



Marijuana Delivery Permit Application

Updated June 20, 2021

Application Requirements

A single application form may be used for multiple licenses at a single address and with identical controlling beneficial owners. For licenses at different addresses and/or under different entity names with different controlling beneficial owners, please submit separate application forms.

Do not use address ranges on the application or on the required documents. Applications must be complete and include all required documents. Legal documents included as part of this application must be properly signed and executed. All materials must be legible. You must fill in "N/A" in fields that are not applicable. **Incomplete applications will be rejected.**

Delivery Permit Restrictions

Prior to July 1, 2024, medical and retail marijuana stores cannot conduct their own deliveries and must have a valid Denver delivery permit to accept orders for delivery. Medical and retail marijuana stores with valid Denver delivery permits must contract with licensed Denver transporters who have valid Denver delivery permits to conduct deliveries. Prior to July 1, 2024, only medical or retail marijuana transporters who qualify as a social equity applicant as defined in Chapter 6, Article V of the Denver Revised Municipal Code and who hold a valid Denver transporter license and a valid Denver delivery permit may deliver regulated marijuana to private residences of customers and patients, subject to the provisions of the Denver Revised Municipal Code and the Colorado Marijuana Code.

Required Fees

- Application fee for marijuana delivery permits:
 - Social equity applicants - \$0
 - Non-social equity applicants - \$500.00 per permit (medical and retail)
- License fee for marijuana delivery permits
 - All applicants - \$2,000 per permit (medical and retail)
 - Upon initial application, license fees for stores will be prorated to align with the expiration date of the related store license.

Term of Permit - Waivers and Acknowledgements

In submitting this document the applicant: (1) acknowledges that the permit may be issued for less than a year to ensure that its marijuana business license and permit expire on the same date; (2) expressly waives any argument that the permit may be valid for a year or estoppel claim against the City, and agrees that the permit will expire on the same date as its license; and, (3) expressly acknowledges that should it conduct activities for which a permit is required on dates outside of those listed on its permit, it shall be subject to enforcement by the City. If the applicant does not agree to these requirements, then it should submit the application along with a renewal application of its underlying business license.

License Information

Please provide the information for the license(s) with which the delivery permit(s) will be associated. For example, if you are applying for medical and retail marijuana delivery permits to be associated with a medical and retail marijuana store (License Type), please provide the Business File Number, State License Number, and City License Expiration Dates for those medical and retail store licenses.

Business File Number	State License Number	License Type	City License Expiration Date

Applicant Information

Entity Name			
Trade Name (DBA)			
Are you a licensed Transporter with no Licensed Premises?	Yes	No	
Current Physical Address of the Marijuana Facility (Not Applicable for No-Premises Transporters)			
Street	City	State	Zip Code
Current Mailing Address (If Different from the Current Physical Address)			
Street	City	State	Zip Code

Vehicle Information

Any Delivery Motor Vehicle must be owned or leased by the Medical Marijuana Store, Retail Marijuana Store, Medical Marijuana Transporter, Retail Marijuana Transporter, or an Owner Licensee of the Regulated Marijuana Business that holds the delivery permit. Each Delivery Motor Vehicle must be registered in the State of Colorado and must be insured. You may print and complete additional copies of this page as needed.

Vehicle Identification Number (VIN)	License Plate Number	Name of Vehicle Owner or Lessee

Affidavit of State License and State Notification Waiver

The Affidavit of State License and State Notification Waiver must be signed by the person signing the Oath of Application. Representative parties with authority granted by the parties above may also sign.

I hereby acknowledge that I have submitted to the Denver Department of Excise and Licenses (the “Department”) an application for a new marijuana business license(s) or permit(s). I hereby represent that I will apply for corresponding state license(s) or permit(s) associated with the local license(s) or permit(s) identified in this application.

I hereby acknowledge that as part of the dual application and licensing process, the Colorado State Marijuana Enforcement Division (MED) requires certain documentation prior to approving an application for a state license or state permit. I also understand that once my local application has been reviewed by the Department, the Department may notify the MED of the Department’s initial review of the application materials.

I acknowledge that I must receive written approval from the MED for a new state marijuana business license(s) or permit(s) associated with the local license(s) or local permit(s) identified in this application as a pre-requisite condition to the approval of this application. I acknowledge that the failure to obtain and present approval from the MED as described above may constitute grounds for revocation of my local license, or denial of my application.

I hereby represent that I will not rely upon any communication between the Department and the MED as an indication or assurance that the local licenses or local permits will be approved. I also understand that the Department’s acceptance of my application and notification to the state licensing authority does not preclude a later determination that the application should be denied, or that a future license(s) or permit(s) should be revoked, suspended, or not renewed. Therefore, I hereby waive any estoppel claim against the Department, its agents, and employees based upon any communications between the Department and the MED.

I hereby acknowledge that my license(s) or permit(s) will not be issued prior to the completion of all required inspections and the Department’s receipt of a valid corresponding state license(s) or permit(s) for the requested change. Further, I understand that the Department will not issue local licenses until it has verified that the Applicant is in full compliance with all state and local laws and regulations.

I understand that the Director will recognize faxed signatures or digital signatures and that such executed copy of this request is authorized to create an effective original and shall have the full force and effect of an original executed instrument.

Print Name _____ Date _____

Signature _____

Statements of Understanding

The Statements of Understanding must be signed by the person signing the Oath of Application. When applicable, copies of this document must be signed by the person or entity purchasing or otherwise acquiring the license, as well as the license owner. Representative parties with authority granted by the parties above may also sign. In the case of a publicly traded company or a change in controlling beneficial owner - for example, the addition of a controlling beneficial owner to the entity that holds the license - a representative party with authority granted by the entity or entities may sign.

1. _____ I hereby represent and warrant that I am authorized to submit this application on behalf of the entity listed on the application because I meet one of the following conditions: I am an existing owner (in full or part) of the entity, I have authority granted by an owner of the entity to do so, or I am a potential new owner (in full or part) of the entity.
2. _____ I hereby represent and warrant that all the documents that I am submitting with this application are true and accurate to the best of my knowledge and that all executed documents are valid and enforceable.
3. _____ I hereby represent and warrant that I have read and understand all the laws, rules and regulations, and policies and procedures associated with my application; and that I fully understand the nature, meaning, and content of such laws, rules, and policies. I warrant and represent that I will abide by such laws, rules, and policies during the application process and after my license is issued by the Denver Department of Excise and Licenses (the "Department").
4. _____ I hereby represent and warrant that I have conducted my own research and investigation regarding the compliance of my proposed location with state and local laws, including but not limited to proximity restrictions, zoning regulations, and address requirements. I further warrant and represent that the proposed location of my marijuana business license fully complies with such state and local law.
5. _____ I understand that any promise, representation, or any other statement made to me by any agent or employee of the Department or the City that is not contained within this application is null, void, and unenforceable and that I am not relying on any such promise, representation, or statement.
6. _____ I understand that any license which I am purchasing, or to which I am being added as an owner, may be subject to existing agreements, actions, or restrictions, including suspended sentence associated with disciplinary action, good neighbor agreement or any other limitation imposed by the Department or third party and I voluntarily agree to be bound by any such limitation on the license.
7. _____ I understand that it is my responsibility to review any applicable license history and license file associated with this application, and I hereby represent and warrant that I have had the opportunity to do so and I am knowingly submitting my application with full knowledge of any licensing history. I warrant that the corresponding state license associated with this application is active, in good standing, and is not currently subject to disciplinary action by the State Licensing Authority.
8. _____ I understand that the Department will review the application for compliance with state and local laws, and that my application may be denied before or after a public hearing as required or allowed by laws, rules, or policies of the State and City.
9. _____ I understand that the Department may initiate disciplinary action on this license based upon any conduct associated with the license, including conduct by previous owners, manager or employees. I further understand that this license constitutes a revocable privilege and that I am liable for all actions associated with this license.
10. _____ I understand that this application is neither an entitlement nor a vested right, and I acknowledge that I must qualify for and obtain the license or license status that I am seeking prior to operating or otherwise claiming that I have any right to such.
11. _____ I understand that the Licensed Premises associated with my application is required to be continuously monitored by a security alarm system and that I am required to maintain up-to-date and current records and existing contracts on the Licensed Premises.
12. _____ I represent and warrant that I have read these statements of understanding, that I have had the opportunity to consult with legal counsel, and that I am knowingly and voluntarily submitting my application in compliance with this acknowledgment and advisement and all applicable laws.

Print Name

Date

Signature

Required Documents: A Checklist for Applicants

Applications must be complete and include all required documents. Legal documents included as part of this application must be properly signed and executed. All materials must be legible.

Incomplete applications will be rejected.

1. Proof of Registration for Each Delivery Motor Vehicle owned or leased by the Medical Marijuana Store, Retail Marijuana Store, Medical Marijuana Transporter, Retail Marijuana Transporter, or an Owner Licensee of the Regulated Marijuana Business that will hold the delivery permit (required only for the Regulated Marijuana Business that owns or leases the Delivery Motor Vehicle)
2. Proof of Insurance for Each Delivery Motor Vehicle owned or leased by the Medical Marijuana Store, Retail Marijuana Store, Medical Marijuana Transporter, Retail Marijuana Transporter, or an Owner Licensee of the Regulated Marijuana Business that will hold the delivery permit (required only for the Regulated Marijuana Business that owns or leases the Delivery Motor Vehicle)
3. Proof of Social Equity Applicant Eligibility (for Transporters)

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.

Print Name

Date

Signature