



COLORADO
Department of Revenue
Enforcement Division - Marijuana

Medical Marijuana Business License Application

Marijuana Enforcement Division

Colorado Marijuana Enforcement Division

Medical Marijuana Business License Application Instructions

APPLICATION CHECKLIST

☐ 1 **Application Fully Completed**

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.

☐ 2 **All Forms Signed & Attached**

The following accompanying forms must be signed and returned with the application:

- ☐ Affirmation & Consent
- ☐ Investigation Authorization/Authorization to Release Information
- ☐ Applicant's Request to Release Information (leave To: blank)
- ☐ **Applicable documents must be notarized prior to submission to the MED**

☐ 3 **All Requested Information Attached**

The following information requested on the application must be attached, if applicable:

- ☐ Copy of Local License or application
- ☐ Copy of Sales Tax License
- ☐ Documentation showing legal possession of the premise to be licensed
- ☐ Diagram of premise to be licensed (described on page 2, just above question 6) including security drawing
- ☐ Certificate of Good Standing from the Colorado Secretary of State's Office
- ☐ Copy of Articles of Incorporation, including amendments for corporations
- ☐ Articles of Organization, including amendments and operating agreement for LLC
- ☐ Trade Name Registration
- ☐ Partnership Agreement, or operating/shareholder agreements
- ☐ If corp., annual and bi-annual reports and meeting minutes from past 12 months
- ☐ Copies of notes, security instruments, etc., (detailed on page 2, just below question 6, and page 4, question 10)
- ☐ Explanation detailing the funding sources used to finance the applicant business
- ☐ List of financial institution accounts as detailed on page 4, question 8
- ☐ All applicable information requested on page 4

NOTE: The Marijuana Enforcement Division reserves the right to request additional information and documentation throughout the course of the background investigation and must be provided within 7 calendar days of notification.

☐ 4 **Applications For Associated Keys Attached**

Submit the following: Associated Key License Form (DR 8520) for any person holding an ownership interest, and/or officers and directors, regardless of ownership interest, if any.

☐ 5 **Application and License Fees**

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

See fee table on website: www.colorado.gov/revenue/med

Application fees remitted to the State Licensing Authority and/or the Department of Revenue are non-refundable. Only license fees may be refunded. 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 which has an ownership interest in the applicant or licensee. **NO Transfers/Changes of Ownership will be accepted until after the license is issued.**

☐ 6 **Bring in Application**

Submit appointment request to dor_med_appointments@state.co.us and you will be contacted to set up a time. At the designated date and time, bring in application and all attachments to:

Marijuana Enforcement Division
455 Sherman Street, Suite 390
Denver, CO 80203

NOTE: Incomplete applications WILL NOT be processed.

Colorado Marijuana Licensing Authority

Business License Application

License Types & Fees (Check only ONE application type. See Application Checklist for details on license types and fees.)					
<input type="checkbox"/> Medical Marijuana Center (Type 1; up to 300 patients) <input type="checkbox"/> Medical Marijuana Center (Type 2; 301 to 500 patients) <input type="checkbox"/> Medical Marijuana Center (Type 3; 501 or more patients) <input type="checkbox"/> Medical Marijuana–Infused Products Manufacturer			<input type="checkbox"/> Affiliated Business <input type="checkbox"/> Medical Marijuana Testing Facility Fill out a separate Appendix A form (DR 8544) for each optional premise cultivation license you are applying for.		
Applicant's Legal Business Name (Please Print)				Marijuana License Number (Assigned by Division)	
Trade Name (DBA) (Provide Trade Name Registration)				Website Address	
Physical Address					
Street Address of Medical Marijuana Business (Use Appendix A for Optional Premises Cultivation Information)					Business Phone Number ()
City	County	State	ZIP	Email Address	
Mailing Address (if different from Physical Address)					
Address			City	State	ZIP
On a separate sheet, list all principal places of business for the past 10 years if different from above.					
Primary Contact Person for Business			Title	Primary Contact Phone Number ()	
Primary Contact Address (city, state ZIP)				Primary Contact Email ()	
Federal Taxpayer ID	Colorado Sales Tax License #		Entity ID number shown on Secretary of State Registration		
Type of Business Structure					
<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Partnership		<input type="checkbox"/> Limited Partnership	
<input type="checkbox"/> C Corporation		<input type="checkbox"/> S Corporation		<input type="checkbox"/> Publicly Traded Corporation	
				<input type="checkbox"/> Limited Liability Company	
				<input type="checkbox"/> Trust <input type="checkbox"/> Other _____	
State of Incorporation or Creation of Business Entity					Date
Date of Qualification to Conduct Business in Colorado (Provide Certificate of Good Standing from the Colorado Secretary of State's Office)					
If a Corporation, List all States Where the Corporation is Authorized to Conduct Business					
List all Trade Names used by the Business Entity (other than above)					
Attach certified copies of all articles of incorporation, bylaws, articles of organization, or a true copy of any partnership or trust agreement, including any and all amendments to such. If a corporation, attach copies of all annual and bi-annual reports, SEC filings, if any, and all minutes from all corporate meetings for the past 12 months.					

1. Is the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) or manager under the age of twenty-one years?	Yes No <input type="checkbox"/> <input type="checkbox"/>		
2. Has the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation) or manager ever (in Colorado or any other state); (a) been denied a privileged license (ie: Liquor, Gaming, Racing and Marijuana)? <input type="checkbox"/> <input type="checkbox"/> (b) had a privileged license (ie: Liquor, Gaming, Racing and Marijuana) suspended or revoked? <input type="checkbox"/> <input type="checkbox"/> (c) had interest in another entity that had a privileged (ie: Liquor, Gaming, Racing and Marijuana) license denied, suspended or revoked? <input type="checkbox"/> <input type="checkbox"/> If you answered yes to 2a, b or c, explain in detail on a separate sheet.			
3. Are the premises to be licensed within 1000 feet of a school (as defined in 12-43.3 104 (15) C.R.S.), alcohol or drug treatment facility, principal campus of a college, university, or seminary, or a residential childcare facility? If YES, then include a copy of a waiver or ordinance from the local jurisdiction where the business is located. <input type="checkbox"/> <input type="checkbox"/>			
4. Has a Marijuana license ever been issued to the applicant (including any of the partners, if a partnership; members or manager if a limited liability company; or officers, stockholders or directors if a corporation)? If YES, identify the name of the business and list any current or former financial interest in said business including any loans to or from a licensee. <input type="checkbox"/> <input type="checkbox"/>			
5. Does the applicant have legal possession of the premises by virtue of ownership, lease or other arrangement? Attach all documentation showing legal possession. Deed, Title, sale or lease agreements etc. <input type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____ (a) If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:			
Landlord	Tenant	Expires	
6. Attach a diagram of the premises to be licensed and outline or designate the area (including dimensions) which shows the limited access areas, walls, partitions, entrances, exits and what each room shall be utilized for in this business, including security equipment locations. This diagram should be no larger than 8 1/2" X 11". (It does not have to be to scale)			
7. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money or profits from this business. Attach a separate sheet if necessary.			
Name	Date of Birth	FEIN OR SSN	Interest
8. Attach copies of all notes and security instruments, and any written agreement, or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.			
Local Licensing Authority (To be completed by Applicant)			
Local Licensing Authority		Address	
Local Licensing Authority contact name		Contact Phone	Contact Email
Date of Application With Local Authority		Date of Approval	Date of Expiration
9. Has the Applicant filed for an Optional Premise Cultivation License? Yes No <input type="checkbox"/> <input type="checkbox"/>			
What City or County? (Fill out Appendix A completely)		Marijuana OPC License Number (Assigned by the Division)	
Printed Legal Business Name		Printed Trade Name (DBA)	

Ownership Structure

List all persons and/or entities with any ownership interest, and all officers and directors, whether they have ownership interest or not. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. An Associated Key License Application form must be submitted for all persons in a privately held company or a publicly traded corporation, and all officers and directors.

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	

Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)	Own. % Business Associated with		Effective Own. % in Applicant	

Are there any outstanding options and warrants? <input type="checkbox"/> Yes <input type="checkbox"/> No *If YES, attach list of persons with outstanding options and warrants				
Are there any other persons, other than those listed in the Ownership Structure, including but not limited to suppliers, lenders and landlords, who will receive, directly or indirectly, any compensation or rents based upon a percentage or share of gross proceeds or income of the Marijuana business? <input type="checkbox"/> Yes <input type="checkbox"/> No *If YES, attach list of persons and submit Associate Key License Application forms for each person				

Printed Legal Business Name	Printed Trade Name (DBA)
1. Has the applicant, the applicant's parent company or any other intermediary business entity ever applied for a Marijuana license in this or any other jurisdiction, foreign or domestic, whether or not the license was ever issued? If YES, provide details on a separate sheet, including jurisdiction, type of license, license number, and dates license held or applied for.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the applicant, the applicant's parent company or any other intermediary business entity ever been denied a Marijuana license, withdrawn a Marijuana license or had any disciplinary action taken against any Marijuana license that they have held in this or any other jurisdiction, foreign or domestic? If YES, provide details on a separate sheet, including jurisdiction, type of action, and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial History	
1. Is the applicant, the applicant's parent company or any other intermediary business entity 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? If YES, provide details on a separate sheet and attach any documents to prove settlement or resolution of the delinquency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the applicant, the applicant's parent company or any other intermediary business entity currently a party to, or has it ever been a party to, in any capacity, any business trust instrument? If YES, provide details on a separate sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has a complaint, judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign antitrust, trade or security law or regulation ever been filed or entered against the applicant, the applicant's parent company or any other intermediary business entity? If YES, provide details on a separate sheet and attach any documents to prove the settlement of any of these issues. Include any items currently under formal dispute or legal appeal.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has the applicant, the applicant's parent company or any other intermediary business entity been a party to a lawsuit in the past 5 years, either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country? If YES, provide details on a separate sheet and attach any documents to prove the settlement of any of these issues. Include any items currently under formal dispute or legal appeal.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has the applicant, the applicant's parent company or any other intermediary business entity filed a business tax return in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has the applicant, the applicant's parent company or any other intermediary business entity completed financial statements, either audited or unaudited, in the past two years? If YES, attach all financial statements completed in the past two years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has any interest or share in the profits of the sale of Marijuana been pledged or hypothecated as security for a debt or deposited as a security for the performance of an act or to secure the performance of a contract? If YES, provide details on a separate sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Attach a list detailing the operating and investment accounts for this business, including financial institution name, address, telephone number, and account number for each account.	
9. Attach a list detailing each outstanding loan and financial obligation obtained for use in this business, including creditor name, address, phone number, loan number, loan amount, loan terms, date acquired, and date due.	
Person who maintains Applicant's business records	Title
Address	Phone Number ()
Person who prepares Applicant's tax returns, government forms & reports	Title
Address	Phone Number ()
Location of financial books and records for Applicant's business	

Affirmation & Consent

I, _____, as an authorized agent for the applicant, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Medical Marijuana Business License Application, Appendix A, 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 Medical 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 the denial of a temporary Medical 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 C.R.S. 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 Medical Marijuana License, and for 90 days following the expiration or surrender of such Medical 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 Full Legal Name clearly below:

Applicant's Legal Business Name		Trade Name (DBA)	
Last Name of Owner/Principal (Please Print)	First Name of Owner/Principal (Please Print)	Middle Name of Owner/Principal (Please Print)	
Signature		Date	
State of _____, County of _____ Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____, in _____, <div style="text-align: right; margin-right: 50px;"><small>(City)</small></div> _____, by _____ <div style="display: flex; justify-content: space-between;"><div><small>(State)</small></div><div><small>(Applicant's Printed Name)</small></div></div>		Notary Seal	
Signature of Notary Public			
Printed Name of Notary Public			
My Commission Expires			
Signature of Marijuana Enforcement Division agent presenting this request		Date	

Investigation Authorization Authorization to Release Information

I, _____, as an authorized agent for the applicant, hereby authorize the Colorado Marijuana Licensing Authority, the Marijuana Enforcement Division, (hereafter, the Investigatory Agencies) to conduct a complete investigation into the background of the person(s) and/or entity, 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 Owner/Principal clearly below:

Applicant's Legal Business Name		Trade Name (DBA)	
Last Name of Owner/Principal (Please Print)	First Name of Owner/Principal	Middle Name of Owner/Principal	
Signature		Date	
State of _____, County of _____ Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____, in _____ <div style="text-align: right; font-size: small;">(City)</div> _____, by _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> (State) (Applicant's Printed Name) </div>		Notary Seal	
Signature of Notary Public			
Printed Name of Notary Public			
My Commission Expires			
Signature of Marijuana Enforcement Division agent presenting this request		Date	

Applicant's Request to Release Information

(All signatures must be notarized)

TO:	FROM: (Applicant's Printed Name)
<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> (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 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 next page	Applicant's Initials

Applicant's Request to Release Information

(All signatures must be notarized)

Signature		
State of _____, County of _____ Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 ____, in _____, <div style="text-align: right; font-size: small;">(City)</div> _____, by _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> (State) (Applicant Printed Name) </div>	Notary Seal	
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) before me this _____ day of _____, 20 ____, in _____, <div style="text-align: right; font-size: small;">(City)</div> _____, by _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> (State) (Applicant Printed Name) </div>	Notary Seal	
Signature of Notary Public		
Printed Name of Notary Public		
My Commission Expires		
Signature of Marijuana Enforcement Division agent presenting this request		Date

Continued from previous page

Appendix A

Colorado Marijuana Licensing Authority

Optional Premises Cultivation License

Business Applicant must fill out an Appendix A for EACH Cultivation it is applying for. Please see website for fee table.

Applicant's Legal Business Name (Please Print)				Marijuana License Number (Assigned by Division)							
Trade Name (DBA) (Provide Trade Name Registration)				Website Address							
Physical Address											
Street Address of Optional Premises Cultivation				Business Phone Number ()							
City	County	State	ZIP	Email Address							
Mailing Address (if different from Physical Address)											
Address		City		State	ZIP						
On a separate sheet, list all principal places of business for the past 5 years if different from above.											
Primary Contact Person for Business		Title		Primary Contact Phone Number ()							
Primary Contact Address (city, state ZIP)				Primary Contact Email							
Federal Taxpayer ID		Colorado Sales Tax License #		Entity ID Number shown on Secretary of State Registration							
Does the applicant have legal possession of the premises by virtue of ownership, lease or other arrangement? <input type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____ (a) If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Landlord</td> <td>Tenant</td> <td>Expires</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>						Landlord	Tenant	Expires			
Landlord	Tenant	Expires									
Attach a diagram of the premises to be licensed and outline or designate the area (including dimensions) which shows the limited access areas, walls, partitions, entrances, exits and what each room shall be utilized for in this business, including security equipment locations. This diagram should be no larger than 8 1/2" X 11". (Doesn't have to be to scale) Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money or profits from this business. Attach a separate sheet if necessary.											
Name		Date of Birth	FEIN or SSN	Interest							
Attach copies of all notes and security instruments, and any written agreement, or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.											
Local Licensing Authority (To be completed by Applicant)											
Local Licensing Authority			Address								
Local Licensing Authority contact name			Contact Phone	Contact Email							
Date of Application With Local Authority			Date of Approval	Date of Expiration							



MARIJUANA OWNERSHIP AND FUNDING CERTIFICATION

☐ Medical Marijuana Business

☐ Retail Marijuana Establishment

On behalf of the Applicant, I certify under the penalty of perjury on the date signed:

- The ownership described below is accurate and complete and includes **all** shareholders or other owners of the Applicant business entity, including members of business entities that share in the ownership in the Applicant business entity – including management and/or consulting companies, no matter how slight the ownership interest.
- The list of associated persons below is complete and includes **all** corporate or company officers, directors (including outside or independent directors), partners, and all persons who have the ability to exercise control over the management policies of the Applicant entity, along with accurate titles or positions.

Note: Business entities that own the Applicant business entity, in whole or in part, must provide details of their ownership structure.

On behalf of the Applicant, I further certify under the penalty of perjury that on the date signed:

- All investments and funds used to start and/or finance this Applicant's business entity have been disclosed and accurately reported.
- These investments and funds were obtained from fully disclosed, legal and legitimate sources.
- These investments and funds are not involved in any criminal or money laundering activity, are clear and unencumbered, and are not derived from any illegal activities.

Upon signature below the applicant also understands and agrees no change of ownership or change of location will be accepted by the State Licensing Authority, Marijuana Enforcement Division until the applicant's license(s) are approved. (Retail Only)

x _____
Signature Title or Position Ownership %

Typed or Printed Name Business Name MED Lic. #

County of _____ State of _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____ 20____ in

_____ , _____

Notary Public Signature

Printed Name of Notary Public

Notary Public, State of _____

My Commission Expires: _____

