



# RETAIL MARIJUANA ESTABLISHMENT - NEW LICENSE APPLICATION

Refer to the State of Colorado's Marijuana Enforcement Division for fee schedule

Revised 10/31/19

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 upon application acceptance.)*

Entity Name: \_\_\_\_\_

Trade Name (DBA): \_\_\_\_\_

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 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: \_\_\_\_\_

<b>All License Types:</b> 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										
<b>Retail Marijuana Stores:</b> What type of store will you have?	<table border="0"> <tr> <td>Co-located (Retail &amp; Medical separate entrances)</td> <td>Co-terminus (Retail &amp; Medical shared area)</td> <td>Retail Only</td> </tr> </table>	Co-located (Retail & Medical separate entrances)	Co-terminus (Retail & Medical shared area)	Retail Only							
Co-located (Retail & Medical separate entrances)	Co-terminus (Retail & Medical shared area)	Retail Only									
<b>Retail Marijuana Stores:</b> 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 facility?	Yes No										
<b>Retail Marijuana Cultivation Facilities:</b> Are the premises to be licensed within 1,000 feet of any school or residential zone district?	Yes No										
<b>Retail Marijuana Cultivation Facilities:</b> Do you perform cold water extraction?	Yes No										
<b>Retail Marijuana Infused Product Manufacturers:</b> What type(s) of extraction do you perform?											
<table border="0"> <tr> <td>Butane (C<sub>4</sub>H<sub>10</sub>)</td> <td>Propane (C<sub>3</sub>H<sub>8</sub>)</td> <td>Carbon dioxide (CO<sub>2</sub>)</td> <td>Ethanol (C<sub>2</sub>H<sub>6</sub>O)</td> <td>None</td> </tr> <tr> <td>Isopropanol (C<sub>3</sub>H<sub>8</sub>O)</td> <td>Acetone (C<sub>3</sub>H<sub>6</sub>O)</td> <td>Heptane (C<sub>7</sub>H<sub>16</sub>)</td> <td>Pentane</td> <td>Other: _____</td> </tr> </table>	Butane (C <sub>4</sub> H <sub>10</sub> )	Propane (C <sub>3</sub> H <sub>8</sub> )	Carbon dioxide (CO <sub>2</sub> )	Ethanol (C <sub>2</sub> H <sub>6</sub> O)	None	Isopropanol (C <sub>3</sub> H <sub>8</sub> O)	Acetone (C <sub>3</sub> H <sub>6</sub> O)	Heptane (C <sub>7</sub> H <sub>16</sub> )	Pentane	Other: _____	
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**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 City & State Sales Tax License (for stores only)
6. 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
7. Copy of Zoning Use Permit
8. 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.)
9. A community engagement plan that contains the following items in a clearly delineated 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 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 address in a timely way 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.
10. If the proposed change will result in the licensed premises of a cultivation facility being located in a zone district other than an I-A, I-B, OS-B, I-O, I-1, I-2, OS-1, or OS-2 zone district, then the following documents are required:
  - Proof that a Zoning Use 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.

**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 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.
- A copy of 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.

**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: