



MEDICAL MARIJUANA ESTABLISHMENT NEW LICENSE APPLICATION

Note: Application Fee of \$2,000.00 & License Fee of \$3,000.00

Revised 4/15/2020

Type of License:

Medical Marijuana Infused Product Manufacturer Medical
Marijuana Testing Facility
Medical Marijuana Transporter
Medical Marijuana Research and Development Facility

Type of Corporate Structure:

Corporation
Limited Liability Company
Partnership
Other _____

Business File Number (BFN): _____

(This will be filled in by a licensing technician upon application acceptance)

Entity Name: _____

Trade Name (DBA): _____

Alarm Permit No.: _____ EIN: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

(Note: Address ranges are not acceptable on the application or on the supporting documentation required for this application.)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Main Contact: This will be the contact for addressing questions or issues related to your license applications or business license. Application status updates, license notifications, and copies of your professional license will be sent to the email address provided here.

Name: _____ Phone: _____ E-mail: _____

If the premise is leased, please provide the information below. The lease must be valid for at least 90 days from the date the application is submitted. The business must have legal possession of the premises at all times.

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

Medical 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) Pentane: Other: _____

OWNERSHIP INFORMATION: You must provide the following information for any owner with 10% or greater ownership of the license, either directly or through an entity. Individual information and ownership percentages should match the ownership structure you provide to the state Marijuana Enforcement Division. Please do not include indirect financial interest holders. Please attach additional pages if necessary. In addition, you must designate an on-site manager for the business. The on-site 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.

ONSITE MANAGER	<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		

OWNER 1	<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	

OWNER 2	<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	

OWNER 3	<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	

OWNER 4	<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	

OWNER 5	<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	

STATEMENTS OF UNDERSTANDING

To be completed by the person signing the oath of application

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 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 Checklist for Applicants: Please verify that all documents are included in the application.

1. A floor plan of the premises (see requirements below)
2. By-Laws, Operating or Partnership Agreement, etc., as applicable (Organizational or Corporate Governance Documents)
3. Copy of Burglar Alarm Monitoring Contract
4. Copy of Burglar Alarm Permit
5. Copy of Valid State or Federally Issued ID for any owner who owns 10% or more of the license, either directly or indirectly through an entity
6. Copy of Zoning Use Permit
7. Lease or Deed (If leased, the owner must provide written consent to lease to a marijuana establishment, and the lease must be valid for at least 90 days from the date the application is submitted.)
8. For each Research and Development Facility license only, a social impact plan that includes, but is not limited to:

The name, telephone number, and email address of the person affiliated with the applicant who is responsible for the oversight and implementation of the social impact plan.

A description of the procedure(s) the applicant will use to timely address concerns of residents, registered neighborhood organizations, and businesses within the neighborhood surrounding the licensed premises.

A list of all registered neighborhood organizations whose boundaries encompass the location of the proposed licensed premises and a description of the applicant's plan to engage with each registered neighborhood association.

A description of the applicant's diversity and inclusion practices in hiring and employment.

A description of the applicant's sustainability practices.

A description of the applicant's plan to foster 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.

A description of how members of the public can access the applicant's social impact plan.

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. It is preferred and strongly recommended that you submit plans that have been prepared digitally or plans prepared by a design professional. Separate floors must be shown on separate pieces of paper and clearly identified (i.e. Basement, First Floor, etc.). Your floor plan must be complete and accurate. 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. **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 Licenses 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 Restricted Access Area must be clearly labeled as such and must identify POS and sales counter locations.

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.

NOTE

- Legal documents included as part of this application must be properly signed and executed.
- 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 Marijuana Establishment License Application.

Authorized Signature:	Date:
Print Name:	Title: