 22, ch. 558-C, the *Maine Medical Use of Cannabis Program Rule*, 18-691 CMR, ch. 2, and the rules regarding *Cannabis Manufacturing Facilities*, 18-691 CMR, ch. 4. The applicant must indicate below all authorized activities intended to be conducted by the registered dispensary and provide additional information about such authorized activities in Section 4 of this application.

**Section 3(a). Location(s) where authorized activities will be conducted.** List no more than two physical locations where the applicant intends to conduct authorized activities. In order for this application to be considered complete, the applicant must return a completed local authorization form for each location of authorized activities listed in this section. Please note that the applicant may only conduct retail sales to patients at one location.

Location 1			
Physical address	City	State	Zip
Mailing address (if different)	City	State	Zip
<p>Is the premises to be registered as a dispensary at least 500 feet from the property line of any preexisting public or private school?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Attach a tax map or other rendering that clearly indicates the distance between the proposed registered premises and the nearest preexisting public or private school.</p> <div style="border: 1px solid black; height: 250px; width: 100%; background-color: #e6f2ff;"></div>			
<p>Indicate all authorized activities the applicant intends to conduct at the registered premises to be located at Location 1. Check all that apply.</p> <p><input type="checkbox"/> Cultivation of cannabis (Note: A registered dispensary must ensure that any employee or agent applying pesticides to cannabis for medical use is appropriately licensed as a pesticide applicator by the Board of Pesticide Control).</p> <p><input type="checkbox"/> Manufacturing harvested cannabis without the use of inherently hazardous substances (Note: A registered dispensary must obtain an appropriate Food Establishment License from the Department of Agriculture, Conservation and Forestry to manufacture edible cannabis products).</p> <p><input type="checkbox"/> Manufacturing harvested cannabis with inherently hazardous substances (Note: A registered dispensary must obtain a separate inherently hazardous substance registration manufacturing facility registration certificate to use inherently hazardous substances to manufacture harvested cannabis).</p> <p><input type="checkbox"/> Providing harvested cannabis to a registered manufacturing facility for the production of cannabis concentrate or cannabis products.</p> <p><input type="checkbox"/> Accepting from, or transferring to, registered caregivers or other registered dispensaries cannabis plants or harvested cannabis in wholesale transactions.</p> <p><input type="checkbox"/> Consulting with, assisting, and/or dispensing cannabis plants or harvested cannabis to qualifying patients, visiting qualifying patients or caregivers.</p> <p><input type="checkbox"/> Operating a dispensary retail space for the conduct of sales or transfers of cannabis plants or harvested cannabis to qualifying patients, visiting qualifying patients or caregivers.</p> <p><input type="checkbox"/> Delivery of cannabis plants or harvested cannabis to a qualifying patient.</p> <p><input type="checkbox"/> Co-location with an adult use licensee</p> <p style="padding-left: 20px;"><input type="checkbox"/> Cultivation facility, license #:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Manufacturing facility, license #:</p>			

OCP\_DSP - Page 3 of 6  
Rev. 02/2023

Exhibits to Letter - 000007



<b>Location 2</b>			
Physical address	City	State	Zip
Mailing address (if different)	City	State	Zip
Is the premises to be registered as a dispensary at least 500 feet from the property line of any preexisting public or private school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Attach a tax map or other rendering that clearly indicates the distance between the proposed registered premises and the nearest preexisting public or private school.			
Indicate all authorized activities the applicant intends to conduct at the registered premises to be located at Location 1. Check all that apply.			
<div style="margin-bottom: 10px;"><input type="checkbox"/> Cultivation of cannabis (Note: A registered dispensary must ensure that any employee or agent applying pesticides to cannabis for medical use is appropriately licensed as a pesticide applicator by the Board of Pesticide Control).</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Manufacturing harvested cannabis without the use of inherently hazardous substances (Note: A registered dispensary must obtain an appropriate Food Establishment License from the Department of Agriculture, Conservation and Forestry to manufacture edible cannabis products).</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Manufacturing harvested cannabis with inherently hazardous substances (Note: A registered dispensary must obtain a separate inherently hazardous substance registration manufacturing facility registration certificate to use inherently hazardous substances to manufacture harvested cannabis).</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Providing harvested cannabis to a registered manufacturing facility for the production of cannabis concentrate or cannabis products.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Accepting from, or transferring to, registered caregivers or other registered dispensaries cannabis plants or harvested cannabis in wholesale transactions.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Consulting with, assisting, and/or dispensing cannabis plants or harvested cannabis to qualifying patients, visiting qualifying patients or caregivers.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Operating a dispensary retail space for the conduct of sales or transfers of cannabis plants or harvested cannabis to qualifying patients, visiting qualifying patients or caregivers.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Delivery of cannabis plants or harvested cannabis to a qualifying patient.</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Co-location with an adult use licensee</div> <div style="margin-left: 20px; margin-bottom: 10px;"><input type="checkbox"/> Cultivation facility, license #:</div> <div style="margin-left: 20px;"><input type="checkbox"/> Manufacturing facility, license #:</div>			

**Section 3(b). Local authorization by municipalities.** If applicable, attach an executed copy of the required local authorization form for each location listed in Section 3(a) above. Attach a copy of the local ordinance or warrant article authorizing the operation of a registered dispensary within the municipality where the registered premises will be located.

Location 1, check all that apply:

- ☐ Executed local authorization form attached; or
- ☐ Local authorization and approval not required because the registered premise is located in the unorganized or deorganized territories

Location 2, check all that apply

- ☐ Executed local authorization form attached; or
- ☐ Local authorization and approval not required because the registered premise is located in the unorganized or deorganized territories

**Section 4. General compliance.** Provide, as applicable, the supporting information and documents listed below to demonstrate compliance with the requirements of the laws and rules governing the registration and operation of registered dispensaries.

**Section 4(a). General dispensary documents.**

Provide the following documents to demonstrate compliance with 18-691 CMR, ch. 2, § 7(W):

- ☐ A copy of the dispensary's articles of incorporation and bylaws or operating agreement, as applicable; and
- ☐ A copy of the dispensary's liability insurance policy.

**Section 4(b). Registered premises.**

Provide, as applicable, the following information regarding each location where a registered premise will be located. OCP encourages applicants to use a computer assisted design (CAD) program to create any required diagrams and reserves the right to request additional diagrams, information or clarification to assist OCP staff in determining whether the registered premises are in compliance with 18-691 CMR, ch. 2 § 7(N):

A facility diagram (or diagrams), with sufficient detail and clarity to indicate the following:

- ☐ A floor plan showing the proposed size (in square feet) and layout of the registered premises, including an indication of the primary activities to be conducted in each area of the registered premises;
- ☐ An indication of where any on-site parking will be located and all points of ingress and egress to that parking area and the registered premises from a public right-of-way;
- ☐ An indication of all external windows and doors;
- ☐ All points of ingress and egress within the registered premises;
- ☐ The location of all security devices required to prevent and deter unauthorized entrance into areas containing marijuana and the theft of marijuana at the registered premises, including:
  - Exterior lighting sufficient to deter nuisance activity and facilitate surveillance;
  - Monitored alarm system;
  - Interior electronic monitoring sensors;
  - Interior video cameras;
  - Interior panic buttons; and
  - Any other interior or exterior security devices;
- ☐ A clear indication of any areas of the registered premises where qualifying patients, caregivers and/or the public will be assisted or otherwise served by the registered dispensary.

**Section 4(c). Required procedures and plans.** In accordance with the laws and rules governing registered dispensaries, registered dispensaries must maintain and conduct authorized activities in accordance with certain required procedures and plans. Registered dispensaries must maintain a copy of current, up-to-date and revised procedures and plans at all registered premises where authorized activities occur, which must include an effective and/or revision date for every procedure and plan.

The applicant affirms that a copy of the following documents is available for review by OCP upon request:

- ☐ A board member conflict of interest policy in accordance with 18-691 CMR, ch. 2, § 7(O)(2), if the entity is a non-profit organization;
- ☐ Job descriptions and employment contract policies in accordance with 18-691 CMR, ch. 2, § 7(O)(3);
- ☐ Policies and procedures for ensuring accurate, up-to-date and appropriate patient education materials in accordance with 18-691 CMR, ch. 2, § 7(O)(4);
- ☐ Policies and procedures for ensuring the creation and maintenance of personnel files in accordance with 18-691 CMR, ch. 2, § 7(O)(6);
- ☐ Policies and procedures for ensuring the creation and maintenance of business records in accordance with 18-691 CMR, ch. 2, § 7(O)(7), including the following:
  - ☐ A transaction record to be used to record sales and transfers to qualifying patients and caregivers;
  - ☐ An acquisition record to be used to record the acquisition of cannabis plants and harvested cannabis from registered caregivers and other registered dispensaries in accordance with the laws and rules governing registered dispensaries;
  - ☐ A sample collection and transfer record to be used to record samples of harvested cannabis provided to a cannabis testing facility for research and development, quality control or other purposes;
  - ☐ A cannabis disposal record to be used to record the disposal of cannabis plants and harvested cannabis;
  - ☐ A visitor log and visitor identification badges to be issued to any visitor to restricted access areas of the registered dispensary (such as the cultivation or manufacturing area);

OCP\_DSP - Page 5 of 6  
Rev. 02/2023

Exhibits to Letter - 000009

<input type="checkbox"/> Forms used for inventory tracking and recordkeeping in accordance with 18-691 CMR, ch. 2, § 7(P) and (R); and <input type="checkbox"/> A trip ticket to be used by the registered dispensary in accordance with 18-691 CMR, ch. 2, § 7(Q); <input type="checkbox"/> Policies and procedures regarding the production of cannabis concentrate and cannabis products in accordance with 18-691 CMR, ch. 4; and <input type="checkbox"/> Policies and procedures for reporting of incidents and illegal activity in accordance with 18-691 CMR, ch. 2, § 7(T) and (U).	
Authorized Agent Signature	Date
<b>Section 4(d). Licenses, registrations, or other proof of authorized conduct from other state agencies.</b>	
Provide, as applicable, copies of any required licenses, registrations, or other proof of authorized conduct from other state agencies; including, but not limited to: <input type="checkbox"/> Pesticide applicator license obtained from the Department of Agriculture, Conservation and Forestry, Board of Pesticides Control; <input type="checkbox"/> Licenses for food manufacturing and sale obtained from the Department of Agriculture, Conservation and Forestry, Division of Quality Assurance & Regulations, including without limitation: <input type="checkbox"/> A Home Food Processing License; <input type="checkbox"/> A Commercial Food Processing License; <input type="checkbox"/> A Beverage Plant License; and/or <input type="checkbox"/> A Retail Food Establishment License; <input type="checkbox"/> Scale certification in accordance with 10 MRS, ch. 501. <input type="checkbox"/> Sales tax registration obtained from Maine Revenue Services.	
<b>Section 5. Registration Fees.</b> This application will not be considered complete until the registration fee is remitted by the applicant. Fees may only be remitted by cashier's check or money order made payable to "Treasurer, State of Maine". <b>All fees are nonrefundable.</b>	
There is an annual registration fee of \$5,000 in addition to any fees required for dispensary officer or director registry identification cards, criminal history record checks and/or other required registration certificate fees.	
<b>Section 6. Acknowledgement and signature.</b> This application must be acknowledged and signed by an agent of the applicant who is authorized to represent and legally bind the applicant.	
I understand and acknowledge that the applicant and its agents, officers, directors and employees are responsible for knowing and complying with all state laws and rules governing the Maine Medical Use of Cannabis Program.  <input type="checkbox"/> Agree <input type="checkbox"/> Disagree	
I further understand and agree to provide documents, if requested, to clarify or support information provided in this application and supporting documents. I understand and agree that federal, state and local officials or other persons and organization may verify the information I have given, except as limited by the confidentiality provisions of 22 MRS § 2425-A. Additionally, I affirm that if I have given incorrect or incomplete information in this application, my application for a dispensary registration certificate may be denied. I understand the questions and requirements of this application and the consequences of providing inaccurate, incomplete, or falsified information in this application and attachments hereto. I certify that all answers and supporting information provided in this application are true, accurate and complete to the best of my abilities and knowledge.	
Authorized Agent Signature	Date





# OFFICE OF CANNABIS POLICY

DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

## Maine Medical Cannabis Program Dispensary Local Authorization Form

This Local Authorization Form must be completed by the host municipality where a dispensary registration certificate applicant intends to locate one or both of its registered premises. The authorized local official responsible for completing this Form must return it to the Office of Cannabis Policy at [Licensing.OCP@maine.gov](mailto:Licensing.OCP@maine.gov) or 162 State House Station, Augusta, Maine 04333.

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

<b>Section 1: Dispensary Information.</b> Information to be completed by the dispensary applicant.			
<b>Section 1(a): Required information for all applicants for dispensary registration certificate.</b>			
Business Legal Name	Business DBA		Dispensary Phone
Primary Contact Person		Primary Contact Email	
Physical Address of the Proposed Dispensary Registered Premises	City	State	Zip
Mailing Address	City	State	Zip
<b>Section 2: Medical Cannabis Dispensary and Local Authorization Information.</b> This section to be completed by the Municipality in receipt of request for Local Authorization.			
Physical Location of Establishment (include unit number)	Municipality	State	Zip
Tax Map #	Tax Lot #		
Owner of Record of the Physical Location Listed Above			
Date Local Authorization Form Presented to the Municipality		Date Local Authorization Form Approved by Municipality	
<p>Dispensary authorized activities to be conducted listed in section 1: Indicate at all authorized activities the applicant intends to conduct at the registered premises to be located at Location 1. Check all that apply.</p> <p><input type="checkbox"/> Cultivation of cannabis (Note: A registered dispensary must ensure that any employee or agent applying pesticides to cannabis for medical use is appropriately licensed as a pesticide applicator by the Board of Pesticide Control).</p> <p><input type="checkbox"/> Manufacturing harvested cannabis without the use of inherently hazardous substances (Note: A registered dispensary must obtain an appropriate Food Establishment License from the Department of Agriculture, Conservation and Forestry to manufacture edible cannabis products).</p> <p><input type="checkbox"/> Manufacturing harvested cannabis with inherently hazardous substances (Note: A registered dispensary must obtain a separate inherently hazardous substance registration manufacturing facility registration certificate to use inherently hazardous substances to manufacture harvested cannabis).</p> <p><input type="checkbox"/> Providing harvested cannabis to a registered manufacturing facility for the production of cannabis concentrate or cannabis products.</p> <p><input type="checkbox"/> Accepting from, or transferring to, registered caregivers or other registered dispensaries cannabis plants or harvested cannabis in wholesale transactions.</p> <p><input type="checkbox"/> Consulting with, assisting, and/or dispensing cannabis plants or harvested cannabis to qualifying patients, visiting qualifying patients or caregivers.</p> <p><input type="checkbox"/> Operating a dispensary retail space for the conduct of sales or transfers of cannabis plants or harvested cannabis to qualifying patients, visiting qualifying patients or caregivers.</p>			

Exhibits to Letter - 000011

Initials of Signing Jurisdiction Official: \_\_\_\_\_  
OCP\_DSP-LAF - Rev. 11/30/2022 - Page 1 of 2

<input type="checkbox"/> Delivery of cannabis plants or harvested cannabis to a qualifying patient.  <input type="checkbox"/> Co-location with an adult use licensee  <input type="checkbox"/> Cultivation facility, license #:  <input type="checkbox"/> Manufacturing facility, license #:	
<b>Section 3: Local Authorization of Medical Cannabis Dispensaries within Municipalities.</b> This section to be completed by the Municipality in receipt of request for approval of Local Authorization.	
<b>Section 3(a): Request for approval of local authorization to operate a registered dispensary in municipality prohibited unless authorized by municipal ordinance or warrant article.</b> A person operating a medical cannabis dispensary within a municipality may not request approval of local authorization to operate the medical cannabis dispensary, and a municipality may not accept as complete the person's request for approval of local authorization, unless the municipality to permits by ordinance or warrant article, the operation of registered dispensaries within the municipality.	
Is an ordinance or warrant article in effect that allows the operation of a registered dispensary within the municipality?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a copy of the ordinance or warrant article attached to this form?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Section 3(b): Minimum authorization criteria.</b> A municipality may not provide the authorization for the operation of a registered dispensary within the municipality unless the following questions are answered in the affirmative.	
Is the proposed registered premises for the dispensary applicant located equal to or greater than 500 feet of the property line of a preexisting public or private school?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the applicant requesting local authorization to operate the registered dispensary demonstrate possession or entitlement to possession of the registered premises of the dispensary?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Section 3(c): Local authorization required for operation of a registered dispensary within municipality.</b> A person may not to operate a registered dispensary within a municipality unless the following question is answered in the affirmative.	
Has the person obtained all applicable municipal approvals, permits, or licenses that are required by the municipality for the operation of a registered dispensary? By selecting "yes" below, the municipality is affirming that no further action by the municipality is required prior to the Office of Cannabis Policy's approval of the applicant's registration certificate. The Office of Cannabis Policy encourages the municipality to coordinate the issuance date of a local license with the Office when appropriate. <i>Please attach a copy of all applicable approvals, permits or licenses, including dates of issuance and expiration to this form.</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Statutory Guidance for Municipalities</b>	
Pursuant to 22 MRS § 2429-D, a municipality may regulate registered dispensaries within that municipality, and may not permit a registered dispensary to operate within that municipality unless the municipal legislative body has voted to adopt or amend an ordinance or warrant article allowing the operation of a registered dispensary within that municipality – unless that registered dispensary has been continuously operating, as a registered dispensary, within that municipality since before December 13, 2018.	
<b>The completed Maine Medical Cannabis Program Dispensary Local Authorization Form can be emailed to the Office of Cannabis Policy at <a href="mailto:Licensing.OCP@maine.gov">Licensing.OCP@maine.gov</a> or sent to Office of Cannabis Policy, 162 State House Station, Augusta, ME 04333-0162.</b>	
<b>Municipality</b>	
Legal Name and Title of Municipality:	City:
I hereby affirm and acknowledge that the information above is truthful and complete to the best of my knowledge.	
Signature of Municipal Official: (Do not sign until witnessed by notary):	Date:
<b>Notarization</b>	
The foregoing instrument was acknowledged before me this       day of       , 20       , at       , Maine, by       to be his/her free act and deed.	
Name of Notary Public (Printed)	Signature of Notary Public
Notary Public, State of Maine	<b>STAMP/SEAL</b>
My commission expires:	

**Exhibits to Letter - 000012**

Initials of Signing Jurisdiction Official: \_\_\_\_\_  
 OCP\_DSP-LAF - Rev. 11/30/2022 - Page 2 of 2

# EXHIBIT C

**MAINE REVENUE SERVICES**  
**Authorization to Review and Disclose**  
**Status of Tax and Filing Obligations to**  
**the Maine Office of Cannabis Policy -**  
**PRINCIPALS - Medical Dispensary**



This form is for use by a principal in a medical cannabis dispensary establishment. For purposes of this form, a "principal" means any person who is an officer, director, manager, or general partner in a medical cannabis dispensary establishment. It also includes any person who operates a medical cannabis dispensary establishment as a sole proprietorship.

**PART I:**

Principal Name:	Phone #:	FEIN/SSN:
Alternate Name You May Have Filed Under:	Home Address:	
Legal Name of Medical Cannabis Dispensary Establishment for Which You Are a Principal:		FEIN

If you are a principal in more than one medical cannabis dispensary establishment, check here and attach a sheet listing the name and FEIN of all establishments for which you are a principal ..... ☐

**PART II:**

List Names and FEINs of all businesses, other than the a medical cannabis dispensary establishment(s) listed above, for which you are a principal. For purposes of this form, a "principal" means an owner, officer, director, manager, or general partner. Maine Revenue Services may require you to provide additional documentation to verify your relationship with the businesses listed.

Name	FEIN	Name	FEIN
Name	FEIN	Name	FEIN

If you need additional space, check here and attach a sheet listing the name and FEIN of any other businesses for which you are a principal... ..... ☐

**PART III:**

I understand that taxpayer information is confidential under 36 M.R.S. § 191. By signing this form, I authorize Maine Revenue Services to review my confidential information and disclose the status of my Maine tax and filing obligations directly to the Maine Office of Cannabis Policy, pursuant to 36 M.R.S. § 191(2)(A). I further certify that I am an owner, officer, director, manager, or general partner acting on behalf of the business entities listed in Part II and that I have authority to sign this form, and I authorize Maine Revenue Services to review the entities' confidential information and disclose the status of their Maine tax and filing obligations directly to the Maine Office of Cannabis Policy, pursuant to 36 M.R.S. § 191(2)(A). The disclosure will be limited to the information included in Part IV below.

Principal's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Forms must be sent to Maine Revenue Services at [mrs.compliance.omp@maine.gov](mailto:mrs.compliance.omp@maine.gov),  
faxed to 207-287-6627, or mailed to:**

**Maine Revenue Services  
Attn: Compliance Division  
P.O. Box 1060  
Augusta, ME 04332-1060**

**Exhibits to Letter 2000013**

Revised 8/11/2021

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**PART IV:**

**This section to be completed by Maine Revenue Services**

- 1) The principal listed above has a Maine tax liability presently due and owing for taxes and fees administered by Maine Revenue Services:

☐ Yes ☐ No

- 1a) The principal is currently participating in a payment plan in connection with their Maine tax liability and they are in compliance with the terms of that payment plan.

☐ Yes ☐ No

- 2) Maine Revenue Services has filed liens in connection with a Maine tax liability owed by the principal during the calendar years checked below:

☐ 2020 ☐ 2019 ☐ 2018 ☐ 2017 ☐ 2016 ☐ 2015

- 2a) The principal is currently participating in a payment plan in connection with the Maine tax liability associated with the liens indicated and is in compliance with the terms of that payment plan:

☐ Yes ☐ No

- 3) One or more of the businesses which the principal has identified above has a Maine tax liability presently due and owing for taxes and fees administered by Maine Revenue Services:

☐ Yes ☐ No

- 3a) The entity or entities are currently participating in a payment plan in connection with their Maine tax liability and are in compliance with the terms of that payment plan.

☐ Yes ☐ No

MRS Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

F107 Note: ☐



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## Town Retirement Match

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**From:** Don Willard <don.willard@raymondmaine.org>  
**To:** Nathan White <Nathan.White@raymondmaine.org>, Sue Look <sue.look@raymondmaine.org>  
**Date:** 06/06/2023 08:25 PM  
**Subject:** Re: selectmen agenda

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Hello Nathan,

I have copied Sue to put your request in the agenda queue and will discuss it with Joe, before the next meeting. Thank you.

Don

Sent from my iPhone

On Jun 6, 2023, at 5:29 PM, Nathan White <Nathan.White@raymondmaine.org> wrote:

Good after noon don

I am asking to be put on the June 19 selectmen's meeting agenda to discuss the ICMA town match. It was my understanding that the town employees would see the towns contribution would go from 6% to 7% in this coming year. Had I known it had been cut I would have spoken to it at that time.

In talking to Chrarisse I believe the cost to be around \$15,000 to add 1% to the ICMA if all the employees that are contributing take the 7% increase.

Thanks for considering this

Nate

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# Quit Claim Deeds

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## Board of Selectmen – Agenda Item Request Form

401 Webbs Mills Rd  
Raymond ME 04071  
204-655-4742 fax 207-655-3024  
[sue.look@raymondmaine.org](mailto:sue.look@raymondmaine.org)

Requested Meeting Date:

06/13/2023

Requested By & Date:

Sue Carr 06/06/2023

### **CONTACT INFORMATION**

Address:

Click or tap here to enter text.  
Click or tap here to enter text.  
Click or tap here to enter text.

Email Address:

Sue.carr@raymondmaine.org

Phone #:

655-4742 ext. 122

### **AGENDA ITEM REQUESTED**

Agenda Item Subject:

Quit claim deed

Agenda Item Summary:

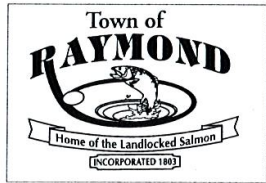
Sign Quit Claim Deed for Strout Richard and Marston Jared  
and for Robert Martin/ Diana Martin

Action Requested/Recommendation:

☐ Approval ☐ Public Hearing ☐ Information Only

List of Attachments Included:

Quit claim deed



401 Webb's Mills Road  
Raymond, Maine 04071  
207.655.4742  
655-3024 (Fax)

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## Tax Acquired Property

Name: MARTIN ROBERT& MARTIN DIANA

Map: 49

Lot: 1A

Location: 76 MAIN STREET

Foreclosure Date: FEBRUARY 17,2023

Amount paid: \$6,067.21

He has moved and sold his home but forgot all about this property. Researching I found his phone number and called him. He paid it all off the next day. Thank you.

**Maine Short Form Quit Claim Deed Without Covenant**

THE INHABITANTS OF THE TOWN OF RAYMOND, a body politic located at Raymond, County of Cumberland and State of Maine, for consideration paid, releases to MARTIN ROBERT AND MARTIN DIANA in said County and State, a certain parcel of land situated in the Town of Raymond, County of Cumberland, and State of Maine, being all and the same premises described at Map 049, Lot 001A

The purpose of this conveyance is to release any interest which this grantor may have in and to the above premises by a lien filed for nonpayment of taxes on said parcel of land with reference being made to a lien filed against Map 049, Lot 001A, in the name of MARTIN ROBERT AND MARTIN DIANA and recorded in said Registry of Deeds.

BK 38553 PG 29 BK 39673 PG 101

IN WITNESS WHEREOF, the said INHABITANTS OF THE TOWN OF RAYMOND have caused this instrument to be sealed with its corporate seal and signed in its corporate name by JOSEPH BRUNO, ROLF OLSEN, SAMUEL GIFFORD, TERESA SADAK, AND DEREK RAY thereto duly authorized, this 13th day of June 2023.

THE INHABITANTS OF THE TOWN OF RAYMOND

By:

\_\_\_\_\_  
Witness to All

\_\_\_\_\_  
JOSEPH BRUNO, Selectman

\_\_\_\_\_  
ROLF OLSEN, Selectman

\_\_\_\_\_  
SAMUEL GIFFORD, Selectman

\_\_\_\_\_  
TERESA SADAK, Selectman

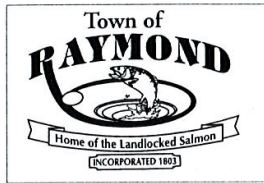
\_\_\_\_\_  
DEREK RAY, Selectman

STATE OF MAINE  
CUMBERLAND, SS.

Personally, JOSEPH BRUNO, ROLF OLSEN, SAMUEL GIFFORD, TERESA SADAK, AND DEREK RAY appeared the aforesaid Selectmen known to me, this 13th day of June 2023 and acknowledged before me the foregoing instrument to be their free act and deed in their said capacity.

\_\_\_\_\_  
Notary Public





401 Webbbs Mills Road  
Raymond, Maine 04071  
207.655.4742  
655-3024 (Fax)

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## Tax Acquired Property

Name: MARSTON JARED J

Map: 19

Lot: 39

Location: 9 SHAKER WOOD RD

Foreclosure Date: MARCH 12, 2010

Amount paid: \$20,345.77

Paid off all the taxes before the sale of some of the property. Thank you.

**Maine Short Form Quit Claim Deed Without Covenant**

THE INHABITANTS OF THE TOWN OF RAYMOND, a body politic located at Raymond, County of Cumberland and State of Maine, for consideration paid, releases to MARSTON JARED J in said County and State, a certain parcel of land situated in the Town of Raymond, County of Cumberland, and State of Maine, being all and the same premises described at Map 019, Lot 039

The purpose of this conveyance is to release any interest which this grantor may have in and to the above premises by a lien filed for nonpayment of taxes on said parcel of land with reference being made to a lien filed against Map 019, Lot 039, in the name of MARSTON JARED J and recorded in said Registry of Deeds.

BK 35064      PG 311      BK 35913   PG 97      BK 37079      PG 275  
BK 38553      PG 28      BK 39673   PG 166

IN WITNESS WHEREOF, the said INHABITANTS OF THE TOWN OF RAYMOND have caused this instrument to be sealed with its corporate seal and signed in its corporate name by JOSEPH BRUNO, ROLF OLSEN, SAMUEL GIFFORD, TERESA SADAK, AND DEREK RAY thereto duly authorized, this 13th day of June 2023.

THE INHABITANTS OF THE TOWN OF RAYMOND

\_\_\_\_\_  
Witness to All

By: \_\_\_\_\_  
JOSEPH BRUNO, Selectman

\_\_\_\_\_  
ROLF OLSEN, Selectman

\_\_\_\_\_  
SAMUEL GIFFORD, Selectman

\_\_\_\_\_  
TERESA SADAK, Selectman

\_\_\_\_\_  
DEREK RAY, Selectman

STATE OF MAINE  
CUMBERLAND, SS.

Personally, JOSEPH BRUNO, ROLF OLSEN, SAMUEL GIFFORD, TERESA SADAK, AND DEREK RAY appeared the aforesaid Selectmen known to me, this 13th day of June 2023 and acknowledged before me the foregoing instrument to be their free act and deed in their said capacity.

\_\_\_\_\_  
Notary Public

**Maine Short Form Quit Claim Deed Without Covenant**

THE INHABITANTS OF THE TOWN OF RAYMOND, a body politic located at Raymond, County of Cumberland and State of Maine, for consideration paid, releases to STROUT RICHARD E in said County and State, a certain parcel of land situated in the Town of Raymond, County of Cumberland, and State of Maine, being all and the same premises described at Map 019, Lot 039

The purpose of this conveyance is to release any interest which this grantor may have in and to the above premises by a lien filed for nonpayment of taxes on said parcel of land with reference being made to a lien filed against Map 019, Lot 039, in the name of STROUT RICHARD E and recorded in said Registry of Deeds.

BK 26335	PG 174	BK 27261	PG 238	BK 27989	PG 170
BK 28887	PG 49	BK 29838	PG 199	BK 30940	PG 96
BK 31729	PG 252	BK 32517	PG 162	BK 33358	PG 214
BK 34141	PG 84				

IN WITNESS WHEREOF, the said INHABITANTS OF THE TOWN OF RAYMOND have caused this instrument to be sealed with its corporate seal and signed in its corporate name by JOSEPH BRUNO, ROLF OLSEN, SAMUEL GIFFORD, TERESA SADAK, AND DEREK RAY thereto duly authorized, this 13<sup>th</sup> day of June 2023.

THE INHABITANTS OF THE TOWN OF RAYMOND

\_\_\_\_\_  
Witness to All

By: \_\_\_\_\_  
JOSEPH BRUNO, Selectman

\_\_\_\_\_  
ROLF OLSEN, Selectman

\_\_\_\_\_  
SAMUEL GIFFORD, Selectman

\_\_\_\_\_  
TERESA SADAK, Selectman

\_\_\_\_\_  
DEREK RAY, Selectman

STATE OF MAINE  
CUMBERLAND, SS.

Personally, JOSEPH BRUNO, ROLF OLSEN, SAMUEL GIFFORD, TERESA SADAK, AND DEREK RAY appeared the aforesaid Selectmen known to me, this 13th day of June 2023 and acknowledged before me the foregoing instrument to be their free act and deed in their said capacity.

\_\_\_\_\_  
Notary Public

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# Annual Staff Appointments

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## *Board of Selectmen*

401 Webbs Mills Road  
Raymond, Maine 04071

### **Appointment by Municipal Officers**

Pursuant to M.R.S.A. 30-A §2601, the undersigned municipal officers of the Town of Raymond do hereby vote to appoint and confirm the following for the below noted terms:

Position	Expiration	First Name	Last Name
ANIMAL CONTROL OFFICER	6/30/2024	Jessica	Jackson
CODE ENFORCEMENT OFFICER	6/30/2024	Alex	Sirois
CONSTABLE	6/30/2024	Nathan	White
CONTRACT ASSESSOR	6/30/2024	Curt	Lebel
EMERGENCY MANAGEMENT DIRECTOR	6/30/2024	Bruce	Tupper
FIRE CHIEF	6/30/2024	Bruce	Tupper
FOREST WARDEN	6/30/2024	Bruce	Tupper
FREEDOM OF INFORMATION OFFICER	6/30/2024	Sue	Look
General Assistance Administrator	6/30/2024	Jennie	Silverblade
Harbor Master	6/30/2024	Don	Willard
HEALTH OFFICER	6/30/2024	Cathy	Gosselin
Maine Waste to Energy	6/30/2024	Don	Willard
ROAD COMMISSIONER	6/30/2024	Nathan	White
Tax Collector	6/30/2024	Suzanne	Carr
Town Clerk	6/30/2024	Sue	Look
Treasurer	6/30/2024	Charisse	Keach

Given under our hands on the 19<sup>th</sup> day of June 2023.

\_\_\_\_\_  
Rolf Olsen

\_\_\_\_\_  
Teresa Sadak

\_\_\_\_\_  
Joe Bruno

\_\_\_\_\_  
Samuel Gifford

\_\_\_\_\_  
Derek Ray



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# Annual Committee Appointments

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## *Board of Selectmen*

401 Webbs Mills Road  
Raymond, Maine 04071

### Appointment by Municipal Officers

Pursuant to M.R.S.A. 30-A §2601, the undersigned municipal officers of the Town of Raymond do hereby vote to appoint and confirm the following for the below noted terms:

Committee	Term	Expiration	First Name	Last Name	Street
BEAUTIFICATION COMMITTEE	1	6/30/2024	Mitzi	Burby	64 Spiller Hill Rd
BEAUTIFICATION COMMITTEE	1	6/30/2024	Sharon	Dodson	PO Box 577
BEAUTIFICATION COMMITTEE	1	6/30/2024	Fran	Gagne	68 Whittemore Cove Rd
BEAUTIFICATION COMMITTEE	1	6/30/2024	Elissa	Gifford	PO Box 357
BEAUTIFICATION COMMITTEE	1	6/30/2024	Christine	McClellan	PO Box 406
BEAUTIFICATION COMMITTEE	1	6/30/2024	Mary	McIntire	31 Egypt Road
BEAUTIFICATION COMMITTEE	1	6/30/2024	Jan	Miller	59 Hancock Rd
BOARD OF ASSESSMENT REVIEW	3	6/30/2026	Brenda	Tubbs	350 Webbs Mills Rd
PLANNING BOARD	3	6/30/2026	Greg	Foster	29 Ledge Hill Rd
PLANNING BOARD	3	6/30/2026	Robert	O'Neill	67 Spring Valley Road
VETERANS MEMORIAL PARK COMMITTEE	1	6/30/2024	David	McIntire	31 Egypt Rd
ZONING BOARD OF APPEALS	3	6/30/2026	Pete	Lockwood	189 Mountain Rd
ZONING BOARD OF APPEALS	3	6/30/2026	Frederick	Miller	170 Thomas Pond Terrace Rd

Given under our hands on the 19<sup>th</sup> day of June 2023.

\_\_\_\_\_  
Rolf Olsen

\_\_\_\_\_  
Teresa Sadak

\_\_\_\_\_  
Joe Bruno

\_\_\_\_\_  
Samuel Gifford

\_\_\_\_\_  
Derek Ray

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## Annual Select Board Rep to Boards/Committees

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### Current Select Board Committee Representation

Committee	Position	First Name	Last Name
BEAUTIFICATION COMMITTEE	Selectman Rep	Teresa	Sadak
RECYCLING COMMITTEE	Selectman Rep	Rolf	Olsen
VETERANS MEMORIAL PARK COMMITTEE	Selectman Rep	Samuel	Gifford
MMWAC	Alternate	Don	Willard
MMWAC		Nathan	White

# Annual Fee Schedule

## TOWN OF RAYMOND 2023-2024 FEE SCHEDULE Effective July 1, 2023

### Animal Control Fees:

Description		Fee
Dogs at Large	1 <sup>st</sup> violation	\$50 plus all associated court fees
	2 <sup>nd</sup> violation	Not less than \$100 plus all associated court fees
	3 <sup>rd</sup> violation	Not less than \$100 plus all associated court fees
Canine Waste Infraction	1 <sup>st</sup> violation	\$50
	2 <sup>nd</sup> violation	\$75
	3 <sup>rd</sup> violation	Not less than \$100, but not more than \$500
Animal at Large		\$50
Animal on Beach, Park or Cemetery		\$50
Animal Left in Car Unattended		\$50
Barking Dog Violation	1 <sup>st</sup> violation	\$50
	2 <sup>nd</sup> violation	\$100
	3 <sup>rd</sup> violation	\$200 plus all associated court fees
Unlicensed Dog Violation		\$30 plus licensing fee
Board for Animals Picked up by ACO		\$25 per day
Impound fees	1 <sup>st</sup> impoundment	\$50
	2 <sup>nd</sup> impoundment	\$75
	3 <sup>rd</sup> and subsequent	\$100
Transportation Fee Outside of Town Limits		\$25 per trip

### Zoning Board of Appeals Fees:

Description		Fee
ZBA Application	Residential	\$100
	Commercial	\$235
ZBA Escrow Fees		\$500 plus additional fees for completion of professional reviews, if necessary, based on consultant hourly rate. Additional billing may be required if an escrow account has a negative balance. A 1.5% finance charge will be included each month if payment is not received thirty (30) days after invoicing.
ZBA Newspaper Legal Notices		\$200 per ad (two minimum)
ZBA Abutters Notices		\$8 per notice

### Code Enforcement:

Description		Fee
Building Permits	Finished Area	\$0.40 per square foot
	Unfinished Area	\$0.30 per square foot
	Commercial/Industrial	\$0.50 per square foot

Description			Fee
		Minimum Permit Fee	\$50
	Residential and Commercial Alterations or Renovations	Up to to \$1,000	\$50
		\$1,001 to \$5,000	\$75
		\$5,001 to \$10,000	\$100
		\$10,001 and up	\$100 plus \$10 per thousand or fraction thereof
Separate Permit Fees	Chimneys/Antennas		\$50
	Demolitions		\$50
	Signs – Business or Commercial	Up to 6 square feet	\$50
		Over 6 square feet	\$50 plus \$0.15 per square foot over 6 square feet
	Swimming Pools	In-Ground	\$100
		Above Ground	\$50
	Docks – Permanent or Seasonal		\$0.10 per square foot or \$50 whichever is greater.
Plumbing Fees	Pre-inspection Fee		Included with the State Fee
	Re-inspection Fee		\$100 per visit
	Subsurface Complete Systems – Non-engineered	Initial Fee	\$250
		- Plus Town Fee	\$25
		- Plus State Water Quality Surcharge	\$15
		- Plus State Variance	\$20
	Primitive Disposal System (includes alternative toilet)		\$100
	Engineered Systems		\$200 plus \$25 Town Fee
	System Components (installed separately)	Treatment Tank	\$150 plus \$25 Town Fee
		Alternative Toilet	\$50 plus \$25 Town Fee
		Disposal Area	\$150 plus \$25 Town Fee plus \$15 State Water Quality Surcharge
		Engineered Disposal Area	\$150 plus \$25 Town Fee
		Separated Laundry Disposal System	\$35 plus \$25 Town Fee
		Seasonal Conversion	\$50 plus \$25 Town Fee
Internal Plumbing Fees	Per State schedule	Plumbing fixtures include back-flow devices	\$10 per fixture (\$40 minimum) plus \$25 Town Fee



Penalties	Failure to obtain permit prior to starting work on any construction/after-the-fact-permit		Double the Standard Fee
	Re-inspections		\$100 per visit
Electrical Permits	Fee	Residential	\$50
	Permanent Overhead Service	Residential	\$30
	Permanent Underground Service	Residential	\$40
	New Construction, Renovations, Additions (cost per square foot)	Residential	\$0.05
HVAC Permit	Based on Construction & Equipment Costs		\$20 for 1 <sup>st</sup> \$1,000 of cost, plus \$5 for each additional \$1,000 of cost

### **Miscellaneous Code Enforcement Fees:**

Description		Fee
Home Occupation		\$100
Campsite (personal)		<del>\$25</del> \$50 annually
Campgrounds		\$75 annually
Change of Use	With <del>out</del> Renovations	\$50
	With <del>out</del> Renovations	\$0.50 per square foot or \$50 minimum
Driveway/Entrance/Address Permit		\$25
Shoreland Project Permit (trees, docks, soil disturbance within the Shoreland Zone)		\$50
Road Opening		\$75 plus \$1.50 per square foot
Road Name Change		\$75
Recording, Indexing, and Preserving Plans		\$15
Re-inspection Fee		\$100 each visit
Additional Inspections per MUBEC		\$100 per visit

### **Waste Fees:**

Description	Fee
Tag for extra curbside household trash	\$1 each
Bulky Waste	Pay at the gate

### **Planning Board Fees:**

Description		Fees
Planning Board Pre-application Conference		\$75
Site Plan Review Application	Staff Projects up to 10,000 square feet	\$75

Site Plan Review Escrow *	Minor	Projects less than 10,000 square feet	\$100
	Major	Projects 10,000 square feet or greater	\$250
	Staff	Projects up to 10,000 square feet	\$1,000
	Minor	Projects less than 20,000 square feet	\$1,500
	Major	Projects 20,000 square feet or greater	\$2,000
Preliminary Subdivision Review			\$625 plus \$200 per lot/unit greater than 4
Final Subdivision Review			\$475 plus \$100 per lot/unit greater than 4
Minor Subdivision Review			\$475
Planning Board Escrow Fees for Subdivision Review *			\$2,000, plus additional fees for completion of professional reviews, if necessary, based on consultant hourly rate
Planning Board Abutters Notices			\$8 per notice
Planning Board Newspaper Legal Notices			\$200 per Ad (two minimum)

*\* Finance Charge for Site Plan Review Escrow & Planning Board Escrow Accounts:*

*Additional billing may be required if an escrow account has a negative balance. A 1.5% finance charge will be included each month if payment is not received thirty (30) days after invoicing.*

### **Fire Department:**

Description		Fee
Fire Report Request		\$25
Patient's Treatment Record		\$5 for 1 <sup>st</sup> page & \$.45 for each additional, not to exceed \$250
Wood Stove Permit & Chimney Inspection		\$25
Fire Permit		Free at Fire Department
Inspection of New Construction	Less than 10,000 square feet or 100,000 cubic feet	\$70
	More than 10,000 square feet or 100,000 cubic feet	\$90
Inspection of Existing Construction	Less than 10,000 square feet or 100,000 cubic feet	\$40
	More than 10,000 square feet or 100,000 cubic feet	\$60
Inspection of Additions/Alterations	Less than 10,000 square feet (regardless of existing size)	\$20
	More than 10,000 square feet or 100,000 cubic feet	Required to use the fee schedule for new construction more than 10,000 square feet
Review of Subdivisions		\$60

Description		Fee
Review of Each House in Subdivision after Completion		\$15
Inspection of Public Shows/Events		\$10
Annual/bi-annual Inspections of Campgrounds, Schools, Summer Camps, Liquor Licenses		Free
Bi-annual Inspection of Businesses, Churches, Town Buildings		Free
Re-inspection for Violations		\$10 per inspection
Motor Vehicle Accident Billing  (FEMA rates per hour)	Engine	\$350
	Ariel Truck	\$500
	Ambulance	\$200
	Squad (Rescue)	\$400
	Tanker	\$200
	Service Truck / Command Vehicle	\$100

### **Cemetery Prices:**

Description		Fee
Resident – 1 plot (includes perpetual care)		\$400
Non-Resident – 1 plot (includes perpetual care)		\$1,000
Violating any provisions of the Cemetery Ordinance. Each day a violation occurs shall be deemed a separate offense.		Not less than \$100 and not more than \$2,500, plus attorney fees & costs

### **Office Charges:**

Description		Fee
Credit Card Charge Fee	Up to \$40	\$1.00
	Over \$40	2.5%
DVD Copy		\$5.00
Freedom of Information Request Research		\$15/hr after first hour
Freedom of Information Copies		\$.10 per page
Photo Copies of Property Cards		\$.50 per side
Photo Copy of Reduced Town Map		\$1.50
Photo Copy of Deed	1 <sup>st</sup> Page	\$1.50
	Subsequent Pages	\$.50 each
Photo Copies – General		\$.50 per side
Photo Copies – Plans copied on Plotter – 36" X 24"	Colored	\$2.00
	Black & White	\$2.00
Fax	Per Page Sent	\$2.50
	Per Page Received	\$1.00
Labels	Research	\$10.00 per hour
	Preparation	\$.10 per label
Map – Colored	8.5" X 11"	\$1.00
	11" X 17"	\$1.50

Notary Public	24" X 36" Full Set of Town Maps	\$150.00
	Per Notary Signature – Non-resident	\$2.50
	Per Notary Signature - Resident	Free
	Per Notary Signature – Petition Efforts	\$1.00
	For Complex Court Documents or Real Estate Closing Documents	\$25.00
Tax Lien/Discharge Research		\$20.00/hour after the 1 <sup>st</sup> hour

### **Printed List Fees:**

Description		Fee
Absentee Voter List	Paper	\$1 for 1 <sup>st</sup> page and \$.25 for each subsequent page
	CD	Free
Voter List	Paper	\$1 for 1 <sup>st</sup> page and \$.25 for each subsequent page
	Mailing Labels	\$1 for 1 <sup>st</sup> page and \$.75 for each subsequent page
	CD	\$22
Dog Licensing List	Paper	\$30
	Electronic	\$20
Taxpayer List	Paper	\$500
	Electronic	\$65
	On Website	Free

### **Registry Recording Fees:**

Description	Fee
First Page	\$22
All Other Pages	\$2 per page

### **Liquor Licenses:**

Description	Fee
Application	\$10
Advertising with Public Hearing Application	\$100
Temporary Liquor License Application (catering)	\$10

### **Town Clerk's Office Fees:**

Description	Fee
Dog Licensing	Altered \$6



Description		Fee
	Unaltered	\$11
	Kennels (10 dogs per license)	\$42
	Late Fee (after February 1 <sup>st</sup> )	\$25 plus licensing fee
Vital Records	Birth Certificate Copy	\$15 for 1 <sup>st</sup> and \$6 for each other on same day
	Death Certificate Copy	\$15 for 1 <sup>st</sup> and \$6 for each other on same day
	Marriage Certificate Copy	\$15 for 1 <sup>st</sup> and \$6 for each other on same day
	Marriage License	\$20 per person (\$40 total)
	Non-Certified Copy of Birth, Death or Marriage	\$5
	Research	\$10 per hour after 1 <sup>st</sup> hour
	Copying – 8.5" X 11" (prior to 1892)	\$.50
	Copying – 11" X 17" (prior to 1892)	\$1
Bounced Returned Checks/Items		\$35
Permits/Businesses	Billiard, Pool, Bowling Alleys	\$50
	Cable TV Franchise	2.5% through Time Warner
	Business Listing	\$10
	Explosives – keeping/transporting	\$50
	Public Exhibitions	\$50 plus \$1 per person plus legal advertisement
	Special Amusement Permit	\$50 plus legal advertisement
Peddler's Permit – Lunch Wagon	Non-Resident Annually	\$500
	Resident Annually	\$250

### **Tassel Top Park**

Description		Fee
Day Pass Rates	Resident	Children (age 2-11)
		Adults (age 12-61)
		Senior Citizen (62+)
	Non-Resident	Children (age 2-11)
		Adults (age 12-61)
		Senior Citizen (62+)
Season Pass	Resident	\$70
	Non-Resident	\$95
Cabin Rental	Weekly	\$1,500
Summer Camp Group	Groups over 20	\$3 per person
Wedding	Includes cabins from Thurs – Sun, off season only	\$4,000

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Joseph Bruno

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Samuel Gifford

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Rolf Olsen

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Teresa Sadak

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Derek Ray