

Colorado Marijuana Enforcement Division

Renewal Support/Key Occupational Application Instructions

APPLICATION CHECKLIST

1 License Type

Key Employee: Any manager, supervisor or lead worker, who acts as a Key employee or agent, while physically working in a licensed Medical or Retail Marijuana Business.

Support Employee: Any employee who does not act as a manager, supervisor or lead worker.

2 Application Completed & Signed—Applicable documents must be notarized prior to submission to the MED. Provide a copy of your Colorado driver's license or ID, as proof of residency, with your application.

Type or clearly print an answer to every question. If a question does not apply to you, indicate so with an N/A. If you are unsure if a question applies to you or what information the form is asking you to provide, contact any Marijuana Enforcement Division office to seek clarification. 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.

3 Application Submittal

Mail (Check or Money Order only - NO CASH) or bring in application and all attachments to:

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

4 Application Fee

Submit a NON-REFUNDABLE application fee for a two-year license.

Please see fee table for current fees - www.colorado.gov/revenue/med

Exact cash (Lakewood only), check, or money order accepted. Make check or money order payable to: Colorado Department of Revenue (DOR).

NOTE: Incomplete applications WILL NOT be processed. Applicants must collect the incomplete application and fees from the Lakewood Office prior to the end of the next business day.

Marijuana License Number

Renewal Support/Key Occupational License Application

Please Check One: Support Key

Legal Last Name (Please Print)		Legal First Name		Legal Middle Name	
Maiden/Married Names Used (Full Name) (Attach separate sheet if necessary)			Nicknames, Aliases, Etc. Used (Full Name) (Attach separate sheet if necessary)		
Gender <input type="checkbox"/> M <input type="checkbox"/> F	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	
Date of Birth		Social Security Number		Other Social Security Numbers Used <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes attach details.)	
License Number or name of Marijuana Business Where You Work			Job Title		
Work Street Address		City		State	ZIP
Personal Physical Address					
Address		City		County	State ZIP
Length of time at this Address: Year(s) Month(s)		Home Phone Number () ()	Cell Phone Number () ()	Email Address	
Personal Mailing Address (if different from Physical Address)					
Address		City		State	ZIP
Have you ever been denied a Marijuana license, withdrawn a Marijuana license application or had any disciplinary action taken against you or any Marijuana license that you have held, either individually or as part of an ownership group, in this or any other jurisdiction? (Do not include patient information)					
<input type="checkbox"/> Yes <input type="checkbox"/> No *If "Yes", explain here: _____					
Are you delinquent in the payment of any judgments, taxes, interest or penalties due to the Department of Revenue, relating to a Medical or Retail Marijuana Business? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you, in the past 2 years, been arrested, served a criminal summons, charged with, or convicted of ANY crime? <input type="checkbox"/> Yes <input type="checkbox"/> No					
* If you answered YES to any of the questions above, give details on separate sheet. Attach any documents to prove your settlement on any of these issues. You must resolve any delinquencies prior to being issued a Colorado marijuana occupational license. For any arrests in the past 2 years, you must provide the disposition for those arrests.					
Affirmation & Consent					
I, _____, state under Penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Renewal Support/Key Occupational Employee License Application, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that 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 Licensing Authority. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements, may be grounds for denial of a Marijuana application or the revocation of the license. I am voluntarily submitting this application to the Colorado Marijuana Licensing Authority, under oath, with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to 18-5-114. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Colorado Marijuana license, and for 90 days following the expiration or surrender of such Marijuana license. Note: 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.					
Print your Full Legal Name Below					
Legal Last Name (Please print)		Legal First Name		Legal Middle Name	
Signature				Date	



Affidavit - Restrictions On Public Benefits

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

- I am a United States citizen.
- I am not a United States citizen but I am a Permanent Resident of the United States.
- I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
- I am a foreign national not physically present in the United States.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date (MM/DD/YY)

Investigation Authorization

Authorization to Release Information

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 Full Legal Name of Applicant clearly below:

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

State of _____, County of _____ Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____, in _____, <small style="margin-left: 400px;">(City)</small> _____, by _____ <small style="margin-left: 100px;">(State) (Applicant's Printed Name)</small>	Notary Seal
Signature of Notary Public	
Printed Name of Notary Public	
My Commission Expires	

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