



COLORADO
Department of Revenue
Enforcement Division – Marijuana

Retail Marijuana Business License Application

Marijuana Enforcement Division

Colorado Marijuana Enforcement Division

Retail 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 the available space is insufficient, continue on a separate sheet and precede each answer with the appropriate title. **A separate application is required for EACH license type.**

2 All Forms Signed & Attached

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

- Affirmation & Consent (each owner)
- Investigation Authorization/Authorization to Release Information (each owner)
- Applicant's Request to Release Information (leave the "To:" section blank on that page) (each owner)
- Statement of Understanding (initial each line) (each owner)
- Tax Authorization and Authorization to Release Information (each owner)
- Applicable documents must be signed and notarized by all owners prior to submission to the MED**

3 All Requested Information Attached (Other forms may be made available and may be required at time of application)

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

- Documentation showing legal possession of the premise to be licensed
- Diagram of premises to be licensed (see page 2, question 5), include a separate security drawing
- Certificate of Good Standing from the Colorado Secretary of State's Office
- Articles of Incorporation, including amendments **OR**
- Articles of Organization, including amendments and operating agreement
- Trade Name Registration
- Partnership Agreement, or operating/shareholder agreements
- If corp., annual and biannual reports and meeting minutes from past 12 months
- Copies of promissory notes, security instruments, etc., (see page 2, question 6 and page 4, question 7)
- 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, which must be provided within 7 calendar days, unless otherwise directed by MED.

4 Applications For Associated Keys Attached (New owners only)

Submit an Associated Key License application (DR 8520) for any person with ownership interest, including officers and directors (if applicable).

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.

- Check or money order to local authority
- Check made payable to DOR (checks only accepted in name of the applicant, owner(s) or business entity which has an ownership interest in the applicant/licensee).
- 2 complete applications with all attachments, (including any NEW AK applications) for EACH license applying for. (One original and one copy of each license application including the AK application(s))

You are responsible for knowing who your Local Licensing Authority is. **NO Transfers/Changes of Ownership applications will be accepted until after the state license is issued.**

6 Application Submittal

Submit appointment request to dor_med_appointments@state.co.us and you will be contacted to set up a time. Bring in application and all attachments to:

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

NOTE: Incomplete applications WILL NOT be processed.

Colorado Marijuana Licensing Authority

Retail Business License Application

| License Types & Fees (See Application Checklist for details on license types and fees.) | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|---------------------------------|
| <input type="checkbox"/> Retail Marijuana Store <input type="checkbox"/> Retail Marijuana Cultivation <input type="checkbox"/> Retail Marijuana Test Facility <input type="checkbox"/> Retail Marijuana Operator <input type="checkbox"/> Retail Marijuana Transporter | <input type="checkbox"/> Tier 1 = 1800 or fewer plants <input type="checkbox"/> Tier 2 = 1801 – 3600 plants <input type="checkbox"/> Tier 3 = 3601–6000 plants <input type="checkbox"/> Tier 4 = 6001–10200 plants <input type="checkbox"/> Tier 5 = 10201–13800 plants <input type="checkbox"/> Tier 5+ = _____ plants in excess of 13801 | <input type="checkbox"/> Retail Marijuana Products Manufacturer <input type="checkbox"/> Conversion- Converted from Lic. # _____ <input type="checkbox"/> Retail/Medical Marijuana Combined Use- Combined with Lic. # _____ | | | |
| Applicant's Legal Business Name (Please Print) | | | Marijuana License Number (Assigned by Division) | | |
| Trade Name (DBA) (Provide Trade Name Registration) | | | Website Address | | |
| Federal Taxpayer ID | Colorado Sales Tax License # | Entity ID number shown on Secretary of State Registration | | | |
| Physical Address | | | | | |
| Street Address of Marijuana Business | | | | | Business Phone Number () |
| City | County | State | ZIP | Email Address | |
| Mailing Address (if different from Physical Address) | | | | | |
| Address | | | City | State | ZIP |
| Main Business Contact Person Information | | | | | |
| Primary Contact Person for Business | | | Title | Primary Contact Phone Number () | |
| Primary Contact Address (city, state ZIP) | | | | Primary Contact Email | |
| 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 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 biannual 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) 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) ever (in Colorado or any other state); (a) been denied a privileged license (ie: Liquor, Gaming, Auto Industry, Racing and Marijuana)? (b) had a privileged license (ie: Liquor, Gaming, Auto Industry, Racing and Marijuana) suspended or revoked? (c) had interest in another entity that had a privileged (ie: Liquor, Gaming, Auto Industry, Racing and Marijuana) license denied, suspended or revoked? If you answered yes to 2a, b or c, explain in detail on a separate sheet. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| 3. 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, on a separate sheet, 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"/> | | |
| 4. 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 | |
| 5. Attach a diagram of the premises to be licensed and outline or designate the area (including dimensions) which shows the licensed premises limited access areas, walls, partitions, entrances, exits and what each room shall be utilized for in this business. In a separate diagram, include security equipment locations. These diagrams should be no larger than 8 1/2" X 11". (It does not have to be to scale) | | | |
| 6. 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 |

Ownership Structure

List all persons and/or entities with any ownership interest, and all officers and directors. 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 must be submitted for all owners in a privately held company and all officers and directors (if applicable).

| | | | | |
|----------------------------------------------------------|-------|---------------------------------|-----|----------------------------------------------------------------------------|
| 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?

Yes 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?

Yes No *If YES, attach list of persons

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|--|
| 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 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: (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) withdrawn; (10) other penalties or sanctions. 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 owner for the applicant business, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Retail Marijuana Business 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 the marijuana business application. 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 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 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 |
| Last Name of Owner/Principal (Please Print) | | First Name of Owner/Principal | Middle Name of Owner/Principal |
| Signature | | | Date |
| Last Name of Owner/Principal (Please Print) | | First Name of Owner/Principal | Middle Name of Owner/Principal |
| Signature | | | Date |
| Last Name of Owner/Principal (Please Print) | | First Name of Owner/Principal | Middle Name of Owner/Principal |
| Signature | | | Date |

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Note: If there are more than four (4) owners, please use a second Affirmation & Consent page (page 5 of 13).

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 |
|---------------|--------------------------------------------------|

(All signatures must be notarized)

| | | |
|--------------------------------|------------------|------------------|
| Legal Last Name (Please Print) | Legal First Name | Full Middle Name |
|--------------------------------|------------------|------------------|

Applicant's Signature

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

| | |
|---------------------------------------------------------------------------|------|
| Signature of Marijuana Enforcement Division agent presenting this request | Date |
|---------------------------------------------------------------------------|------|

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).

Investigation Authorization/Authorization to Release Information

I, _____, as an authorized agent for the applicant business, 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 _____, <small>(City)</small> _____, by _____ <small>(State)</small> <small>(Applicant's Printed Name)</small> | | | Notary Seal |
| Signature of Notary Public | | | |
| Printed Name of Notary Public | | | |
| My Commission Expires | | | |

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Applicant's Request to Release Information

(All signatures must be notarized)

| | |
|------------------------|----------------------------------|
| TO: (Leave this Blank) | FROM: (Applicant's Printed Name) |
|------------------------|----------------------------------|

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 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.

| | |
|-------------------------------|----------------------|
| <i>Continued on next page</i> | 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 _____, (City) | Notary Seal | |
| _____, (State) | by _____ (Applicant's Printed Name) | |
| 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 _____, (City) | Notary Seal | |
| _____, (State) | by _____ (Spouse's Printed Name) | |
| 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



Marijuana Ownership and Funding Certification

Medical Marijuana Business

Retail Marijuana Establishment

On behalf of the Applicant Business Entity, I certify under the penalty of perjury, that 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, no matter how slight the ownership interest.
- The list of associated persons 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 Business 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 Business Entity, 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 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.

| | | |
|-----------------------|--------------------------------|------------------------|
| Signature | Title or Position | Proposed Ownership % |
| Typed or Printed Name | Applicant Business Entity Name | MED Business License # |
| Signature | Title or Position | Proposed Ownership % |
| Typed or Printed Name | Applicant Business Entity Name | MED Business License # |
| Signature | Title or Position | Proposed Ownership % |
| Typed or Printed Name | Applicant Business Entity Name | MED Business License # |
| Signature | Title or Position | Proposed Ownership % |
| Typed or Printed Name | Applicant Business Entity Name | MED Business License # |

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.

Note: If there are more than four (4) owners, please use a second Marijuana Ownership and Funding Certification page (page 11 of 13).



Marijuana Enforcement Division – Statement of Understanding (initial each line)

I understand I am responsible for knowing and complying with all state laws and regulations governing medical and retail marijuana pursuant to the Colorado Retail Marijuana Code, sections 12-43.4-101 et seq., C.R.S. (“Retail Code”) and the Colorado Medical Marijuana Code, sections 12-43.3-101 et seq., C.R.S. (“Medical Code”), as well as the rules promulgated thereunder pursuant to 1 CCR 212-1 and 1 CCR 212-2. I understand I am being made aware of the following laws and regulations and agree to comply with them, and all other applicable laws and regulations, upon issuance of my license:

I will not acquire, possess, cultivate, manufacture, test, dispense, sell, serve, deliver, transfer, transport any marijuana on the licensed premises prior to being issued a license to do so by the State Licensing Authority and receiving approval to do so by the local jurisdiction where the license is issued. _____ (Rules M 201(E)(3)/R 201(E)(5), M 233/R 233)

I understand that the licensed premises must comply with all security and surveillance requirements set forth in the Medical Marijuana Code and/or the Retail Marijuana Code and the rules or regulations promulgated in accordance with the Codes, before the licensee can possess, cultivate, manufacture, test, dispense, sell, serve, transport or deliver any marijuana on the licensed premises. _____ (Rules M 305, M 306/R 305, R 306)

I understand that all areas of ingress or egress to limited access areas shall be clearly identified as such by a sign as designated by the State Licensing Authority. _____ (Rules M 301/R 301)

I understand that at all times I shall possess and maintain possession of the premises for which the license is issued by ownership, lease, rental, or other arrangement of possession of the premises. _____ (Rules M 302/R 302; subsections 12-43.3-310(8)(b) and 12-43.4-309(7)(b), C.R.S.)

I understand I must use the State’s Inventory Tracking System as my primary inventory tracking system of record, and to follow all the rules and guidelines set forth for the use of this system. _____ (Rules M 309/R 309)

I understand that I am required to keep a complete set of all records necessary to show fully the business transactions of the licensee, all of which shall be open at all times during business hours for inspections and examination by the State Licensing Authority or its duly authorized representatives. _____ (Rules M 901/R 901)

I understand that the water supply shall be sufficient for the operations intended and shall be derived from a source that is a regulated water system. Private water supplies shall be derived from a water source that is capable of providing a safe, potable, and adequate supply of water to meet the License Premises needs. _____ (Rules M 504(B)(10)/R 504(B)(10))

I understand that any medical marijuana and/or retail marijuana and/or infused product must meet the labeling and packaging requirements set forth in the Medical Marijuana Code and/or the Retail Marijuana Code, and all rules or regulations promulgated in accordance with the Codes. _____ (Rules M 1000 Series/R 1000 Series)

I understand that the licensed premises, including any places of storage where medical marijuana and/or retail marijuana and/or infused products are stored, sold, dispensed or tested, shall be subject to inspection by the state or local jurisdictions and their investigators, during all business hours and other times of apparent activity. _____ (Rules M 1202/R 1202)

I understand that I must cooperate with employees and investigators of the Marijuana Enforcement Division who are conducting inspections or investigations relevant to the enforcement of laws and regulations related to the Medical and Retail Codes. _____ (Rules M 1202/R 1202)

I understand that I shall not by any means, interfere with, obstruct or impede the State Licensing Authority, or employee or investigator of the Marijuana Enforcement Division from exercising their duties, pursuant to the provisions of the Medical and Retail Codes and all rules promulgated pursuant to it. _____ (Rules M 1202/R 1202)

I have read all of the above information and understand my responsibilities as a medical marijuana and/or retail marijuana business licensee. I further understand that failure to comply with any law, regulation, or the provisions of this Statement, may result in criminal charges and/or may be grounds for disciplinary action including, but not limited to, the suspension or revocation of my license and a monetary penalty after an administrative hearing.

| | | |
|--------------------------|---------------------------------------------|------|
| Licensee’s Business Name | Business License Number | |
| Owner’s Printed Name | Owner’s Signature (sign in front of notary) | Date |



Marijuana Enforcement Division – Statement of Understanding

Affidavit

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Licensee's Full Printed Name | Badge Number |
| Licensee's Signature | Date |
| 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> | Notary Seal |
| Signature of Notary Public | |
| Printed Name of Notary Public | |
| Notary Public, State of | |
| My Commission Expires | |