



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 | Type of Corporate Structure: | Corporation |
| | Retail Marijuana Cultivation Facility | | Limited Liability |
| | Retail Marijuana Infused Products Manufacturer | | Company Partnership |
| | Retail Marijuana Testing Facility | | Other: _____ |
| | Retail Marijuana Transporter | | |

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 # (Stores Only): _____ State Sales Tax # (Stores Only): _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____
(Note - address ranges are not acceptable, either on the application or on the supporting documentation required for this application)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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: _____

| | |
|--|---|
| All License Types: 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 |
| Retail Marijuana Stores: What type of store will you have? | Co-located (Retail & Medical separate entrances) |
| | Co-terminus (Retail & Medical shared area) |
| | Conversion (Retail Only) |
| 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? | Yes No |
| Retail Marijuana Cultivation Facilities: Are the premises to be licensed within 1,000 feet of any school or residential zone district? | Yes No |
| Retail Marijuana Cultivation Facilities: Do you perform cold water extraction? | Yes No |
| Retail Marijuana Infused Product Manufacturers: What type(s) of extraction do you perform? | |
| Butane (C ₄ H ₁₀) | Propane (C ₃ H ₈) |
| Isopropanol (C ₃ H ₈ O) | Acetone (C ₃ H ₆ O) |
| Carbon dioxide (CO ₂) | Heptane (C ₇ H ₁₆) |
| Ethanol (C ₂ H ₆ O) | Pentane |
| None | Other: _____ |

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.

| | | | | | |
|-------------|----------------|---------------------|---------|----------|----------------------|
| 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 Acknowledgment Form (for each owner)
- 2. Affidavit of Corresponding Medical License (STORES ONLY)
- 3. Affidavit of Lawful Presence (for each owner)
- 4. A floor plan of the premises, please see requirements below
- 5. Bylaws, Operating, Partnership Agreement (as applicable)
- 6. Copy of Burglar Alarm Monitoring Contract (must be valid for 12 months, or include written verification from the monitoring company dated within the last 60 days verifying that the contract is still in effect)

- 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, the owner must provide written consent to lease 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 ap who is responsible for neighborhood outreach and engagement.
 - The names of all Registered Neighborhood Organizations whose boundaries encompass 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 neighborhood 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

Floor Plan Requirements

Provide a floor plan, or multiple floor plans, drawn to scale on a standard 8 1/2" x 11" piece of paper. Separate floors must be shown on separate pieces of paper and clearly identified (i.e. Basement, First Floor, etc.) Your floor plan submission must include:

- The physical layout of the establishment with the principal uses of each room in the premises legibly labeled
- The legible identification of all security cameras and DVR locations
- The intended Licenses Premises must be contiguous and outlined in red
- The intended Limited Access Areas must be contiguous and outlined in green
- **STORES/CENTERS ONLY** each room that is Restricted Access Area must be clearly labeled as such and must identify POS and sales counter locations
- A stamp of approval from Zoning (if providing multiple floor plans, the zoning stamp must only be on one set of floor plans)

If you choose to submit multiple floor plans to satisfy all of the requirements outlined above, the physical layout and room uses must be identical for each floor plan showing the same section of the premises.

DEFINITIONS

-Licensed Premises - The premises in possession of the Licensee and within which the Licensee is authorized to cultivate, manufacture, distribute, sell, store, transport, or test Marijuana.

-Limited Access Area - The contiguous area within the Licensed Premises where marijuana is grown, cultivated, stored, weighed, packaged, or processed.

-Restricted Access Area - The area within the Licensed Premises where marijuana is sold, possessed for sale, or displayed for sale.

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

His 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 set the "quality control" workflow task to pending - Yes

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

Transporter - Yes

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

And I **did not** 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: _____