



**COLORADO**  
Department of Revenue  
Enforcement Division - Marijuana

# **Marijuana Associated Key Renewal Application**

**Marijuana Enforcement Division**

# Marijuana Enforcement Division

## Associated Key Renewal Application Instructions

### **APPLICATION CHECKLIST**

**1 License Types**

Associated Key: Any stockholder holding an interest in a marijuana licensee, or any officer or director, who also acts as a Key executive, employee or agent in a licensed Medical or Retail Business.

**Please note: AK's are required to be fingerprinted every 2 years and to submit those prints as part of the renewal application. If you are unsure if you need to be printed, please contact the Lakewood office (ask for Intake).**

**2 Application Completed & Signed**

Type or clearly print an answer to every question. If a question does not apply, indicate with an N/A. If the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. Sign and date the application.

**Notice:** You are required by state law to provide your social security number. If you do not have a social security number, you must complete a sworn statement stating you do not have a social security number. **Applicable documents must be notarized prior to submission to the MED and you must INCLUDE A COPY OF YOUR DRIVER'S LICENSE.**

**3 Application Submittal**

Bring in or mail in application (check or money order only if mailed) and all attachments and requisite fees to:

Marijuana Enforcement Division  
1707 Cole Blvd., Suite 300  
Lakewood, CO 80401

**NOTE: Incomplete applications WILL NOT be processed. Applicants must collect the incomplete application and fees (including those mailed in or delivered via courier), from the Lakewood Office prior to the end of the next business day.**

**4 Application Fees**

**All applications and documentation submitted must be single-sided on 8.5x11 inch paper.**

See fee table on website: [www.colorado.gov/revenue/med](http://www.colorado.gov/revenue/med). Make check or money order payable to: Colorado Department of Revenue (DOR). Checks will only be accepted in the name of the applicant, owner(s) or business entity in which the applicant has an ownership interest.

**NOTE: There is no grace period on AK licenses. All occupational licenses expire on the date on the license. If you let your license expire, you will be required to reapply for a new license and pay all required fees.**

## Owner/Associated Key Renewal Application Form

<b>Please Verify &amp; Update All Information Below</b>										
Last Name		First Name		Middle Name		Badge Number		Expiration Date		
Social Security Number				Date of Birth			Home Phone Number (    )			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Mixed Race <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Undisclosed/Unknown								
Street Address			County		City		State	ZIP	Email Address	
Mailing Address						City		State	ZIP	
Name of Business(es) <b>List all-</b> attach separate sheet if necessary						Cell Phone Number (    )		Job Title		
1. Since you last renewed, have you been arrested, served with a criminal summons, charged with, or convicted of <b>ANY</b> crime or offense in any manner? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> a. You must include <b>ALL</b> arrests, summons, charges, and convictions regardless of the outcome, even if the charges were dismissed or you were found not guilty. b. You must include <b>ALL</b> arrests, summons, charges, and convictions regardless of the class of crime (felonies, misdemeanors, and/or petty offenses). c. You must include <b>ALL</b> serious traffic offenses, including DUI; DWAI; reckless driving; leaving an accident scene (hit and run); driving under denial, suspension or revocation; or any other offense resulting in custody. <b>*If you answered YES, explain in detail on a separate sheet and attach to your application. For each FELONY offense for which you were arrested or charged, you must obtain official documentation from the court where you appeared, showing the final disposition (outcome) of your case.</b>										
2. Since you last renewed, have you <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> a. been delinquent in the payment of any judgments, taxes (including the filing of), interest or penalties due to the Colorado Department of Revenue, relating to a Medical or Retail Marijuana Business? b. or any business entity owned by the applicant ever owned a Marijuana license in this or any other jurisdiction, foreign or domestic, that was subject to any of the following actions since the last renewal: (1) denial; (2) surrender; (3) assurance of voluntary compliance; (4) order to show cause; (5) suspension; (6) fine; (7) revocation; (8) stipulation or settlement; (9) other penalties or sanctions. If YES, provide details on a separate sheet, including jurisdiction, type of action, and date of action. <b>*If you answered YES, explain in detail on a separate sheet and attach it to your application.</b>										
<b>Affirmation &amp; Consent</b>										
I state under penalty of perjury the above statements and information are true and correct to the best of my knowledge and belief, and this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Marijuana license by the State of Colorado. Further, I am aware later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of my renewal application or the revocation of my Colorado Marijuana license. I am voluntarily submitting this application to the Colorado Marijuana Enforcement Division under oath with full knowledge I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law. I further consent to any background investigation necessary to determine my present and continuing suitability and this consent continues as long as I hold a Colorado Marijuana License, and for 90 days following the expiration or surrender of such license. <b>Note:</b> If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your banking account electronically.										
Signature of Applicant								Date		
Printed Name of Applicant										

# Authorization For Disclosure

## For Colorado Department Of Revenue *(All signatures must be notarized)*

Printed Full Legal Name (Last, First, Middle)	Social Security Number
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Printed full legal name and social security number of person(s) with whom you have filed a joint state tax return within past 5 years

<b>1</b>	Printed Full Legal Name (Last, First, Middle)	Social Security Number
<b>2</b>	Printed Full Legal Name (Last, First, Middle)	Social Security Number
<b>3</b>	Printed Full Legal Name (Last, First, Middle)	Social Security Number

I/We do hereby appoint a duly authorized agent of the Colorado Marijuana Enforcement Division as my/our lawful power of attorney in fact to request, review, receive, copy and use for licensing or regulatory purposes confidential tax information and records from the Colorado Department of Revenue relating to me/us. This power of attorney ends twenty-four (24) months from the date of execution.

Signature of Applicant

State of _____, County of _____ Subscribed and sworn to (or affirmed)  before me this _____ day of _____, 20____, in _____, <span style="display: block; text-align: right; font-size: small;">(City)</span>  _____, by _____ <span style="display: block; text-align: center; font-size: x-small;">(State) <span style="margin-left: 150px;">(Applicant's Printed Name)</span></span>	<b>Notary Seal</b>
Signature of Notary Public	
Printed Name of Notary Public	
My Commission Expires	

### If You Filed Jointly, The Joint Account Holder Must Sign Below

Signature of Joint Account Holder

State of _____, County of _____ Subscribed and sworn to (or affirmed)  before me this _____ day of _____, 20____, in _____, <span style="display: block; text-align: right; font-size: small;">(City)</span>  _____, by _____ <span style="display: block; text-align: center; font-size: x-small;">(State) <span style="margin-left: 150px;">(Joint Filer's Printed Name)</span></span>	<b>Notary Seal</b>
Signature of Notary Public	
Printed Name of Notary Public	
My Commission Expires	

# Investigation Authorization

## Authorization to Release Information *(All signatures must be notarized)*

I, \_\_\_\_\_, hereby authorize the Colorado Marijuana Licensing Authority, the Marijuana Enforcement Division, (hereafter, the Investigatory Agencies) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard. I understand that by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located. I understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue to surrender to the Investigatory Agencies a complete and accurate record of any and all tax information or records relating to me. I authorize the Investigatory Agencies to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws. I understand that by signing this authorization, a criminal history check will be performed. I authorize the Investigatory Agencies to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand that the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

**Print your Full Legal Name clearly below:**

Legal Last Name (Please Print)	Legal First Name	Legal Middle Name
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Signature

State of _____, County of _____ Subscribed and sworn to (or affirmed)  before me this _____ day of _____, 20____, in _____ <span style="display: block; text-align: right; font-size: small;">(City)</span>  _____, by _____ <span style="display: block; text-align: center; font-size: small;">(State) (Applicant's Printed Name)</span>	<b>Notary Seal</b>
Signature of Notary Public	
Printed Name of Notary Public	
My Commission Expires	

**Confidential Document:** This document is the property of the Colorado Marijuana State Licensing Authority and the Colorado Marijuana Enforcement Division, and is provided for Official Use Only. This document may not be further reproduced nor its contents disclosed without the written permission of the Division or State Licensing Authority.

## Applicant's Request to Release Information

(All signatures must be notarized)

TO: (Leave Blank)	FROM: (Applicant's Printed Name)
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1. I/We hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above named applicant to furnish such information to a duly appointed agent of the Marijuana Enforcement Division whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.
2. I/We hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit a duly appointed agent of the Marijuana Enforcement Division to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. I/We hereby authorize and request the Colorado Department of Revenue to permit a duly appointed agent of the Marijuana Enforcement Division to obtain, receive, review, copy, discuss and use any such tax information or documents relating to or concerning the above named applicant, whether or not such information or documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
4. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I/we hereby authorize and request that a duly appointed agent of the Marijuana Enforcement Division be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me/us, including but not limited to past loan information, notes co-signed by me/us, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
5. I/We do hereby make, constitute, and appoint any duly appointed agent of the Colorado Marijuana Enforcement Division, my/our true and lawful attorney in fact for me/us in my/our name, place, stead, and on my/our behalf and for my/our use and benefit:
  - (a) To request, review, copy sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I/we might;
  - (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location in this request:
  - (c) To place the name of the agent presenting this request in the appropriate location on this request.
6. I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I/we might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
7. This power of attorney ends twenty-four (24) months from the date of execution.
8. The above named applicant has filed with the Colorado Marijuana Licensing Authority an application for a Medical or Retail Marijuana license. Said applicant understands that it is seeking the granting of a privilege and acknowledges that the burden of proving its qualifications for a favorable determination is at all times on the applicant. Said applicant accepts any risk of adverse public notice, embarrassment, criticism, or other action of financial loss, which may result from action with respect to this application.
9. I/We do, for myself/ourselves, my/our heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner or actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employees arising out of or by reason of complying with the request.
10. I/We agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees arising out of or by reason of complying with this request.
11. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.

*Continued on page 6*

Applicant's Initials
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Applicant's Last Name (Please Print)	First Name	Middle Name
Signature		
State of _____, County of _____ Subscribed and sworn to (or affirmed)		<b>Notary Seal</b>
before me this _____ day of _____, 20 ____, in _____, <span style="display: block; text-align: right; font-size: small;">(City)</span>		
_____, by _____ <span style="display: block; text-align: right; font-size: small;">(State) (Applicant's Printed Name)</span>		
Signature of Notary Public		
Printed Name of Notary Public		
My Commission Expires		
Spouse's Last Name (Please Print)	Spouse's First Name	Full Middle Name
Spouse's Signature		
State of _____, County of _____ Subscribed and sworn to (or affirmed)		<b>Notary Seal</b>
before me this _____ day of _____, 20 ____, in _____, <span style="display: block; text-align: right; font-size: small;">(City)</span>		
_____, by _____ <span style="display: block; text-align: right; font-size: small;">(State) (Spouse's Printed Name)</span>		
Signature of Notary Public		
Printed Name of Notary Public		
My Commission Expires		
Signature of Marijuana Enforcement Division agent presenting this request		Date
<b>Confidential Document:</b> This document is the property of the Colorado Marijuana State Licensing Authority and the Colorado Marijuana Enforcement Division, and is provided for Official Use Only. This document may not be further reproduced nor its contents disclosed without the written permission of the Division or State Licensing Authority.		

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## Tax Check Authorization and Request To Release Information

I \_\_\_\_\_ am signing this waiver on behalf of \_\_\_\_\_ (the "Applicant/Licensee") to permit the Internal Revenue Service (IRS), the Colorado Department of Revenue, and any other state or local taxing authority to release information and documents that would otherwise be confidential. If I am signing this waiver for someone other than myself, I certify that I have the authority to execute this waiver on behalf of the Applicant/Licensee.

The information and documentation obtained pursuant to this waiver will be used in connection with the Applicant/Licensee's application or licensure with the Colorado Marijuana Enforcement Division, which requires proof of compliance with certain tax obligations pursuant to several statutory provisions, including sections 12-43.3-202(1), 12-43.3-307(1)(g), 12-43.4-202, and 12-43.4-306(f), C.R.S. This waiver is made pursuant to 26 U.S.C. § 6103(c); section 39-21-113(4), C.R.S.; and any other similar law or ordinance concerning the confidentiality of tax returns and return information. This waiver shall be valid while the application is pending and, if the application is approved, (1) for one year from the date of licensure or; (2) if applying for an occupational license under the medical marijuana code, for two years from the date of licensure. If the license is administratively continued pursuant to sections 12-43.3-311 or 12-43.4-310, C.R.S., this waiver shall be valid until the state licensing authority takes final action to approve or deny the renewal of the license. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license.

Applicant/Licensee requests that the IRS, the Colorado Department of Revenue, and any other state or local taxing authority release the following information and supporting documentation to the Colorado Marijuana Enforcement Division, which is acting as Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to obtain the information specified below.

1. Whether the Applicant/Licensee has failed to file a Federal income tax return by the required due date (determined with regard to any extension(s) of time for filing) for any tax year for which filing of a return might have been required.
2. Whether the Applicant/Licensee has failed to pay any tax, penalty, or interest liability within 30 days of the date on which the IRS gave notice of the amount due and requested payment.
3. Whether the Applicant/Licensee has entered into an Offer and Compromise or payment plan with the IRS and whether Applicant/Licensee is current on any payments required by said Offer and Compromise or payment plan.
4. Whether the Applicant/Licensee has failed to file any state or local tax return with the Colorado Department of Revenue or any other state or local taxing authority by the required due date (determined with regard to any extension(s) of time for filing) for any tax year for which filing of a return might have been required.
5. Whether the Applicant/Licensee has failed to pay any tax, penalty, or interest liability within 30 days of the date on which the Colorado Department of Revenue or any other state or local taxing authority gave notice of the amount due and requested payment.
6. Whether the Applicant/Licensee has entered into a payment plan with the Colorado Department of Revenue or any other state or local taxing authority and whether Applicant/Licensee is current on any payments required by said payment plan.

*Continued on next page*



Applicant/Licensee authorizes the IRS, the Colorado Department of Revenue, and any other state or local taxing authority to release any additional information or documentation necessary to answer the questions above. Applicant/Licensee authorizes the Colorado Marijuana Enforcement Division and its legal representatives to use the information and documentation obtained from the IRS, the Colorado Department of Revenue, and any other state or local taxing authority in any administrative action regarding the application or license. To assist the IRS, the Colorado Department of Revenue, and any other state or local taxing authority locate the tax records, Applicant/Licensee is voluntarily providing the following information (please type or print).

Applicant's Name (Individual/Business)	Social Security Number/Tax Identification Number		
Street Address	City	State	Zip Code
Home Telephone Number	Business/Work Telephone Number		

**If you are/were married and filed joint tax returns, your spouse must provide the following.**

Spouse's Name	Social Security Number/Tax Identification Number
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*(All signatures must be notarized)*

Legal Last Name (Please Print)	Legal First Name	Full Middle Name
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Applicant's Signature

State of _____, County of _____ Subscribed and sworn to (or affirmed) before me  this _____ day of _____, 20 ____, in _____, <small>(City)</small>  _____, by _____ <small>(State)</small> <small>(Applicant's Printed Name)</small>	<b>Notary Seal</b>
Signature of Notary Public	
Printed Name of Notary Public	
My Commission Expires	

Spouse's Last Name (Please Print)	Spouse's First Name	Full Middle Name
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Spouse's Signature

State of _____, County of _____ Subscribed and sworn to (or affirmed) before me  this _____ day of _____, 20 ____, in _____, <small>(City)</small>  _____, by _____ <small>(State)</small> <small>(Spouse's Printed Name)</small>	<b>Notary Seal</b>
Signature of Notary Public	
Printed Name of Notary Public	
My Commission Expires	

Signature of Marijuana Enforcement Division agent presenting this request	Date
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**Privacy Act Statement**

Requesting your Social Security Number is voluntary and no right, benefit, or privilege provided by law will be denied as a result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a (note).

# Verification of Fingerprints

(disregard this form if not being printed for your renewal)

**This form is to be completed by representative taking the applicant's fingerprints.**

**Please print or type all information other than signature.**

Reason for Fingerprinting:

- |   |  |
|---|--|
| <input type="checkbox"/> New Associate Key License          | <input type="checkbox"/> Financial Declaration |
| <input type="checkbox"/> Associate Key License Renewal      | <input type="checkbox"/> Transporter License   |
| <input type="checkbox"/> Permitted Economic Interest        | <input type="checkbox"/> Operator License      |
| <input type="checkbox"/> Indirect Beneficial Interest Owner | <input type="checkbox"/> Pre-suitability       |

Name of Applicant	MED License Number (If Applicable)
Name of Representative Taking Fingerprints	Title
Name of Agency Taking Fingerprints	ORI # (If applicable)

Applicant's Identity Verified By:

- Driver's License       State ID Card       Passport

Document #	
Signature of Representative Taking Fingerprints	Date

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