

**Application for Local Cannabis License
Town of Hartford**

On July 12, 2022, the Hartford Selectboard adopted a resolution establishing a local Cannabis Control Commission (CCC) to provide local licenses for cannabis operations. The Selectboard will act as the CCC and provide licenses, including any necessary conditions for parties interested in operating in the Town of Hartford. The following application information is required for review and approval by the CCC prior to commencing operation. Failure to receive approval and licensing from the CCC may result in a notice of violation, including applicable fines.

1. Applicant Information

Name:

Doing Business As:

Mailing Address:

**Telephone
Number:**

Email:

2. Owner/Agent Contact Information

Name:

Mailing Address:

**Telephone
Number:**

Email:

3. Property address where use will occur in the Town

4. Licensing Information

Type of License Requested (check all that apply)

	License Type	Tier <i>(if applicable)</i>	Date Applied for State Permit	State Permit Number <i>(if Issued)</i>
<input type="checkbox"/>	Outdoor Cultivation*			
<input type="checkbox"/>	Indoor Cultivation*			
<input type="checkbox"/>	Mixed Cultivation*			
<input type="checkbox"/>	Retail			
<input type="checkbox"/>	Manufacturing*			
<input type="checkbox"/>	Testing			
<input type="checkbox"/>	Wholesale			

Note: * Requires indication of tier. For more information on tiers, visit www.ccb.vermont.gov

5. Local Compliance Information

Compliance Questions	Answer
Land Use	
Has the Hartford Zoning Administrator (ZOA) been contacted regarding your proposed use?	
Has the ZOA determined if the use is permitted in the location you have identified?	
If yes, has the ZOA determined if a new zoning permit required?	
If a zoning permit is required, what is the date the complete application was accepted for review?	
Has the zoning permit been issued? If so, what is the effective date.	
Water and/or Wastewater	
Is an allocation for Town water and/or wastewater being requested?	
If yes, how many gallons per day have been requested?	
Has an allocation been granted? If so, please attach approval for allocation.	

6. Acknowledgement & Signature

I acknowledge and understand that this application for a local cannabis license (or licenses) is independent of any approvals issued by the State of Vermont’s Cannabis Control Board. I further acknowledge that any license(s), if granted, will expire one year from the date the State finalizes and issues the license after approval by the Hartford Cannabis Control Commission and a new application will be required for renewal. I agree to comply with any conditions included with approval of a cannabis license issued by the Town of Hartford and understand t failure to comply with any identified conditions may result in revocation of this license, including any applicable penalties or fines associated with the violation of conditions.

Signature

Date

Printed Name

Return completed applications to the Town Clerk at 171 Bridge Street White River Junction, VT 05001 for processing.

Official Use Only – Do Not Write Below This Line

Department Sign Offs

Building Code/Fire
Prevention: _____

Town Clerk: _____

Planning &
Development: _____

Public Works: _____

Cannabis Control Commission Review

License/Application #: _____

Date of CCC Meeting: _____

Action by CCC: _____

Date Follow-up sent: _____

