



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

RETAIL MARIJUANA ESTABLISHMENT

NEW LICENSE APPLICATION

Refer to the State of Colorado's Marijuana Enforcement Division for fee schedule

Type of License: Retail Marijuana Store
 Retail Marijuana Cultivation Facility
 Retail Marijuana Infused Products Manufacturer
 Retail Marijuana Testing Facility

Type of Corporate Structure: Corporation
 Limited Liability Company
 Partnership
 Other: _____

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.: _____

City Sales Tax No.(STORE ONLY): _____ State Sales Tax No.(STORE ONLY): _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Responsible Party/Main Contact:

Name _____ Phone _____ E-mail _____

Store Type (STORE ONLY):

Co-located
Retail & Medical (separate entrances)

Co-terminus
Retail & Medical (shared area)

Conversion
Retail Only

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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|--|---|
| Retail Marijuana Stores: Are the premises to be licensed within 1,000 feet of any school, pre-school, child care establishment, retail marijuana store, medical marijuana center, alcohol or drug treatment facilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Retail Marijuana Cultivation Facilities: Are the premises to be licensed within 1,000 feet of any school or residential zone district? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Retail Marijuana Cultivation Facilities: Do you perform cold water extraction? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Retail Marijuana Infused Product Manufacturers: What type(s) of extraction do you perform?

Butane (C₄H₁₀) Propane (C₃H₈) Carbon dioxide (CO₂) Ethanol (C₂H₆O) None

Isopropanol (C₃H₈O) Acetone (C₃H₆O) Heptane (C₇H₁₆) Other: _____

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. A description of products and services to be provided by the establishment, including an indication of whether the establishment proposes to engage in the retail sale of food for human consumption.
- 2. Affidavit of Corroborating 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. An area map, drawn to scale on 8-1/2" x 11" paper, indicating within a radius of one thousand feet from boundaries of property upon which establishment is located, the proximity of the property to any school or child care establishment; to any other marijuana center or store, to any drug treatment or rehabilitation facility, and to any residential zone district (STORES & CULTIVATION FACILITIES ONLY)
- 6. A security plan indicating how the business intends to comply with the requirements related to monitoring and securing the licensed premises as required by law
- 7. Bylaws, Operating, Partnership Agreement (as applicable)
- 8. Copy of Burglar Alarm Monitoring Contract (must be valid for the entire 12 month term of the license)
- 9. Copy of Burglar Alarm Permit
- 10. Copy of City & State Sales Tax License (STORE ONLY)
- 11. Copy of Valid ID for each owner (Colorado Driver's License or Colorado ID card)
- 12. Copy of Zoning Use Permit
- 13. Distance Waiver (STORES & CULTIVATION FACILITIES ONLY)
- 14. Lease or Deed (If leased, you must attach the written consent of owner to lease property to a marijuana establishment)
- 15. Secretary of State Certificate of Good Standing
- 16. Secretary of State Statement of Trade Name (if applicable)
- 17. 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.

INTERNAL USE ONLY

Required Documentation Continued:

18. 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:

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- 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

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: _____