



MARIJUANA LICENSE RENEWAL APPLICATION

Fee: \$3,000.00 per Medical License & \$5,000.00 per Retail License

Application Purpose: To renew marijuana business licenses

A single application form may be used to renew multiple licenses **at a single address, under a single entity name** which share an expiration window. For licenses at different address and/or under different entity names, please fill out a separate application.

- The expiration window starts 60 days prior to a license's expiration date and extends to up to 90 days past expiration.
- All licensees must cease operations upon license expiration, and late fees will apply to all late renewals.
- Attach additional pages as necessary to list all licenses to be renewed with this application.

| BFN | STATE LICENSE # | STATE LICENSE EXPIRATION DATE | LICENSE TYPE |
|-----|-----------------|-------------------------------|--------------|
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Entity Name: _____
(Must match Secretary of State Certificate of Good Standing)

Trade Name (DBA): _____ Alarm Permit No.: _____
(Must match Secretary of State Statement of Trade Name)

City Sales Tax # (CENTER/STORES ONLY): _____ State Sales Tax # (CENTER/STORES ONLY): _____

Facility Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Responsible Party/
 Main Contact Name: _____ Phone: _____ E-mail: _____

Business must have legal possession of the premises for at least 1 year after license issuance. IF your premise is leased, please fill out the below:

Name of Property Owner: _____ Phone Number of Property Owner: _____

Address of Property Owner: _____ City: _____ State: _____ Zip Code: _____

Expiration Date of Lease: _____

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|---|-----------|
| All License Types: Are/will consumable marijuana or hemp products such as edibles, tinctures, capsules, oral sprays, or extracted oil used in edibles ever be produced, stored, or sold at the facility? | Yes No |
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|--|-----------|
| Cultivation Facilities: Do you perform cold water extraction? | Yes No |
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Infused Product Manufacturers: What type(s) of extraction do you perform?

| | | | | |
|---|---|---|---|--------------|
| Butane (C ₄ H ₁₀) | Propane (C ₃ H ₈) | Carbon dioxide (CO ₂) | Ethanol (C ₂ H ₆ O) | None |
| Isopropanol (C ₃ H ₈ O) | Acetone (C ₃ H ₆ O) | Heptane (C ₇ H ₁₆) | Pentane | Other: _____ |

Have any of the licenses being renewed received any of the following from the Marijuana Enforcement Division within the last 12 months?

| | | |
|-----------------------|-----|----|
| • Order to Show Cause | YES | NO |
| • Summary Suspension | YES | NO |
| • Administrative Hold | YES | NO |

OWNER INFORMATION You must list any individual who owns a percentage of the business. If a holding company has an ownership interest in the business, list that holding company and its ownership percentage (and list the individuals that own the holding company as well). Please attach additional pages if necessary.

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|-----------|----------------|---------------------|---------|----------|----------------------|
| 1ST OWNER | <u>NAME</u> | <u>HOME ADDRESS</u> | | | <u>DATE OF BIRTH</u> |
| | FIRST AND LAST | STREET ADDRESS | CITY | STATE | ZIP CODE |
| | | | | | |
| | | EMAIL ADDRESS | PHONE # | POSITION | % OWNERSHIP |
| | | | | | |
| 2ND OWNER | <u>NAME</u> | <u>HOME ADDRESS</u> | | | <u>DATE OF BIRTH</u> |
| | FIRST AND LAST | STREET ADDRESS | CITY | STATE | ZIP CODE |
| | | | | | |
| | | EMAIL ADDRESS | PHONE # | POSITION | % OWNERSHIP |
| | | | | | |
| 3RD OWNER | <u>NAME</u> | <u>HOME ADDRESS</u> | | | <u>DATE OF BIRTH</u> |
| | FIRST AND LAST | STREET ADDRESS | CITY | STATE | ZIP CODE |
| | | | | | |
| | | EMAIL ADDRESS | PHONE # | POSITION | % OWNERSHIP |
| | | | | | |
| 4TH OWNER | <u>NAME</u> | <u>HOME ADDRESS</u> | | | <u>DATE OF BIRTH</u> |
| | FIRST AND LAST | STREET ADDRESS | CITY | STATE | ZIP CODE |
| | | | | | |
| | | EMAIL ADDRESS | PHONE # | POSITION | % OWNERSHIP |
| | | | | | |
| 5TH OWNER | <u>NAME</u> | <u>HOME ADDRESS</u> | | | <u>DATE OF BIRTH</u> |
| | FIRST AND LAST | STREET ADDRESS | CITY | STATE | ZIP CODE |
| | | | | | |
| | | EMAIL ADDRESS | PHONE # | POSITION | % OWNERSHIP |
| | | | | | |
| 6TH OWNER | <u>NAME</u> | <u>HOME ADDRESS</u> | | | <u>DATE OF BIRTH</u> |
| | FIRST AND LAST | STREET ADDRESS | CITY | STATE | ZIP CODE |
| | | | | | |
| | | EMAIL ADDRESS | PHONE # | POSITION | % OWNERSHIP |
| | | | | | |

INTERNAL USE ONLY

Required Documentation:

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1. Acknowledgment and Advisement Form (for each owner)
2. Copies of any Orders to Show Cause, Summary Suspension, or Administrative Hold issued by the Marijuana Enforcement Division within the last 12 months.
3. Copy of Burglar Alarm Monitoring Contract (must be valid for the term of the license, or include written verification from monitoring company dated within the last 60 days verifying that the contract is still in effect)
4. Copy of Burglar Alarm Permit
5. Copy of State License (for each license)
6. Lease or Deed (if leased, the owner must provide written consent to lease to a marijuana establishment) Secretary of State Certificate of Good Standing
7. Secretary of State Statement of Trade Name (if applicable)
9. A community engagement plan that contains the following items (for each RETAIL license)
 - The name, telephone number, and email address of the person affiliated with the applicant who is responsible for neighborhood outreach and engagement.
 - The names of all Registered Neighborhood Organizations whose boundaries encompass the location of the proposed licensed premises, and a statement that the applicant shall contact the Registered Neighborhood Organizations prior to commencing operations.
 - An outreach plan to contact and engage residents and businesses in the local neighborhoods where any license is located.
 - A detailed description of any plan to create positive impacts in the neighborhoods where the licensed premises are located, which may include by way of example, participation in community service, volunteer service, and active promotion of any local neighborhood plans.
 - Written policies and procedures to timely address any concerns or complaints expressed by residents and businesses within the neighborhood surrounding the licensed premises.
 - Written policies and procedures designed to promote and encourage full participation in the regulated marijuana industry by people from communities that have previously been disproportionately harmed by marijuana prohibition and enforcement in order to positively impact those communities.

Please Note:

* Legal documents included as part of this application must be properly signed and executed.

Oath of Application

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. 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 Marijuana Establishment License Application.

Authorized Signature:

Date:

Print Name:

Title:

INTERNAL ONLY - QC

All fields in application are complete. Only the trade name and any license type specific fields may be left blank - Yes

QC Completed By: _____ QC Completed Date: _____