

PLANNING BOARD APPLICATION FORM



INSTRUCTIONS

This application form must be filled out completely and accurately for any application to the Planning Board. Attach additional information, plans, studies, etc. as required.

PROJECT INFORMATION

Project Name: Community Harvest

Project Description: Medical Marijuana Registered Dispensary

Street Address: 647 US Route 1, Unit 10, York ME 03909

Tax Map(s) & Lot(s): 91-8W #

AUTHORIZED REPRESENTATIVE

Identify the one person who will be the primary contact for this project.

Name: Cyrus F Clark

e-mail: cyrusclark@hotmail.com Phone #: 603-205-9860

PROPERTY OWNER(S)

Identify the owner or owners of all property involved in this application. Attach additional sheets if necessary. The property owner is the applicant.

Name: York Meadowbrook Plaza LLC

Mailing Address: 198 Saco Ave, Old Orchard Beach, ME 04066

By signing, I certify that the information provided is true and accurate, and that my authorized representative, if applicable, has my consent to represent this application.

Owner's Signature: [Signature] Date: 4/1/14

In the event there is more than one owner, all must sign. Attach additional sheets if necessary.