



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

RENEWAL APPLICATION

Medical - \$3,000 License Fee

Retail - \$5,000 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): _____

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.: _____

Are/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 _____

Business <u>must have</u> 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: _____	

Affidavit of Permitted Activity

I understand that, in regards to the above described 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 of 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	Retail Marijuana Store
Medical Marijuana Optional Premises Cultivation Facility	Retail Marijuana Cultivation Facility
Medical Marijuana Infused Products Manufacturer	Retail Marijuana Infused Products Manufacturer
Medical Marijuana Transporter	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 _____

<p>If the related license is a transporter license not located in Denver</p> <p>Local Authority Governing Related License: _____</p> <p>Agency/Department at Local Authority that Issues License: _____</p> <p>Main Contact Person at Local Licensing Authority: _____</p> <p>Main Contact Person Phone: _____</p> <p>Main Contact Person E-mail: _____</p> <p>Local License Number: _____ Local License Expiration Date: _____</p>
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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
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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. Bylaws, Operating, Partnership Agreement (as applicable)
- 3. Copy of Burglar Alarm Monitoring Contract (must be valid for the entire 12 month term of the license)
- 4. Copy of Burglar Alarm Permit
- 5. Copy of Related Local License
- 6. Copy of Related State License
- 7. Copy of Zoning Use Permit
- 8. Lease or Deed (*If leased, you must attach the written consent of owner to lease property to a marijuana establishment*)
- 9. Secretary of State Certificate of Good Standing
- 10. Secretary of State Statement of Trade Name (if applicable)
- 11. 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

* 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

Disciplinary actions were present: Yes No

If yes, I added a 'Disciplinary Review' adhoc, assigned it to the City Attorney's, and set its status to 'Under Review' - Yes

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:** _____

Form Last Revised on 05/29/18