

May 18, 2020

Portland City Council City of Portland 389 Congress Street Portland, ME 04101

Re: Comments of Wellness Connection of Maine, 685 Congress Street, regarding Marijuana Business Licenses Ordinance

Dear Mayor Snyder and Portland City Councilors,

Wellness Connection of Maine respectfully submits the following regarding the draft marijuana regulations currently before the Council. As you know, WCM has operated the only medical marijuana dispensary in Portland for the last eight years, and it has consistently been a good corporate citizen. WCM complies with the multitude of state and local laws and regulations governing medical marijuana dispensaries. WCM commonly works with the City and state regulators to ensure that its practices are not only compliant but are beneficial to its patients. Beyond that, WCM gives back to the community in big ways. In each of the past two years, it has given over \$700,000 annually to support its patients and communities. As many of you know, WCM also supports its host municipalities such as Portland through additional donations and volunteering. For all of these reasons, WCM is precisely the type of marijuana establishment the City should want leading the way into the adult use market.

The Council gave the Marijuana Ordinance its first reading last Monday. Despite our and others testimony and protestations, there are still major problems with it. Here is a summary of our key points:

A. The buffer in 35-42(h) should apply to Wellness Connection's current dispensary. It is a large retail space by any metric and if the City wants to avoid clusters, why would it want another store within 250' of the WCM location on Congress Street? Furthermore, having been located at its current location without incident since 2012, WCM should not be

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treated the same as the two other very recent caregiver storefronts in Portland. Because WCM has been operating with City approval for nearly a decade with all applicable permits (change of use, etc.) it should benefit from the buffer just like any other dispensary or other retail store.

WCM recommends amending the third paragraph of 35-42(h) to read:

The distance restriction shall also not apply to an existing dispensary or medical marijuana retail store that qualifies pursuant to Sec. 35-42(i)(1), except for an existing dispensary or medical marijuana retail store that has operated with a City business license, a change of use permit, certificate of occupancy, and/or site plan approval prior to September 1, 2015.

B. The matrix (35-13(f)(4)) as written seems to give an advantage to caregivers over dispensaries by awarding points both for experience as a caregiver and experience operating a business in a highly regulated industry such as marijuana. There is no reason for this distinction, especially since caregivers have been less regulated while dispensaries have been highly regulated. Additionally, marijuana specific businesses should receive more points than other highly regulated businesses.

This issue is illustrated in the case where a caregiver has teamed up with a liquor store operator. In this case:

- Dispensary would only be limited to 5 points.
- Liquor store owner could double points, 10 points.
- Caregiver (who also owns a liquor store, e.g.) could get 13 points.
- C. The matrix excludes in the third criterion highly regulated businesses with any history of a violation, but this is too broad. The definition of 'violation' should be tied to the definition in the ordinance of a 'disqualifying violation,' and should be limited to violations over the past five years (like in the fourth criterion). Additionally, there is no similar exclusion for violations for caregivers in the fifth criterion. Amending the ordinance to fix this issue will avoid an overbroad exclusion that is outside of what the city intends and is harder for staff to administer.
- D. If medical marijuana retail stores can convert to adult use retail as a matter of course, as <u>35-13(f)(9)</u> permits, then why shouldn't dispensaries have the same flexibility? Dispensaries and medical marijuana retail stores should have a buffer, and both are selling cannabis to patients in a retail setting. Why not treat them the same?

Finally, the main issue that is underlying these problems is the cap of 20 retail stores. The problematic point selection matrix was created to be able to enforce the cap, and it will not be needed if the cap is lifted.

Please do not hesitate to contact us with any questions or concerns.

Thank you.

Charlie Langston General Manager