

CITY OF BROCKTON



**MARIJUANA ESTABLISHMENT
HOST COMMUNITY AGREEMENT (HCA) APPLICATION**

Please note: The following application is for the limited purpose of seeking a Host Community Agreement with the City of Brockton. Applicants are encouraged to read the Marijuana Advisory Committee’s Guidance for the Establishment of Recreational Marijuana Facilities for a full articulation of the HCA Selection Process in Brockton.

Request assistance: If you are a qualified individual with a disability or a disabled veteran, you may request a reasonable accommodation if you are unable or limited in your ability to access the application on this site as a result of your disability. You can request an accommodation by contacting the human resources department at (508) 580-7820.

Reasonable Accommodation: Applicants with disabilities may contact the City of Brockton’s Human Resource Department ADA Coordinator via telephone, fax, email and other means to request and arrange for an accommodations. If you need assistance to accommodate a disability, you may request an accommodation any time. Please contact Human Resources at (508)-580-7820.

Section 1. Applicant Information:

Business Legal Name: _____

Business DBA, if different: _____

Business Address: _____

Phone: _____ Website: _____

Federal Employer Identification Number (EIN): _____

Does the business currently possess any type of marijuana license in the City of Brockton? Yes No

If yes, describe: _____

Does the business currently possess any type of marijuana license in the Commonwealth? Yes No

If yes, describe: _____

(please note, subsidiary companies must identify any and all marijuana licenses held by parent companies/corporations in Massachusetts)

Primary Contact Name: _____

Mailing Address: _____

Email: _____ Phone: _____

A. Business Organization

Check only one and provide names as indicated:

Partnership (Inc. LLP): Name of Partnership: _____

Names of all Partners: _____

Trust: Name of Trust: _____

Names of All Trustees: _____

Corporation (as registered): _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

LLC: Name of LLC: _____

Name of All Members: _____

Other: (Attach a Description of the Form of Ownership and the Names of Owners)

B. Proposed Marijuana Establishment

Please select which of the following marijuana establishments best describes your organization.

- Adult-Use Marijuana Retailer
- Registered Marijuana Dispensary/Medical Marijuana Treatment Center Co-Located
- Adult-Use/Medical Marijuana Retailer
- Marijuana Cultivator
- Craft Marijuana Cooperative
- Marijuana Product Manufacturer
- Independent Testing Laboratory
- Marijuana Research Facility
- Marijuana Transporter
- Marijuana Delivery Operator
- Marijuana Delivery Courier

Section 2. Operating Questionnaire

Applicants are encouraged to provide specific information which speaks to each criterion/question. You may respond with separate attached documents as directed and needed.

1. Describe your direct experience in the marijuana industry.

2. Describe your direct experience in other similar industries (such as sensitive commercial retail enterprises such as package stores, nicotine products, etc.)

3. Describe your business experience in Brockton if any.

4. Describe your experience operating a business within the Commonwealth of Massachusetts.

5. Provide a business plan with particular attention to your proposed scale of operation, inventory sources, products to be sold, plan for inventory management, financial resources, marketing expectations, and anticipated costs and revenues (*please attach your full plan*).

6. Describe your employee training process and plan to ensure regulatory compliance, including the prohibition of underage exposure to and consumption of recreational marijuana. Provide copies of any employee training manuals or policies to employ or plan to employ.

7. Provide a security plan identifying your priority security concerns and any site-specific security issues and proposed means of addressing them (*please attach your full plan*).

8. Provide a traffic and parking plan demonstrating basic feasibility of the site and/or intended traffic and parking mitigation strategies (*please attach your full plan*).

9. Describe how you will inform customers about restrictions on public consumption and dangers of operating a motor vehicle while impaired.

10. Provide a diversity plan identifying how you will attract a local workforce that also reflects Brockton's commitment to diversity.

11. Provide a positive impact plan identifying how your business will support the unique character of your site location's neighborhood, as well as the City's overall character, history, and culture.

*Responsive applicants may also be invited to make a 20-minute presentation to the HCA advisory committee.

PREMISES DIAGRAM

All applicants must submit a diagram clearly defining the premises, in addition to a completed license application. You may submit a diagram here or attach a plan of the premises. Diagrams should be as accurate as possible. Be sure to label the areas of your diagram including entrances, office area, kitchen, storage areas, restrooms, customer parking locations, delivery parking locations, loading docks, signage, loading areas, transaction locations, and so forth.

Section 3. Site Control Certification and Authorization:

If the property has more than one owner, each owner must sign a copy of this form:

Street Address of Business Location: _____

Zoning District and Overlay District, if any: _____

Assessor's Map _____ Block _____ Lot _____ Ward _____

Property Owner's Legal Name; _____

Property Owner's Mailing address (with zip code): _____

I certify that:

I am the property owner of the property located at _____.

_____ (legal name of Applicant) has been authorized by me to develop and use the property listed above for the marijuana establishment as specified on page three of this application.

I will permit any officials representing the City to conduct site visits on the property in connection with this application and, if approved, this applicant's business.

Should the ownership of this property change before the City has acted on this application, I will provide updated information and new copies of this signature page.

Owner Signature: _____ Date: _____

Print Name: _____

Email: _____ Phone: _____

Section 4. Zoning Compliance

HCA Applicants are reminded that the Brockton Zoning Ordinance permits marijuana business only in those zones set forth in Section 27-24.4.

HCA applicants must certify that the site described in Section 3, to the best of their knowledge complies with sections 27-24.4 of the Brockton Zoning Ordinances with respect to siting restrictions.

I _____, owner of _____ hereby certify that:

The proposed site of the Marijuana Establishment as described in this application is within an allowable Zoning District for my intended use.

The proposed site of the Marijuana Establishment as described in this application is **not within:**

- 500 feet of a pre-existing K-12 public or private school;
- 500 feet of another presently existing or permitted Marijuana Dispensary or Recreational Retail Facility;

Owner Signature: _____ Date: _____

Print Name: _____

Email: _____ Phone: _____

*If the property does not comply with Section 27-24.4 of the Brockton Zoning Ordinance, the property owner must apply to the Zoning Board of Appeals for a variance pursuant to M.G.L ch. 40A, §10. Applications are available with the Building Department.

Section 5. Local & State Regulatory Compliance Information:

Each individual (e.g. partner, trustee, manager) with ownership stake in the business must complete a separate copy of this form.

Owner's Name: _____ Ownership Stake (%) _____

- | | | |
|---|-----|----|
| 1. Has the Owner ever obtained a marijuana related license in any jurisdiction? | Yes | No |
|---|-----|----|

If yes, explain: _____

- | | | |
|--|-----|----|
| 2. Has the Owner ever had any type of license denied, revoked or suspended in any jurisdiction? | Yes | No |
|--|-----|----|

If yes, explain: _____

- | | | |
|---|-----|----|
| 3. Has the Owner ever been penalized in any jurisdiction in relation to a marijuana license and/or establishment? | Yes | No |
|---|-----|----|

If yes, explain: _____

- | | | |
|---|-----|----|
| 4. Has the Owner maintained compliance with all laws and regulations of the Commonwealth of Massachusetts for the last 5 years? | Yes | No |
|---|-----|----|

If no, explain: _____

- | | | |
|--|-----|----|
| 5. Has the Owner maintained compliance with all laws and regulations of the City of Brockton for the last 5 years? | Yes | No |
|--|-----|----|

If no, explain: _____

- | | | |
|--|-----|----|
| 6. Has the Owner been charged in any jurisdiction with any form of wage theft in the last three (3) years? | Yes | No |
|--|-----|----|

If yes, explain: _____

Section 6. Proposed Host Community Agreement Terms

The City of Brockton's standard and final Host Community Agreement is attached to this Application. The following terms are included therein.

1. A Community Impact Fee equal to 3.0% of the establishment's gross sales;
2. Annual filing of financial statements with the City;
3. Provision of financial reporting records required by the CCC to the City within a reasonable timeframe;
4. Maintenance of books and other financial records pertaining to the requirements of the HCA consistent with accounting standards and guidelines of the CCC;
5. Commitment to hiring local, qualified employees, and diverse employees to the extent consistent with the law;
6. Commitment to hiring local vendors, suppliers, and contractors from diverse businesses to the extent permitted by law;
7. Commitment to participation in youth health, safety, and prevention programs;
8. Cooperation with the Brockton Police Department to ensure effective security, including periodic meetings to review of security protocols and agreement on the placement of exterior security cameras and devices; and
9. If applicable, commitment to cooperate with the City to prevent Hardship Cultivation Registration for medical marijuana patients.

**MAC will not accept additional financial incentives or payments to private entities as a condition of HCAs.*

By signing below, Applicant(s), duly authorized to file this Application for a Host Community Agreement, represents, under the pains and penalties of perjury, that the statements and attachments herein are true and accurate to the best of his/her knowledge and belief.

SIGNATURE(S) OF APPLICANT OR CORPORATE OFFICER(S)

PRINT NAME

DATE

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