

CITY OF WORCESTER PLANNING BOARD



**SPECIAL PERMIT APPLICATION FOR ADULT USE MARIJUANA**

Division of Planning & Regulatory Services  
City Hall, 455 Main Street, Room 404, Worcester, MA 01608  
Office 508-799-1400 ext. 31440 – Fax 508-799-1406

1. Street Address of the Property in this Application: 15-17 Mountain Street East

Assessor's Map, Block & Lot: MBL 32-054-00004

2. Name of Applicant: Munro Associates LLC d/b/a The Vault

3. Address of Applicant: 885 Buffinton Street, Somerset, MA 02726

4. Telephone: 617.934.2121

5. E-mail: p.silverman@vicentelp.com

6. Interest in Property:

- A. Owner
- B. Developer
- C. Other

7. Owner of Record, if different from Applicant: Proko Realty, Inc.

8. Address of Owner of Record: 1 John Matthew Road, Hopkinton, MA 01748

9. If the applicant is different from the owner, fill out the following:

AUTHORIZATION: I, Paula Litscher, President of Proko Realty Inc. *Paula Litscher*, Owner of Record of the property listed with the Assessing Division of the City of Worcester, Massachusetts as Map 32 Block 054 Lot(s) 00004, do hereby authorize Munro Associates LLC to file this application with the Division of Planning & Regulatory Services of the City of Worcester on this the 20<sup>th</sup> day of March, 20 24.

On this 21<sup>st</sup> day of MARCH, 20 24, before me personally appeared PAULA LITSCHER, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

*Gail Nylen*  
NOTARY PUBLIC

My Commission Expires: GAIL NYLEN Notary Public



Commonwealth of Massachusetts  
My Commission Expires 11/10/2025

(If there is more than one owner of the land to be considered in this application, a notarized authorization is required for each owner.)

**10. What type of Marijuana Establishment Special Permit/s Are You Applying For? (check all that apply):**

- Club, lodge, other private grounds (non-profit and private) allowing on-site consumption of marijuana or marijuana products, but not operating as a licensed marijuana social consumption operator.
- Marijuana Cultivator
- Marijuana Delivery- Only Retailer
- Marijuana Independent Testing Laboratory
- Marijuana Product Manufacture (Greater than 5,000 SF)
- Marijuana Product Manufacture (5,000 SF in size or less)
- Marijuana Research Facility
- Marijuana Storefront Retailer
- Marijuana Transporter
- Micro- Business

**11. Zoning Classification(s) including overlay districts:**

BL-1.0 Zoning District; WR(GP-3) Overlay District

**12. Present Use:**

Adult Use Marijuana Establishment - Storefront Retailer

**13. Describe Proposed Use/General Description of Proposed Development of Property** (include information about buildings (area, etc.) to be retained and proposed uses (in SF) of all buildings on site). Attach additional sheets if necessary:

No changes proposed.

**14. Proposed Hours and Days of Operation:**

No changes proposed.

**15. Land Use Approvals / Relief Previously Granted or Pending by other land use Boards:**

Please see the attached Special Permit decision which applicant seeks to amend.

**16. SPECIAL PERMIT FINDINGS OF FACT**

The Board will make findings based on the criteria below to determine whether or not to approve the Special Permit. The Board may choose to adopt the findings of fact provided by the applicant or modify them based on public or staff comments, or Board discussion as needed.

**In the spaces below, explain how the adverse effects of the proposed use will not outweigh its beneficial impacts to the City with respect to each of the following considerations per Article II, Section 6(A)(2) of the Zoning Ordinance. (Attach additional supporting documentation as necessary.)**

- a. Social, economic or community needs that are served by the proposal:

Please see findings of fact in enclosed Special Permit decision.

- b. Traffic flow and safety, including access, parking and loading areas:

Please see findings of fact in enclosed Special Permit decision.

- c. Adequacy of utilities and other public services:

Please see findings of fact in enclosed Special Permit decision.

- d. Neighborhood character and social structure:

Please see findings of fact in enclosed Special Permit decision.

- e. Impacts on the natural environment:

Please see findings of fact in enclosed Special Permit decision.

- f. Potential fiscal impact, including city services needed, tax base, and employment:

Please see findings of fact in enclosed Special Permit decision.

**17. SUPPLEMENTARY SPECIAL PERMIT FINDINGS OF FACT**

The Board will make findings based on the supplementary criteria below to determine whether or not to approve the Special Permit. The Board may choose to adopt the findings of fact provided by the applicant or modify them based on public or staff comments, or Board discussion as needed.

After notice and public hearing, and after due consideration of the evidence submitted, including the reports and recommendations of city departments, the SPGA, in addition to the special permit criteria under Article II, may grant such a special permit per the criteria of **Article IV, Section 15(H) of the Zoning Ordinance**. **(Attach additional supporting documentation as necessary.)**

- a. The Marijuana Establishment does not derogate from the purposes and intent of this Section and the Zoning Ordinance:

Please see findings of fact in enclosed Special Permit decision.

- b. The application information submitted is adequate for the SPGA to consider approving the special permit request:

Please see findings of fact in enclosed Special Permit decision.

- c. The proposed establishment is designed to minimize any adverse impacts on abutting properties.

Please see findings of fact in enclosed Special Permit decision.

- d. The security plan provides sufficient assurance that adequate security controls have been implemented to ensure the protection of the public health and safety during hours of operation and that any marijuana or marijuana related products are adequately secured on-site or via delivery.

Please see findings of fact in enclosed Special Permit decision.

WHEREFORE, the applicant(s) requests that this Board grant the special permit (s) as requested above.

By:   
(Signature of Applicant or Applicant's Agent)

If more than one applicant, all applicants must fill out information.

Munro Associates LLC  
(Name of Applicant)

885 Buffinton Street, Somerset, MA 02726  
(Address)

617.934.2121  
(Contact Phone Number)

p.silverman@vicentellp.com  
(Email)

3/22/2024  
(Date)

By:   
(Signature of Property Owner or Owner's Agent)

If more than one property owner, all owners must fill out information.

Proko Realty, Inc.  
(Name of Property Owner)

1 John Matthew Road, Hopkinton, MA 01748  
(Address)

508-259-7020  
(Contact Phone Number)

prokorealty@gmail.com  
(Email)

3/21/2024  
(Date)

**CERTIFICATION OF COMPLIANCE WITH  
WORCESTER REVISED ORDINANCES GOVERNING REVENUE COLLECTION**

**\*Note: This form must be completed and signed by both the applicant(s) and owner(s) of the property certifying payment of all local taxes, fees, assessments, betterments, or any other municipal charges of any kind. Failure to include a fully completed certification form with the application shall result in the application being deemed incomplete and ineligible for further processing by the Zoning Board of Appeals.**

Pursuant to Massachusetts General Law, Chapter 40, Section 57 and the City of Worcester General Revised Ordinance, Chapter 11, Section 26-28, the undersigned applicant and all parties having an ownership interest therein, hereby certify, under the pains and penalties of perjury, that the applicant(s) and owner(s) have complied with the laws of the Commonwealth of Massachusetts and the City of Worcester regarding payment of all local taxes, fees, assessments, betterments or any other municipal charges of any kind.

(Give first and last names in full. In case of a corporation give names of President, Treasurer and Manager; and in case of firms, give names of individual members.)

**(1) If a Proprietorship or Single Owner of residential property:**

Name of Owner \_\_\_\_\_

Business Address \_\_\_\_\_

Home Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Signature of owner (certifying payment of all municipal charges):

\_\_\_\_\_ Date: \_\_\_\_\_

**(2) If a Partnership or Multiple Owners of residential property:**

Full names and address of all partners

Printed Names

Addresses

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

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

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Signature of all owners of property (certifying payment of all municipal charges -attach multiple pages if necessary)

\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

**(3) If a Corporation:**

Full Legal Name Proko Realty, Inc.

State of Incorporation Massachusetts

Principal Places of Business 1 John Matthew Road, Hopkinton, MA 01748

Place of Business in Massachusetts 1 John Matthew Road, Hopkinton, MA 01748

Printed Names of Officers of Corporation:

Title

Henry Proko, Director

Dianne Silun, Director

Paula Litscher, Director, President, Treasurer

Edward Proko, Secretary, Director

Owners of Corporation:

Printed Names

Address

% of stock

Henry Proko, 585 Burncoat St, Worcester, MA 01606 -

Paula Litscher, 1 John Matthew Road, Hopkinton, MA 01748 -

Edward Proko - 2 Holden St, Worcester, MA 01605 -

Dianne Silun - 35 Duffy Road, Boylston, MA 01505 -

Signature of all owners of property (certifying payment of all municipal charges -attach multiple pages if necessary)

*Paula Litscher*  
Authorized signatory for  
all parties

Date: 3/21/2024  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_

**(4) If a Trust:**

Name of Trust \_\_\_\_\_

Business Address \_\_\_\_\_

Printed Names of Trustees:

Address

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

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

Printed Names of Beneficiaries:

Address

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

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

Signature of trustees of property (certifying payment of all municipal charges -attach multiple pages if necessary)

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

Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_

**(5) Signature of Applicant (if different from owner, certifying payment of all municipal charges):**

Printed Name of Applicant: Munro Associates, LLC d/b/a the Vault

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_





DO NOT SUBMIT THIS PAGE – FOR YOUR INFORMATION ONLY

The City of Worcester, by this document, does not provide legal advice. Questions about Special Permits should be directed to your legal counsel.

**If your special permit petition is approved, obtain a certified copy of the approved decision from the city clerk's office and record the decision at the registry of deeds.**

**Special Permit Decisions:** Final decisions are typically signed at the next scheduled Board Meeting and filed the following day with the City Clerk. Typically, if there is no appeal of the decision after twenty days (20) has elapsed from the date the decision was filed with the City Clerk's office, the applicant may obtain a properly certified copy of the approved decision from the City Clerk (Massachusetts General Law, Chapter 40A, Section 11).

City Clerk, City Hall  
455 Main Street -Second Floor, Room 206  
508-799-1121  
Monday 8:45am - 5:00pm  
Tuesday - Friday 8:45am - 4:15pm  
[www.worcesterma.gov](http://www.worcesterma.gov)

**Recording Special Permit (s):** Upon obtaining a properly certified copy of the approved decision, the applicant must bring the same copy to the Worcester District Registry of Deeds and have the decision recorded (Massachusetts General Law, Chapter 40A, Section 11).

Worcester District Registry of Deeds  
City Square - 90 Front Street, Level 2 - 508-798-7717  
Recording Hours: Monday – Friday 9 am to 4 pm  
Closed on State or Federal Holidays  
[www.worcesterdeeds.com](http://www.worcesterdeeds.com)

**Lapse of Special Permit(s):** Per the City of Worcester Zoning Ordinance, Article II, § 9 (D)(5): If the activity authorized by a special permit granted by the PB or SPGA is not initiated within one (1) year of the date of grant of such special permit except in the case of phased construction as approved by the PB or SPGA and/or if the activity is not completed within two (2) years, then the special permit shall lapse unless the Director of Code Enforcement makes a determination that failure to complete was for good cause. Otherwise, after a lapse, the special permit may be re-established only after notice and a new hearing pursuant to this Ordinance (Massachusetts General Law, Chapter 40A, Section 11).

**Your decision must be recorded prior to use of approved Special Permit**

April 6, 2024

Worcester Planning Board  
455 Main Street, Room 404  
Worcester, MA 01608

**RE: Munro Associates LLC d/b/a The Vault: Request to Change Name**

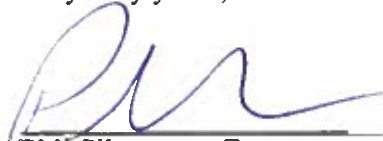
To the Honorable Worcester Planning Board:

Please accept this correspondence on behalf of Munro Associates LLC d/b/a The Vault (“**Munro**”). Since 2021, Munro has appreciated the opportunity to work collaboratively with the City of Worcester throughout its operation of a Marijuana Storefront Retailer at 15-17 Mountain Street East in Worcester (the “**Premises**”).

Munro respectfully requests that the Planning Board amend its existing special permit PB2021-003 to allow it to change its name from Munro Associates LLC d/b/a The Vault to The Vault Retail, Inc. d/b/a The Vault. Please be advised that the company requested a similar name change from the Planning Board in December 2023, but the name it selected was rejected by the Secretary of the Commonwealth's office due to similarity to another corporation doing business in Massachusetts.

Should any additional information be required to effectuate these requests, please do not hesitate to contact me directly.

Very truly yours,



Phil Silverman, Esq.

CITY OF WORCESTER PLANNING BOARD



**SPECIAL PERMIT APPLICATION FOR ADULT USE MARIJUANA**

Division of Planning & Regulatory Services  
City Hall, 455 Main Street, Room 404, Worcester, MA 01608  
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- 1. Street Address of the Property in this Application: 15-17 Mountain Street East  
Assessor's Map, Block & Lot: MBL 32-054-00004
- 2. Name of Applicant: Munro Associates LLC d/b/a The Vault
- 3. Address of Applicant: 885 Buffinton Street, Somerset, MA 02726
- 4. Telephone: 617.934.2121
- 5. E-mail: p.silverman@vicentelp.com
- 6. Interest in Property:  
A. Owner       B. Developer       C. Other
- 7. Owner of Record, if different from Applicant: Proko Realty, Inc.
- 8. Address of Owner of Record: 1 John Matthew Road, Hopkinton, MA 01748

9. If the applicant is different from the owner, fill out the following:  
 AUTHORIZATION: I, Paula Litscher, President Proko Realty, Inc., Owner of Record of the property listed with the Assessing Division of the City of Worcester, Massachusetts as Map 32 Block 054 Lot(s) 00004, do hereby authorize Munro Associates LLC to file this application with the Division of Planning & Regulatory Services of the City of Worcester on this the 21 day of March, 2024.

On this 21st day of MARCH, 2024, before me personally appeared PAULA LITSCHER, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

Gail Nylen  
 NOTARY PUBLIC  
 My Commission Expires: \_\_\_\_\_  
 GAIL NYLEN  
 Notary Public  
 Commonwealth of Massachusetts  
 My Commission Expires  
 January 10, 2025

(If there is more than one owner of the land to be considered in this application, a notarized authorization is required for each owner.)

**10. What type of Marijuana Establishment Special Permit/s Are You Applying For? (check all that apply):**

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- Marijuana Storefront Retailer
- Marijuana Transporter
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**11. Zoning Classification(s) including overlay districts:**

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**12. Present Use:**

Adult Use Marijuana Establishment - Storefront Retailer

**13. Describe Proposed Use/General Description of Proposed Development of Property** (include information about buildings (area, etc.) to be retained and proposed uses (in SF) of all buildings on site). Attach additional sheets if necessary:

No changes proposed.

**14. Proposed Hours and Days of Operation:**

No changes proposed.

**15. Land Use Approvals / Relief Previously Granted or Pending by other land use Boards:**

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**In the spaces below, explain how the adverse effects of the proposed use will not outweigh its beneficial impacts to the City with respect to each of the following considerations per Article II, Section 6(A)(2) of the Zoning Ordinance. (Attach additional supporting documentation as necessary.)**

- a. Social, economic or community needs that are served by the proposal:

Please see findings of fact in enclosed Special Permit decision.

- b. Traffic flow and safety, including access, parking and loading areas:

Please see findings of fact in enclosed Special Permit decision.

- c. Adequacy of utilities and other public services:

Please see findings of fact in enclosed Special Permit decision.

- d. Neighborhood character and social structure:

Please see findings of fact in enclosed Special Permit decision.

- e. Impacts on the natural environment:

Please see findings of fact in enclosed Special Permit decision.

- f. Potential fiscal impact, including city services needed, tax base, and employment:

Please see findings of fact in enclosed Special Permit decision.

**17. SUPPLEMENTARY SPECIAL PERMIT FINDINGS OF FACT**

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After notice and public hearing, and after due consideration of the evidence submitted, including the reports and recommendations of city departments, the SPGA, in addition to the special permit criteria under Article II, may grant such a special permit per the criteria of **Article IV, Section 15(H) of the Zoning Ordinance**. **(Attach additional supporting documentation as necessary.)**

- a. The Marijuana Establishment does not derogate from the purposes and intent of this Section and the Zoning Ordinance:

Please see findings of fact in enclosed Special Permit decision.

- b. The application information submitted is adequate for the SPGA to consider approving the special permit request:

Please see findings of fact in enclosed Special Permit decision.

- c. The proposed establishment is designed to minimize any adverse impacts on abutting properties.

Please see findings of fact in enclosed Special Permit decision.

- d. The security plan provides sufficient assurance that adequate security controls have been implemented to ensure the protection of the public health and safety during hours of operation and that any marijuana or marijuana related products are adequately secured on-site or via delivery.

Please see findings of fact in enclosed Special Permit decision.

WHEREFORE, the applicant(s) requests that this Board grant the special permit (s) as requested above.

By: M. Silverman  
(Signature of Applicant or Applicant's Agent)  
If more than one applicant, all applicants must fill out information.

Munro Associates LLC  
(Name of Applicant)

885 Buffinton Street, Somerset, MA 02726  
(Address)

617.934.2121  
(Contact Phone Number)

p.silverman@vicentellp.com  
(Email)

3/20/2024  
(Date)

By: Paula Fitzsimon  
(Signature of Property Owner or Owner's Agent)  
If more than one property owner, all owners must fill out information.

Proko Realty, Inc.  
(Name of Property Owner)

1 John Matthew Road, Hopkinton, MA 01748  
(Address)

508 259-7020  
(Contact Phone Number)

prokorealty@gmail.com  
(Email)

3/21/2024  
(Date)

Business Address \_\_\_\_\_  
Home Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Signature of owner (certifying payment of all municipal charges) \_\_\_\_\_  
Date: \_\_\_\_\_

(3) If a Partnership or Multiple Owners of residential property:

Full names and address of all partners

| Printed Name | Address |
|--------------|---------|
| _____        | _____   |
| _____        | _____   |
| _____        | _____   |

Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_

Signature of all owners of property (certifying payment of all municipal charges - attach multiple copies if necessary) \_\_\_\_\_

**CERTIFICATION OF COMPLIANCE WITH  
WORCESTER REVISED ORDINANCES GOVERNING REVENUE COLLECTION**

**\*Note: This form must be completed and signed by both the applicant(s) and owner(s) of the property certifying payment of all local taxes, fees, assessments, betterments, or any other municipal charges of any kind. Failure to include a fully completed certification form with the application shall result in the application being deemed incomplete and ineligible for further processing by the Zoning Board of Appeals.**

Pursuant to Massachusetts General Law, Chapter 40, Section 57 and the City of Worcester General Revised Ordinance, Chapter 11, Section 26-28, the undersigned applicant and all parties having an ownership interest therein, hereby certify, under the pains and penalties of perjury, that the applicant(s) and owner(s) have complied with the laws of the Commonwealth of Massachusetts and the City of Worcester regarding payment of all local taxes, fees, assessments, betterments or any other municipal charges of any kind.

(Give first and last names in full. In case of a corporation give names of President, Treasurer and Manager; and in case of firms, give names of individual members.)

**(1) If a Proprietorship or Single Owner of residential property:**

Name of Owner \_\_\_\_\_

Business Address \_\_\_\_\_

Home Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Signature of owner (certifying payment of all municipal charges):

\_\_\_\_\_ Date: \_\_\_\_\_

**(2) If a Partnership or Multiple Owners of residential property:**

Full names and address of all partners

Printed Names

Addresses

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

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

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Signature of all owners of property (certifying payment of all municipal charges -attach multiple pages if necessary)

\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_



**(3) If a Corporation:**

Full Legal Name Proko Realty, Inc.

State of Incorporation Massachusetts

Principal Places of Business 1 John Matthew Road, Hopkinton, MA 01748

Place of Business in Massachusetts 1 John Matthew Road, Hopkinton, MA 01748

Printed Names of Officers of Corporation: \_\_\_\_\_ Title \_\_\_\_\_

Henry Proko, Director

Dianne Silun, Director

Paula Litscher, Director, President, Treasurer

Edward Proko, Secretary, Director

**Owners of Corporation:**

Printed Names \_\_\_\_\_ Address \_\_\_\_\_ % of stock \_\_\_\_\_

Henry Proko, 585 Burncoat St, Worcester, MA 01606 -

Paula Litscher, 1 John Matthew Road, Hopkinton, MA 01748 -

Edward Proko - 2 Holden St, Worcester, MA 01605 -

Dianne Silun - 35 Duffy Road, Boylston, MA 01505 -

Signature of all owners of property (certifying payment of all municipal charges -attach multiple pages if necessary)

Paula Litscher  
Authorized signatory for  
all parties

Date: 3/21/2024

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**(4) If a Trust:**

Name of Trust \_\_\_\_\_

Business Address \_\_\_\_\_

Printed Names of Trustees: \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Names of Beneficiaries: \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of trustees of property (certifying payment of all municipal charges -attach multiple pages if necessary)

\_\_\_\_\_ Date: \_\_\_\_\_

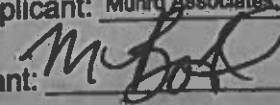
\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**(5) Signature of Applicant (if different from owner, certifying payment of all municipal charges):**

Printed Name of Applicant: Munro Associates, LLC d/b/a the Vault

Signature of Applicant:  Date: 3/21/2024





**City of Worcester  
Department of Inspectional Services  
Zoning Determination Form**



To obtain a building permit, you are required to file the following Board application(s):

**Property Address:**

17 Mountain St E, Worcester, MA 01606

**Zoning District:** BL 1.0

**Planning Board** (indicate all that apply)

**Site Plan** (circle all that apply):

Preliminary                      Definitive

Trigger(s) <sup>1</sup>: (circle all that apply) \_\_\_\_\_

15% Slope              Lodging              Historical

WRP                      # of Units              GFA

Subdivision              Flood Plain<sup>1</sup>

Special Permit related

**Parking Plan:**

# of Spaces         

**Special Permits** (circle all that apply)<sup>1</sup>

AROD      FPOD      CCRC  
WRP      MU      Cluster      CCOD  
Common Drive      AHDB      AOD

**Other Filings** (either Board)

- Amendment** to existing Special Permit
- Administrative Appeal**
- Extension of Time**
- Comprehensive Permit**
- Other** \_\_\_\_\_

**Zoning Board of Appeals** (indicate all that apply)

**Variance(s)** (indicate relief needed for all that apply)

| Dimension           | Requirement   | Provided | Relief Requested |
|---------------------|---------------|----------|------------------|
| Gross Area (SF)     |               |          |                  |
| Frontage (ft.)      |               |          |                  |
| Setback (ft.)       | Front         |          |                  |
|                     | Side          |          |                  |
|                     | Exterior Side |          |                  |
|                     | Rear          |          |                  |
| Height (ft.)        |               |          |                  |
| Floor to Area Ratio |               |          |                  |
| Parking (spaces)    |               |          |                  |
| Landscaping         |               |          |                  |
| Other               |               |          |                  |

**Applicable Section of Zoning Ordinance**

Article: IV  
Section: 15  
Paragraph: (B)

**Special Permit** (circle all that apply):

Expansion/Change of pre-existing nonconforming  
Structure              Use

Non-Residential/Residential Conversion

Other Special Permit  
Adult Use Marijuana

Department of Inspectional Services  
Authorized Signature Required      TM      DJH      DC

Todd Miller

<sup>1</sup> AOD= Arts Overlay District, AHDB=Affordable Housing, AROD=Adaptive Reuse Overlay District, CCRC=Continuing Care Retirement Community, FPOD = Flexible Parking, FP Flood Plain, MU= Mixed Use WRP=Water Resources Protection.



CITY OF WORCESTER PLANNING BOARD



**SPECIAL PERMIT APPLICATION FOR ADULT USE MARIJUANA CHECKLIST & REQUIREMENTS**

Division of Planning & Regulatory Services

455 Main Street, Room 404, City Hall, Worcester, MA 01608

Office 508-799-1400 ext. 31440 – Fax 508-799-1406



**One original and 15 copies of the following documents and plans:**

**A. Zoning Determination Form**

- Form is provided by the Building & Zoning Division of Department of Inspectional Services located at 25 Meade Street.
- Form must be signed by an authorized Building & Zoning Division staff member. There is no fee for the zoning determination form.

**B. Application**

- An application with original signatures by all petitioners.
- If you are not the owner of the subject property and are a lessee or optionee, provide supporting information such as a lease or a purchase and sale agreement that shows your interest in the property, including confirmation of the lessor's consent to operate a Marijuana Establishment at the property.

**C. Certification of Tax/Revenue Collection Compliance**

- All current owners of subject property and applicants must certify that all local taxes, fees, assessments, betterments, or any other municipal charges of any kind are current with the City Treasurer's Office (part of the application).

**D. Plan of Land** - All applications that require site plan or parking plan approval shall include such plans as part of the special permit application. Applications that do not require site plan or parking plan approval shall include a plan of land meeting the following minimum requirements:

- The plan shall be at least 8.5" x 11" or 11" x 17", drawn to scale 1 inch equals 40 feet.
- A directional arrow indicating a north point.
- Names of streets.
- Summary of zoning classification requirements, parking requirements and minimum yard dimensions.
- Names of owners of properties up to abutters of abutters within 300 feet of the applicant's property lines,
- The location of any existing buildings or use of the property.
- Distances from adjacent buildings.
- Property lines shall be verified in the field and shown on the plan.
- Dimensions of the lot.
- Percentage of the lot covered by the principal and accessory buildings, proposed and existing.
- Existing rights of way, entrances and exits, circulation.
- Location, size and arrangement of lighting and signs.
- Fences (existing and proposed).

- ❑ Walkways and sidewalks.
  - ❑ Landscaped areas.
  - ❑ Dumpster location.
  - ❑ Parking and loading spaces, driveways, aisles.
  - ❑ Security plan elements, including the arrangement of pedestrian circulation and access to the public points of entry to the premises from the nearest public or private street or off-street parking area, as well as the location of any walkway structures, lighting, gates, fencing, and landscaping (see item F below).
  - ❑ Locus plan and legend.
- E. Certification of Minimum Distance Requirements** - A plan or written certification signed by a licensed surveyor demonstrating compliance with the 500 foot linear distance requirements from any public or private, primary or secondary school, licensed daycare center, public library, public park or playground, or any Marijuana Storefront Retailer (as applicable). The submitted plan shall include a map depicting the lines of measurement between the site and any of the aforementioned uses; if no such uses are located within 800 foot of the site, this map may be omitted. Linear distances are to be measured in a straight line from the nearest point of the facility in question to the nearest point of the proposed Establishment.
- F. Security Plan** - Detail how the property will be monitored and secured so as to avoid, deter and prevent illegal activities from taking place upon or about the applicant' s premises. Security plan should reference the plan of land showing the arrangement of pedestrian circulation and access to the public points of entry to the premises from the nearest public or private street or off-street parking area, as well as the location of any walkway structures, lighting, gates, fencing, and landscaping.
- G. Odor Control Plan** - Plan demonstrating how all resulting odors, smoke, vapor, fumes, pesticides, insecticides or other chemicals, gases and particulate matter from marijuana or its processing or cultivation shall be effectively confined to the premises or so disposed. Said plan shall detail the specific odor-emitting activities or processes to be conducted on-site, the source of those odors, the locations from which they are emitted from the facility, the frequency of such odor-emitting activities, the duration of such odor-emitting activities, and the administrative and engineering controls that will be implemented to control such odors, including maintenance of such controls.
- H. CCC Documents** - Copies of all licenses, permits and documentation demonstrating application status, registration or licensure by the Commonwealth of Massachusetts Cannabis Control Commission.
- I. List of Management Personnel** - A list of all managers, officers, directors, persons or entities having direct or indirect authority over the management, policies, security operations or cultivation operations of the Marijuana Establishment.
- J. Disclosure of Financial Interest** - A list of all persons or entities contributing 10% or more of the initial capital to operate the Marijuana Establishment, including capital in the form of land or buildings.
- K. Business Registration** - Proof that the Marijuana Establishment is registered to do business in the Commonwealth of Massachusetts as a domestic business corporation or another domestic business entity in compliance with 935 CMR 500 and is in good standing with the Secretary of the Commonwealth and Department of Revenue.
- L. Executed Host Agreement** - Copy of the executed Host Agreement with the City of Worcester for the proposed use.
- M. Certified Map and List of Abutters**
- ❑ The original, signed by the Assessor (2<sup>nd</sup> Floor, City Hall at Room 209).

**N. Two Sets of Stamped Envelopes with Assessor's Address Labels for abutters and applicant.**

- Request two (2) sets of Assessor's Address Labels (listing all abutters and abutters to abutters) from the Assessor's Office – there is a fee for this service.
- Create two (2) identical sets of stamped envelopes addressed to the abutters (using the Assessor's labels above).
- The return address on the envelopes should read: City of Worcester, Division of Planning and Regulatory Services; City Hall; 455 Main Street, Room 404; Worcester, MA 01608. (The office has a return address stamp if you'd like to use it).

*These envelopes will be used by DPRS staff to send notices of the public hearing and its outcome.*

**O. Appropriate fee according to the most updated Fee Schedule. Please make checks payable to the City of Worcester.**

**P. Digital Copy.** All applications, plans and materials must also be submitted as a PDF file to [planning@worcesterma.gov](mailto:planning@worcesterma.gov) prior to or at the time of application submittal to the office. All electronic files must be in the following format:

- Portable Document Format (.pdf), readable by Adobe Acrobat v.7.0 and later, named by project address and application type (ex. 455 Main Street – PB – SP)
- Minimum resolution of 200 dpi
- No single file should be greater than 50 MB (collections may be broken into separate files)

**Failure to provide any part of these requirements deems this application incomplete.**