



COLORADO
Department of Revenue
Enforcement Division - Marijuana

Colorado Marijuana Responsible Vendor Registration Application

Marijuana Enforcement Division

Colorado Medical Marijuana Enforcement Division

Responsible Vendor Registration 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:

Curriculum Checklist

3 All Requested Information Attached

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

Copy of Training Program

NOTE: The Marijuana Enforcement Division reserves the right to request additional information and documentation throughout the course of the background investigation.

4 Request an Appointment (Colorado Springs office only)

Email the following address to make an appointment: dor_medresponsiblevendorapp@state.co.us

Bring application and all attachments to your appointment.

5 Application Fee

Submit the NON-REFUNDABLE application fee for a one-year license (please see fee schedule on website). Cash (Denver Office only), check, or money order accepted. Make check or money order payable to: Colorado Department of Revenue (DOR)

Colorado Marijuana Licensing Authority

Responsible Vendor Registration Application

Applicant's Legal Business Name (Please Print)			Responsible Vendor Number (Assigned by Division)		
Trade Name (DBA) (Provide Trade Name Registration)			Website Address		
Physical Address					
Street Address of Business			City		State ZIP
Business Phone Number ()		Cell Phone Number ()		Email Address	
Mailing Address (if different from Business Address)					
Address			City		State ZIP
Primary Contact Person for Business			Title		Primary Contact Phone Number ()
Primary Contact Address (city, state ZIP)				Secondary Phone Number ()	
Email Address					
State of Incorporation or Creation of Business Entity					Date
Date of Qualification to Conduct Business in Colorado (Provide Certificate of Authority 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)					
Signature of Owner					Date