

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

INTERNAL USE
ONLY

Required Documentation:

- 1. Advisement and Acknowledgement Form
- 2. Affidavit of Corrospending Medical License (STORES ONLY)
- 3. Affidavit of Lawful Presence for each owner
- 4. 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.**
- 5. Bylaws, Operating, Partnership Agreement (as applicable)
- 6. Copy of Burglar Alarm Monitoring Contract (must be valid for the entire 12 month term of the license)
- 7. Copy of Burglar Alarm Permit
- 8. Copy of City & State Sales Tax License (STORE ONLY)
- 9. Copy of Government Issued ID for each owner
- 10. Copy of Zoning Use Permit
- 11. Distance Waiver (STORES & CULTIVATION FACILITIES ONLY)
- 12. Lease or Deed (If leased, you must attach the written consent of owner to lease property to a marijuana establishment)
- 13. Secretary of State Certificate of Good Standing
- 14. Secretary of State Statement of Trade Name (if applicable)
- 15. A community engagement plan that contains the following items in a clearly delimited format:
 - 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.
- 16. If the proposed change will result in the licensed premises of a cultivation facility being located in a zone district other than the following zone districts: I-A, I-B, OS-B, I-O, I-1, I-2, OS-1, or OS-2 then the following documents are required:
 - Proof that a zoning permit for plant husbandry was applied for upon the same zone lot on or before July 1, 2010
 - Proof that an optional premises cultivation license upon the same zone lot was applied for with the state medical marijuana licensing authority on or before August 1, 2010
 - Documentary or other empirical evidence that the cultivation of medical marijuana had commenced on the proposed zone lot prior to January 1, 2011.

Please Note:

- * Legal documents included as part of this application must be properly signed and executed
- * Retail store applicants will need to successfully complete a public needs & desires hearing before beginning their inspections.
- * 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 Retail 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

This application is for a:

Store or Cultivation - Yes

And I **did** complete the "city application intake" workflow task and set the "quality control" workflow task to pending - Yes

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

MIP or Testing Facility - Yes

And I **did** complete the "city application intake" and "quality control" workflow tasks, and set the "inspections" workflow task to pending - Yes

And I **did** issue an inspection notice today - Yes

Transporter - Yes

And I **did** complete the "city application intake", "notification", and "quality control" workflow tasks, and set the "inspections" task to pending - Yes

And I **did** issue an inspection notice today - Yes

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

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

QC Completed By: _____ QC Completed Date: _____