



**COMMUNITY ENGAGEMENT PLAN**

**Applicant Details**

Business File Number (BFN): \_\_\_\_\_

Entity Name: \_\_\_\_\_

Trade Name (DBA): \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Party Responsible for Neighborhood Outreach:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Registered Neighborhood Organizations**

List all registered neighborhood organizations (“RNO”) whose boundaries encompass the location of the proposed licensed premises. Attach additional sheets as needed.

RNO Name:	Contact Name:	Contact Phone:	Contact E-mail:
_____	_____	_____	_____
RNO Name:	Contact Name:	Contact Phone:	Contact E-mail:
_____	_____	_____	_____
RNO Name:	Contact Name:	Contact Phone:	Contact E-mail:
_____	_____	_____	_____
RNO Name:	Contact Name:	Contact Phone:	Contact E-mail:
_____	_____	_____	_____
RNO Name:	Contact Name:	Contact Phone:	Contact E-mail:
_____	_____	_____	_____

**Questionnaire**

**Answer the following questions. You may submit additional pages if necessary.**

1. How does your organization plan to create positive impacts in the neighborhood where the licensed premises are located?

2. What written policies and procedures does your organization have, or plan to implement, to address any concerns or complaints expressed by residents and businesses within the neighborhood surrounding the licensed premises?

3. What written policies and procedures does your organization have, or plan to implement, to promote and encourage full participation in the regulated marijuana industry in order to positively impact the community?

**Oath & Declaration of Outreach**

Pursuant to the Denver Revised Municipal Code section 6-210(b) I declare under penalty of perjury in the second degree that this community engagement plan and all attachments are true, correct, and complete to the best of my knowledge. I also declare that I will contact each of the above Registered Neighborhood Organizations prior to commencing operations. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Denver Revised Municipal Code and all Rules and Regulations which govern my Community Engagement Plan.

Authorized Signature:

Date:

Print Name:

Title: