



**DENVER**  
THE MILE HIGH CITY

City and County of Denver  
DEPARTMENT OF EXCISE AND LICENSES  
201 West Colfax Avenue, Dept. 206  
Denver, Colorado 80202  
720-865-2740

**MARIJUANA OFF-PREMISES STORAGE**

**NEW LICENSE APPLICATION**

**Medical - \$2000 Application Fee and \$3000 License Fee**

**Retail - \$500 Application Fee and \$5000 License Fee**

Type of License:   Retail Off-Premises Storage  
                          Medical Off-Premises Storage

**Information for Proposed Off-Premises Storage**

Off-Premises Storage Business File Number (BFN): \_\_\_\_\_  
*(This will be filled in by a licensing technician)*

Entity Name: \_\_\_\_\_  
*(Must match Secretary of State Certificate of Good Standing)*

Trade Name (DBA): \_\_\_\_\_  
*(Must match Secretary of State Statement of Trade Name)*

Alarm Permit No.: \_\_\_\_\_ EIN.: \_\_\_\_\_

Will consumable marijuana or hemp products such as edibles, tinctures, capsules, oral sprays, or extracted oil used in edibles ever be stored at the facility?                   YES                   NO

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

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

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

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

Responsible Party/Main Contact:

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

<b>Business <u>must have</u> legal possession of the premises for at least 1 year after license issuance.</b> 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: _____	

**Affidavit of Permitted Activity**

I understand that, if the business obtains a Marijuana Off-Premises Storage Permit:

- It may be used only for the storage of finished goods inventory of the related license noted in this application.
- It is unlawful to possess un-sealed packages or containers of marijuana or marijuana products on the licensed premises.
- It is unlawful to open sealed packages or containers of marijuana or marijuana products on the licensed premises.
- It is unlawful to re-package marijuana or marijuana product on the license premises.
- It is unlawful to sell, cultivate, manufacture, process, test, or consume any marijuana or marijuana product on the licensed premises.
- At no time may there be a violation any section of the Denver Revised Municipal Code, the Colorado Revised Statutes, or any other applicable rule or regulation governing this permit.

Authorized Signature: _____	Date: _____
Print Name: _____	Title: _____

**Information for Related License**

Medical Marijuana Center

Medical Marijuana Optional Premises Cultivation Facility

Medical Marijuana Infused Products Manufacturer

Medical Marijuana Transporter

Retail Marijuana Store

Retail Marijuana Cultivation Facility

Retail Marijuana Infused Products Manufacturer

Retail Marijuana Transporter

Denver Business File Number (BFN): \_\_\_\_\_ EIN.: \_\_\_\_\_  
*(Required unless the related license is a Transporter license located outside of Denver)*

Entity Name: \_\_\_\_\_  
*(Must match Secretary of State Certificate of Good Standing)*

Trade Name (DBA): \_\_\_\_\_  
*(Must match Secretary of State Statement of Trade Name)*

State License Number: \_\_\_\_\_ State License Expiration Date: \_\_\_\_\_

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

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

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

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

Responsible Party/Main Contact:

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

<b>If the related license is a transporter license not located in Denver</b>	
Local Authority Governing Related License: _____	
Agency/Department at Local Authority that Issues License: _____	
Main Contact Person at Local Licensing Authority: _____	
Main Contact Person Phone: _____	
Main Contact Person E-mail: _____	
Local License Number: _____	Local License Expiration Date: _____

**Affidavit of Related License**

I understand that if any Change of Ownership of Corporate Structure Change application is made for the related license, an identical application must be made for the Marijuana Off Premises Storage Permit

Authorized Signature: _____	Date: _____
Print Name: _____	Title: _____

**OFF-PREMISES OWNER & MANAGER INFORMATION** You must list all officers, directors, general partners, managing members, stockholders, partners, and members. If a holding company has an ownership interest in the licensed business, list that company and its ownership percentage as well. Please attach additional pages if necessary.

1ST CONTACT	<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 CONTACT	<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 CONTACT	<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 CONTACT	<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 CONTACT	<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 CONTACT	<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

**RELATED LICENSE OWNER & MANAGER INFORMATION** You must list all officers, directors, general partners, managing members, stockholders, partners, and members. If a holding company has an ownership interest in the licensed business, list that company and its ownership percentage as well. Please attach additional pages if necessary.

1ST CONTACT	<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 CONTACT	<u>NAME</u>	<u>HOME ADDRESS</u>			<u>DATE OF BIRTH</u>
	FIRST AND LAST	STREET ADDRESS	CITY	STATE	ZIP CODE
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	FIRST AND LAST	STREET ADDRESS	CITY	STATE	ZIP CODE
		EMAIL ADDRESS	PHONE #	POSITION	% OWNERSHIP
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	FIRST AND LAST	STREET ADDRESS	CITY	STATE	ZIP CODE
		EMAIL ADDRESS	PHONE #	POSITION	% OWNERSHIP
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	FIRST AND LAST	STREET ADDRESS	CITY	STATE	ZIP CODE
		EMAIL ADDRESS	PHONE #	POSITION	% OWNERSHIP

INTERNAL USE  
ONLY

**Required Documentation:**

- 1. Advisement and Acknowledgements Form
- 2. Affidavit of Lawful Presence for each owner
- 3. A floor plan of the premises, drawn to scale on 8-1/2" x 11" paper, showing the layout of the establishment and the principal uses of each section of the floor area. Please include dimensions, security cameras, and separate pages for each floor level. **The floor plan must be stamped by the Zoning Department, and the intended licensed premises must be contiguous and outlined in red.**
- 4. Bylaws, Operating, Partnership Agreement (as applicable)
- 5. Copy of Burglar Alarm Monitoring Contract (must be valid for the entire 12 month term of the license)
- 6. Copy of Burglar Alarm Permit
- 7. Copy of Related Local License
- 8. Copy of Related State License
- 9. Copy of Government Issued ID for each owner
- 10. Copy of Zoning Use Permit
- 11. Lease or Deed (*If leased, you must attach the written consent of owner to lease property to a marijuana establishment*)
- 12. Secretary of State Certificate of Good Standing
- 13. Secretary of State Statement of Trade Name (if applicable)
- 14. For retail applicants, a community engagement plan that contains the following items:
  - 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
- \* A valid corresponding state license will need to be submitted, and all applicable inspections will need to be completed and approved, before a license will be issued.
- \* Applications will be administratively closed if the application process has not been completed within 12 months

**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**

What is the zone district of the proposed facility?  
\_\_\_\_\_

Is the zone district I-A or I-B, thereby necessitating an RNO Notification?

Yes  No

If you answered yes above, have you completed the RNO Notification? A copy of this notification must be scanned into Accela.

Yes  No

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I set the "State Application Intake" workflow task to "Not Required" - Yes

I set the "City Application Intake" workflow task to "Complete" - Yes

I set the "Notification" workflow task to either "Not Required" or "Required - Complete" as applicable - Yes

I set the "Quality Control" workflow task to pending - Yes

I did **not** issue an inspection notice today - Yes

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I have provided the customer with the "New License - Next Steps" handout - Yes

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

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QC Completed By: \_\_\_\_\_ QC Completed Date: \_\_\_\_\_