



New Marijuana Business License Application

Updated June 20, 2021

Application Requirements

Please complete this form to apply for a new Denver retail or medical marijuana business license.

A single application form may be used to apply for multiple licenses at a single address and under a single entity name. For licenses at different addresses and/or under different entity names, 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.**

Who Can Apply?

- The Denver Department of Excise and Licenses (the "Department") cannot accept an application for a new medical marijuana store.
- The Department cannot accept an application for a new medical marijuana cultivation facility.
- The Department may only accept applications for new marijuana business licenses from social equity applicants, unless:
 - The applicant is applying for a medical or retail marijuana testing facility license or a marijuana research and development license; or
 - The applicant is applying for a retail marijuana business license that will be co-located and in common ownership with a medical marijuana business of the same type in compliance with Chapter 6, Article V of the Denver Revised Municipal Code and the Colorado Marijuana Code.
- A Denver marijuana business license is required for Medical and Retail Marijuana Transporters with no Licensed Premises only if the Medical or Retail Marijuana Transporter conducts deliveries of regulated marijuana to patients and/or consumers. Medical and Retail Marijuana Transporters with no Licensed Premises that do not conduct deliveries do not need a Denver marijuana business license.

Required Fees

Please visit our [Fees for Marijuana License, Permit and Amendment Applications webpage](#).

License Type(s)

Which license(s) are you applying for?

Medical Marijuana Products Manufacturer

Retail Marijuana Store

Medical Marijuana Testing Facility

Retail Marijuana Cultivation

Medical Marijuana Transporter with a Licensed Premises

Retail Marijuana Products Manufacturer

Medical Marijuana Transporter with no Licensed Premises (license required only if the applicant is also applying for a Marijuana Delivery Permit)

Retail Marijuana Testing Facility

Retail Marijuana Transporter with a Licensed Premises

Medical Marijuana Research and Development

Retail Marijuana Transporter with no Licensed Premises (license required only if the applicant is also applying for a Marijuana Delivery Permit)

Medical Marijuana Off-Premises Storage Facility

Retail Marijuana Off-Premises Storage Facility

License Information

If you don't have your Business File Number, a city licensing technician can provide this information.

Business File Number	State License or Permit Number	License or Permit Type

Applicant Information

Entity Name					
Trade Name (DBA)					
Physical Address of the New Marijuana Facility (Do Not Include a Physical Address if Applying for a No-Premises Transporter)					
Street			City	State	Zip Code
Mailing Address (If Different from the Physical Address; Required for All License Types)					
Street			City	State	Zip Code
Alarm Permit Number		City Sales Tax License Number (Stores Only)		State Sales Tax License Number (Stores Only)	
Marijuana Infused Product Manufacturers: What type(s) of extraction will you perform?	Butane (C4H10)		Propane (C3H8)		Isopropanol (C3H8O)
	Acetone (C3H6O)		Carbon dioxide (CO2)		Heptane (C7H16)
	Ethanol (C2H6O)		Pentane		None
	Other _____				
Cultivations: Will you perform cold water extraction?		Yes	No		
Stores and Cultivations: Are the premises proposed to be located within 1,000 feet of any prohibited location or within a Neighborhood of Undue Concentration?		Yes	No		

Contact Information

You must provide contact information for:

- **A main contact:** The main contact is someone who can address questions or issues related to your license applications or business license. The main contact will receive application status updates, license notifications, and copies of your business license at the email provided.
- **An onsite manager:** The onsite manager must have the authority to make decisions regarding the licensed premises and must have access to and control over the licensed premises at all times. The onsite manager may also be the person who has authority over the licensed premises and may receive official correspondences, including enforcement correspondences, from the City.

Main Contact	
Name	Phone Number
Email Address	
Onsite Manager	
Name	Phone Number
Email Address	

Off-Premises Storage Facility Permit

If you are applying for an off-premises storage facility permit, please provide the following information for the associated license(s). For example, if you are applying for an off-premises storage facility permit for medical and retail marijuana stores (License Type), provide the Business File Numbers, State License Numbers and Entity Names for the associated medical and retail marijuana stores.

Business File Number	State License Number	License Type	Entity Name

An off-premises storage facility may only store regulated marijuana inventory belonging to a marijuana business with identical Controlling Beneficial Owners. Please confirm the following:

Will the Off-Premises Storage Facility Permit have identical Controlling Beneficial Owners with the associated marijuana business license(s)?	Yes	No
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Ownership Information

You must provide the following information for all Owner Licensees (licensed by the Colorado Marijuana Enforcement Division) who will be associated with the license. You may submit additional copies of this page if needed.

Full Name (First and Last)					Date of Birth		
Street Address (Home)			City			State	Zip Code
Position (Title)				Ownership Percentage			
Email Address			Social Equity Licensee	Yes	No	State Owner License Number	
Social Equity Licensees: Under which criteria does the Social Equity Licensee qualify? Select all that apply.	Cannabis-Related Arrest, Conviction, or Civil Asset Forfeiture		Income		Previous residence in an Opportunity Zone or Disproportionate Impacted Area		
Full Name (First and Last)					Date of Birth		
Street Address (Home)			City			State	Zip Code
Position (Title)				Ownership Percentage			
Email Address			Social Equity Licensee	Yes	No	State Owner License Number	
Social Equity Licensees: Under which criteria does the Social Equity Licensee qualify? Select all that apply.	Cannabis-Related Arrest, Conviction, or Civil Asset Forfeiture		Income		Previous residence in an Opportunity Zone or Disproportionate Impacted Area		
Full Name (First and Last)					Date of Birth		
Street Address (Home)			City			State	Zip Code
Position (Title)				Ownership Percentage			
Email Address			Social Equity Licensee	Yes	No	State Owner License Number	
Social Equity Licensees: Under which criteria does the Social Equity Licensee qualify? Select all that apply.	Cannabis-Related Arrest, Conviction, or Civil Asset Forfeiture		Income		Previous residence in an Opportunity Zone or Disproportionate Impacted Area		

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. A copy of a valid government-issued identification for each Owner Licensee associated with the license (required).
2. Proof of eligibility for any Social Equity Licensee listed in the ownership structure (required only if Social Equity Licensees are listed in the ownership structure).
3. A copy of organizational or corporate governance documents - bylaws, operating or partnership agreement, etc. (required).
4. A copy of the organizational chart, including the identity and ownership percentage of all Owner Licensees (required).
5. A valid [Zoning Use Permit](#) (required for all license types except transporters with no licensed premises); or
 - a. Both a [Zoning Use Verification Letter](#) and an [Acknowledgement of Zoning Use Permit](#). Please note: A Zoning Use Verification Letter and an Acknowledgement of Zoning Use Permit may be used to submit an application. However, a new business license will not be approved and licenses will not be issued if the applicant does not provide a valid Zoning Use Permit.
6. A copy of the burglar alarm monitoring contract (required for all license types except transporters with no licensed premises).
7. A copy of the [burglar alarm permit](#) (required for all license types except transporters with no licensed premises).
8. A copy of the [city sales tax license](#) (required only for stores).
9. A copy of the state sales tax license (required only for stores).
10. Proof of an [occupational privilege tax license](#) (required only for transporters).
11. Proof of Legal Possession of the Premises (required for all license types except transporters with no licensed premises); only one of the following must be submitted:
 - a. A complete [Possession of Property Certificate](#); or
 - b. A deed; or
 - c. A complete, unredacted lease, including all lease amendments; if leased, the owner must provide written consent to lease the property to a marijuana facility, and the lease must be valid for at least 90 days from the date a complete application is submitted.
12. A complete [Social Impact Plan form](#); required for every license (every license type, medical and retail).
13. A floor plan of the proposed premises (see the requirements on the final page of the application; required for all license types except transporters with no licensed premises).

Floor Plan Requirements

Provide a floor plan, or multiple floor plans, drawn to scale on a standard 8 ½" x 11" piece of paper. It is strongly recommended that you submit digitally designed floor plans or plans prepared by a design professional. Separate floors must be shown on separate pieces of paper and clearly identified (e.g. Basement, First Floor, Mezzanine, etc.) Your floor plan must be complete and accurate. The submission must include:

The physical layout of the establishment with the legibly labeled principal uses of each room in the premises.

The legible identification of all security cameras and DVR locations.

The intended Licensed Premises must be contiguous and outlined in red.

The intended Limited Access Areas must be contiguous and outlined in green.

Stores only: Each room that is in the Restricted Access Area must be clearly labeled as such and must identify point-of-sale and sales counter locations.

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 Marijuana Establishment License Application.

Print Name _____ Date _____

Signature _____