



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

LICENSE RENEWAL APPLICATION

Note: License Renewal Fee of \$5,000.00

Type of License: Retail Marijuana Store Business File Number (BFN): _____
Retail Marijuana Optional Premises Cultivation
Retail Marijuana Infused Products Manufacturer
Retail Marijuana Testing Facility

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 No.: _____ State License Expiration Date: _____

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

Alarm Permit No. _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

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: _____

For the Retail Marijuana Optional Premises Cultivation facilities, do you perform cold water extraction?

Yes
No

For the Retail Marijuana Infused Product manufacturer facilities, 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: _____

Have you received any of the following from the Marijuana Enforcement Division within the last 12 months?

- Order to Show Cause YES NO
- Summary Suspension YES NO
- Administrative Hold YES NO

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 holding 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
					(mm/dd/yy)
		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
					(mm/dd/yy)
		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
					(mm/dd/yy)
		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
					(mm/dd/yy)
		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
					(mm/dd/yy)
		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
					(mm/dd/yy)
		EMAIL ADDRESS	PHONE #	POSITION	% OWNERSHIP

INTERNAL USE ONLY

Required Documentation:

- 1. Copy of Burglar Alarm Permit
- 2. Copy of Burglar Alarm Monitoring Contract
- 3. Lease or Deed (*If leased, you must attach the written consent of owner to lease property to a marijuana establishment*)
- 4. Bylaws, Operation, Partnership Agreement (as applicable)
- 5. Secretary of State Certificate of Good Standing
- 6. Secretary of State Statement of Trade Name (if applicable)
- 7. Copy of State License
- 8. Copies of any Orders to Show Cause, Summary Suspension, or Administrative Hold issued by the Marijuana Enforcement Division within the last 12 months.
- 9. 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.

*Please note - all applications will be administratively closed if not 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 Use Only:

All Fields Completed: YES NO
Disciplinary Actions: YES NO
QC Completed By: _____
Date: _____