



COLORADO
Department of Revenue
Enforcement Division - Marijuana

Marijuana Permitted Economic Interest Registration

Marijuana Enforcement Division

Colorado Marijuana Enforcement Division

Permitted Economic Interest Registration Application Instructions

APPLICATION CHECKLIST

1 Instructions

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 space is insufficient, continue on a separate sheet and precede each answer with the appropriate title.

Fill this form out completely and accurately and include all documentation needed to establish where funding sources originated. The Marijuana Enforcement Division (MED) must identify all funding for marijuana businesses and prove those monies come from legitimate sources. MED staff MAY require additional information in order to complete the processing of this registration application and license the relevant marijuana business.

A separate application with requisite fees is required for each marijuana business license in which you have a financial interest and are seeking to hold a permitted economic interest.

2 Application Completed & Signed (Include a copy of driver's license)

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. Sign and date the application. **Have applicable documents notarized prior to submission to the MED.**

Copy of Agreement(s) with the Marijuana Business you will have interest in

3 Application Fee

All applications and documentation submitted must be single-sided and on 8.5x11 inch paper. Submit the NON-REFUNDABLE application fee (please see fee schedule on website). Checks will only be accepted in the name of the applicant, owner(s) or business entity which has an ownership interest in the licensee.

4 Application Submittal (Must be submitted by a licensed owner of the marijuana business)

Bring in application or mail with all attachments and requisite fees to:

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

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.

Permitted Economic Interest Registration Form

Applicant's Last Name (Please Print)		First Name (Please Print)		Full 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 (If yes attach details) <input type="checkbox"/> No	
Place of Birth: City		State	Country	Drivers License Number and State (provide copy)	
Physical Appearance ⇄	Height	Weight		Hair Color	Eye Color
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien Registration Number	CO Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of CO Residency	*If "No", list state resident of	
Physical Address					
Address		City	County	State	ZIP
Length of time at this Address:		Home Phone Number	Cell Phone Number	Email Address	
Year(s)	Month(s)	()	()		
Mailing Address (if different from Physical Address)					
Address		City	State	ZIP	
Business License Information					
Legal Business Name of Marijuana business in which you will have an ownership interest (Please Print)			Marijuana License Number (List only one)		
Trade Name (DBA)			Website Address		
Physical Address					
Street Address of Marijuana Business in which you will have an ownership interest			City	State	ZIP
Business Phone Number ()			Email Address		
Name of present employer, if different from above			Work Phone Number ()	Occupation or Job Title	
Do you currently possess a Colorado Marijuana license or registration or are you an associated person in any other type of Colorado Marijuana license?					<input type="checkbox"/> Yes <input type="checkbox"/> No
*If "Yes", indicate license type and number here:					
Do you currently own or have an ownership interest in any other marijuana businesses?					<input type="checkbox"/> Yes <input type="checkbox"/> No
*If "Yes", indicate the name of the business, license number and percentage of ownership:					
Have you ever applied before for a Marijuana license or registration in this or any other jurisdiction, domestic or foreign, whether or not the license was ever issued? (Not including a medical marijuana patient card)					<input type="checkbox"/> Yes <input type="checkbox"/> No
*If "Yes", explain here:					
Have you ever been denied a Marijuana license or registration, withdrawn a Marijuana license or registration application or had any disciplinary action taken against any Marijuana license or registration that you have held, either individually or as part of an ownership group, in this or any other jurisdiction?					<input type="checkbox"/> Yes <input type="checkbox"/> No
*If "Yes", explain here:					
Applicant's Signature				Date	

Applicant's Last Name (Please Print)	First Name	Full Middle Name
<p>Notice: This Marijuana Permitted Economic Interest Registration Form is an official document. If you provide false information on your Marijuana application and/or do not disclose all information the application asks, your application is subject to denial, and you may be subject to criminal prosecution. The Marijuana Enforcement Division will conduct a complete background investigation and will check all sources of information. You are advised that it is better to disclose all information than face denial, revocation or criminal prosecution.</p>		
<p>1. Have you discharged a sentence for a conviction of a felony pursuant to any state or federal law regarding the possession, distribution, manufacturing, cultivation, or use of a controlled substance, including probation or parole, within the past 10 years, even if the conviction occurred more than 10 years ago? (Unless charge was prior to age 18 and was adjudicated as a juvenile)</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Have you discharged a sentence, including probation or parole, within the past 5 years upon conviction for any felony, even if the conviction occurred more than 5 years ago? (Unless charge was prior to age 18 and was adjudicated as a juvenile)</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Have you failed to remedy an outstanding delinquency for any judgments, taxes, interest or penalties due to the Department of Revenue, relating to a Medical or Retail Marijuana Business?</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Are you a licensed Physician making marijuana patient recommendations?</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Have you had your authority to act as a primary caregiver revoked by the State Health Agency?</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Are you under 21 years of age at the time of this application?</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Are you the spouse or child living in the household of any person employed by the Colorado Marijuana Enforcement Division?</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Are you a sheriff, deputy sheriff, police officer, prosecuting officer, an officer or employee of the marijuana state licensing authority or a local licensing authority?</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>STOP! If you answered YES to any of the above questions, by Colorado law you cannot obtain or hold a Colorado Marijuana Permitted Economic Interest Registration.</p>		
<p>I have thoroughly read and understand the questions above, and understand that I cannot hold a Colorado Marijuana Permitted Economic Interest Registration if I answered "Yes" to any of the questions above.</p>		
Applicant's Signature		Date

Applicant's Last Name (Please Print)	First Name (Please Print)	Full Middle Name
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Criminal History (DO NOT DISCLOSE CRIMINAL HISTORY WHERE NON-CONVICTION RECORD HAS BEEN SEALED OR EXPUNGED)

1. In the last 10 years have you been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution, manufacturing, cultivation or use of a controlled substance? Yes No

2. In the last 5 years have you been arrested, served with a criminal summons, charged with, or convicted of ANY crime or offense in any manner in this or any other country? Yes No

- You must include ALL arrests, charges, and convictions in the last 5 years (unless charge was prior to age 18 and was adjudicated as a juvenile), regardless of the outcome, even if the charges were dismissed or you were found not guilty.
- You must include ALL arrests, charges, and convictions regardless of the class of crime (felonies, misdemeanors, and/or petty offenses).
- You must include ALL serious traffic offenses, including DUI; DWAI; reckless driving; leaving the scene of an accident (hit and run); driving under denial, suspension or revocation; or any other offense which resulted in your being taken into custody.
- **NOTICE:** Do not rely upon your understanding that an arrest or charge is “not supposed to be on your record.” A criminal record was not cleared, erased, sealed or expunged unless you were given, and have in your possession, a written order from a judge directing that action. If yes, give details on the next page(s). List all cases without exception, including bankruptcies. Include a copy of the written order with this application.

*If you answered YES, explain in detail on a separate sheet and attach it to your application. For each FELONY offense for which you were arrested or charged, **YOU MUST OBTAIN OFFICIAL DOCUMENTATION FROM THE COURT WHERE YOU APPEARED, SHOWING THE FINAL DISPOSITION (OUTCOME) OF YOUR CASE (FELONIES ONLY).** This information will include whether you were found guilty or not guilty; and the penalty (money fine, time in jail or prison, or probation or deferred sentence). If you received a deferred judgment, a deferred sentence, or probation, your documentation must include the date that you were discharged or released from probation or other supervision.

3. Have you ever received a pardon or its equivalent for any criminal offense in this or any other country? Yes No

4. Have you, as an individual, as a member of a partnership or other form of domestic or foreign business entity, or as owner, director, or officer of a corporation, ever been a party to a lawsuit (other than divorces), either as a plaintiff or defendant, complainant or respondent, or in any other fashion, in this or any other country? Yes No

*If you answered YES to any of the preceding questions, explain in detail on a separate sheet and attach it to your application.

Applicant's Initials _____

Applicant's Last Name (Please Print)	First Name	Full Middle Name
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Arrest Disclosure Form

In the last 10 years have you been arrested, served a criminal summons, charged with, or convicted of ANY crime regarding the possession, distribution or use of a controlled substance, you must disclose this information to the Marijuana Enforcement Division. If you have been arrested in the past 10 years, given a summons, or been convicted of any offense, you must disclose this information to the Marijuana Enforcement Division.

Any person applying to be licensed or registered by the Marijuana Enforcement Division, must make notification to the Division of any criminal conviction and/or criminal charge pending against such person. In addition to the above listed felonies, this list includes:

- Being taken into custody for any offense, including traffic offenses
- Being issued a summons or citation for any offense except for minor traffic offenses
- Failing to comply with your sentencing requirements
- Failing to appear for a court proceeding and having a bench warrant issued
- Having your driver's license suspended or revoked
- Being alleged to have driven under the influence or impairment of intoxicating liquor or drugs

Failure to disclose an arrest or citation may result in disciplinary action, up to and including the denial of your license application.

Please List Each Offense Separately

1	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (felonies only).		
2	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (felonies only).		
Signature		Date

Applicant's Last Name (Please Print)	First Name	Full Middle Name
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Arrest Disclosure Form

(Continued)

Please List Each Offense Separately

3	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (felonies only).		
4	Date of Offense	Place of Offense
Arresting Agency		
Original Charge		
Disposition Narrative — Must also provide official documentation (felonies only).		
Signature		Date

Applicant's Last Name (Please Print)	First Name	Full Middle Name
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1. Check any of the following privileged or professional licenses you have held individually or as part of an ownership group in this state or any other domestic or foreign jurisdiction: None

<input type="checkbox"/> Liquor	<input type="checkbox"/> Real Estate Broker/Sales	<input type="checkbox"/> Accountant	<input type="checkbox"/> Gaming
<input type="checkbox"/> Lawyer	<input type="checkbox"/> Physician	<input type="checkbox"/> Insurance	<input type="checkbox"/> Marijuana
<input type="checkbox"/> Racing	<input type="checkbox"/> Lottery	<input type="checkbox"/> Securities Dealer	<input type="checkbox"/> Auto Industry
<input type="checkbox"/> Other:			

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 since the last renewal: (1) denial; (2) surrender; (3) assurance of voluntary compliance; (4) order to show cause; (5) suspension; (6) fine; (7) revocation; (8) stipulation or settlement; (9) other penalties or sanctions. If YES, provide details on a separate sheet, including jurisdiction, type of action, and date of action. Yes No

3. Do you now own, have ever owned, or otherwise derive a benefit from assets held outside the United States, whether held in your own name or another name, on your behalf or for another person or entity, or through other individuals or business entities, or in trust, or in any other fashion or status? Yes No

4. Are you currently a party, or ever been a party, in any capacity, to any trust instrument? Yes No

5. 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 you or a business entity of which you were a principal or against a corporation for which you were an owner, officer or director? Yes No

*If you answered YES to any of the questions above or checked any boxes above, give details on separate sheet, including license number and dates license held for licenses marked on question 1. Include any items currently under formal dispute or legal appeal. Attach any documents to prove your settlement on any of these issues.

Personal Financial

1. Annual Income

Salary (Source):	\$
Salary (Source):	\$
Interest (Source):	\$
Interest (Source):	\$
Dividends (Source):	\$
Dividends (Source):	\$
Other (Source):	\$
Other (Source):	\$
Total	\$

Applicant's Initials _____

Last Name (Please Print)	First Name	Full Middle Name
Financial		
Please submit all executed agreements, including loan paperwork or promissory notes related to the Colorado marijuana business with which you have a financial interest and are seeking to hold a permitted economic interest.		
1. Amount to be invested or loaned in business:		\$
2. Percentage of ownership this amount represents:		%
3. Investment or loan proceeds will be derived from the following sources (be specific):		
4. Does the amount invested/loaned to the marijuana business equate to direct ownership interest in that company, either now or in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, explain:		
5. Has your interest in this marijuana establishment been assigned, pledged or hypothecated to any person, firm, or corporation, or has any agreement been entered into whereby your interest is to be assigned, pledged or sold, either in part or whole? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, explain:		

Applicant's Initials _____

Affirmation & Consent

I, _____, as a permitted economic interest applicant for this licensee, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Marijuana Permitted Economic Interest Form, 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 the denial of a Marijuana application or the revocation of the registration. 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 Permitted Economic Interest Registration, and for 90 days following the expiration or surrender of such Marijuana registration. 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 Applicant clearly below:

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

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.

Investigation Authorization

Authorization to Release Information

I, _____, as a permitted economic interest applicant, 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
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Signature	Date
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State of _____, County of _____ Subscribed and sworn to (or affirmed)	Notary Seal
before me this _____ day of _____, 20____, in _____ (City)	
_____, by _____ (State) (Applicant's Printed Name)	
Signature of Notary Public	
Printed Name of Notary Public	
My Commission Expires	

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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

Applicant's Request to Release Information

(All signatures must be notarized)

TO:	FROM: (Applicant's Printed Name)
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1. I/We hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above named applicant to furnish such information to a duly appointed agent of the Marijuana Enforcement Division whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.
2. I/We hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit a duly appointed agent of the Marijuana Enforcement Division to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. I/We hereby authorize and request the Colorado Department of Revenue to permit a duly appointed agent of the Marijuana Enforcement Division to obtain, receive, review, copy, discuss and use any such tax information or documents relating to or concerning the above named applicant, whether or not such information or documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
4. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I/we hereby authorize and request that a duly appointed agent of the Marijuana Enforcement Division be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me/us, including but not limited to past loan information, notes co-signed by me/ us, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
5. I/We do hereby make, constitute, and appoint any duly appointed agent of the Colorado Marijuana Enforcement Division, my/our true and lawful attorney in fact for me/us in my/our name, place, stead, and on my/our behalf and for my/our use and benefit:
 - (a) To request, review, copy sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I/we might;
 - (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location in this request:
 - (c) To place the name of the agent presenting this request in the appropriate location on this request.
6. I/We 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
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Applicant's Request to Release Information

(All signatures must be notarized)

Legal Last Name (Please Print)	Legal First Name	Legal Middle Name
Signature		
State of _____, County of _____ Subscribed and sworn to (or affirmed)		Notary Seal
before me this _____ day of _____, 20 ____, in _____, <i>(City)</i>		
_____, by _____ <i>(State) (Applicant's Printed Name)</i>		
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)		Notary Seal
before me this _____ day of _____, 20 ____, in _____, <i>(City)</i>		
_____, by _____ <i>(State) (Spouse's Printed Name)</i>		
Signature of Notary Public		
Printed Name of Notary Public		
My Commission Expires		
Confidential Document: This document is the property of the Colorado Marijuana State Licensing Authority and the Colorado Marijuana Enforcement Division, and is provided for Official Use Only. This document may not be further reproduced nor its contents disclosed without the written permission of the Division or State Licensing Authority.		

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Marijuana Enforcement Division—Statement Of Understanding (Permitted Economic Interest Registrants)

(Initial each line below)

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 or registration:

I understand I am required to notify the Lakewood office of the Marijuana Enforcement Division in writing of any felony criminal charge and felony conviction against such person within ten days of my arrest or felony summons, and within ten days of the disposition of any arrest or summons. _____ (Rules M 231/R 231)

I understand if the Marijuana Enforcement Division contacts me regarding any issues associated with this license or registration, I will provide any information the Marijuana Enforcement Division requests within 7 calendar days. _____ (Rules M 201/R 201)

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 I am responsible to notify the Marijuana Enforcement Division office in writing when I have a change in name, residence address, mailing address or phone number, since all correspondence is sent to my last known address. Failure to notify the Marijuana Enforcement Division could result in my not receiving my physical license, legal notices, and other correspondence. _____ (Rules M 250/R 250)

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 understand that a license or registration issued by the Marijuana Enforcement Division to Owners, Associated Keys/ Persons, Occupational Licensees and Permitted Economic Interest Holders constitutes a revocable privilege. The burden of proving an Applicant’s qualifications for licensure rests at all times with the Applicant. _____ (Rules M 230/R 230/M 231.5/R 231.5)

I understand in order to access or input data into the State’s Inventory Tracking System I must possess a valid occupational license and agree to follow all the rules and guidelines set forth for the use of this system. _____ (Rules M 233/R 233)

I have read all of the above information and understand my responsibilities as a medical marijuana and/or retail marijuana licensee or registrant. 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 or registration and a monetary penalty after an administrative hearing.



Marijuana Enforcement Division—Statement Of Understanding (Permitted Economic Interest Registrants)

Affidavit

Applicant's Full Printed Name	License / Registrant Number (if applicable)
Applicant's Signature	Date
State of _____, County of _____ Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____, in _____, (City) _____, by _____ (State) (Applicant's Printed Name)	Notary Seal
Signature of Notary Public	
Printed Name of Notary Public	
Notary Public, State of	
My Commission Expires	

MED Statement of Financial Condition

Instructions: Complete all sections and use N/A if not applicable

This Statement Is For (Check One)			
<input type="checkbox"/> PEI		<input type="checkbox"/> Pre-Suitability	
<input type="checkbox"/> Associated Key			
This Section is to be Completed by All Applicants			
Individual's Last Name (Print legibly)		Individual's First Name (Print legibly)	
		Full Middle Name	
(If additional space is required, submit information on a separate sheet of paper).			
Assets	In Dollars (Omit Cents)	Liabilities	In Dollars (Omit Cents)
Cash in Following Banks (For each account, provide 12 months of bank statements) Bank Name:		Real Estate Mortgages (See Schedule E)	
Bank Name:		Automobile Loans (See Schedule F)	
Bank Name:		Credit Card Payable (See Schedule G)	
Marketable Securities (See Schedule A, Submit Statement)		Other Notes Payable (See Schedule H)	
Non-Marketable Securities (See Schedule B, Submit Statement)		Income Taxes Due	
Notes Receivable (See Schedule C)		Other Unpaid Taxes	
Accounts Receivable (See Schedule D)		Other Debts (Itemize)	
Real Estate (See Schedule E, Submit Proof of Ownership)			
Motor Vehicles (See Schedule F, submit title or registration as verification)			
Other Assets (Itemize. Do NOT include furniture, appliances, jewelry or collectibles – guns, coins, etc.)			
		Total Liabilities	
Total Assets		Total Assets–Total Liabilities = Total Net Worth	
Do you have any of the following?			
1. Contingent liabilities as endorser, comaker or guarantor on any leases or contracts? <input type="checkbox"/> Yes* <input type="checkbox"/> No		3. Contested income or other tax liens? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
2. Contingent liabilities in pending legal actions? <input type="checkbox"/> Yes* <input type="checkbox"/> No		4. Outstanding judgments or non-tax liens? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
		5. Other special debts or circumstances? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
*If yes to any of the above, please indicate the amount of the liability and explain on a separate sheet of paper.			
Do you have a line of credit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, indicate amount _____ and attach a verification letter from the lending institution.			
The undersigned acknowledges and understands that the Marijuana Enforcement Division is relying on the information provided herein in deciding whether to grant or deny a license. The undersigned certifies that the information provided herein is true, correct and complete. The undersigned authorizes the Division and its agents to make all inquires deemed necessary, including credit bureau inquiries, to verify the accuracy of this information and determine the financial fitness of the applicant.			
Signature		Title	Date

Schedule A – U.S. Government & Marketable Securities (Submit Verification)

Number of Shares or Face Value of Bonds	Description	In Name of	Registered, Pledged or Held by Others?	Market Value

Schedule B – Nonmarketable Securities (Submit Verification)

Number of Shares	Description	In Name of	Market Value**

Schedule C – Notes Receivable

Name and Address (Street and City) From Whom Due	Explanation	Dated	Maturity	Amount

Schedule D – Accounts Receivable

Name and Address (Street and City) From Whom Due	Explanation	When Sold	When Due	Amount

Schedule E – Real Estate (Submit Proof of Ownership for Each Property Listed)

Complete Address & County	Title in Name of	Cost	Date Acquired	Amount Owed	Monthly Payments	Monthly Income	Market Value
Totals							

Schedule F – Motor Vehicles (Submit Copy of Title or Registration for Every Vehicle Listed)

Description	Year Mfg'd.	Year Purch.	Purchase Price	Amount Owed	Monthly Payment Amount	Current Wholesale Value
Totals						

Schedule G – Credit Card Payable

Company	Current Balance

Schedule H – Bank and Other Institutional Relationships

Name and Address of Creditor	Original Loan/Line Amount	Date of Loan	Maturity Date	Secured?***	Monthly Payments	Amount Owed

***If yes, list collateral in an attachment.

Tax Check Authorization and Request To Release Information

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

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

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

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

Continued on next page

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

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

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

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

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

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

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

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

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



Verification of Fingerprints

**This form is to be completed by representative taking the applicant's fingerprints.
 Please print or type all information other than signature.**

Reason for Fingerprinting:

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

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

Applicant's Identity Verified By:

- Driver's License
 State ID Card
 Passport

Document #	
Signature of Representative Taking Fingerprints	Date

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.

Affirmation of Passive Investment

I, _____, am applying for consideration to become a passive investor in a Colorado licensed marijuana business:

- Permitted Economic Interest registrant pursuant to Medical and Retail Rule 202.1(H)(2)(c) **OR**
- Commercially Reasonable Royalty Interest Holder pursuant to Medical and Retail Rule 202.1 (I)(2)(c) **OR**
- Qualified Limited Passive Investment Holder pursuant to Medical and Retail Rule 231(H)(4)

I AFFIRM that I am making only a Passive Investment into said Business. I do not and will not hold an active ownership in the Business at this time and at the conclusion of this Registration/Application, if approved by the Marijuana Enforcement Division, in accordance with the terms and conditions of this Registration/Application and the Medical and Retail Rules. I also confirm that I have NOT provided any of the funds anticipated by this investment to the Marijuana Business at this time and will NOT provide any of the funds anticipated by this investment until this Registration/ Application has been approved by the Marijuana Enforcement Division pursuant to the Medical and Retail Rules.

Print Full Legal Name of Registrant/Applicant Below:

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

Authorized Business Owner Affirmation:

Legal Business Name	Business License Number(s)	
By signing below, the Business owner affirms that this will be a passive investment once approved by the Marijuana Enforcement Division and that NO FUNDS have been exchanged under this investment in accordance with Medical and Retail Rules, especially Rule 202.1(E).		
Legal Last Name (Please Print)	Legal First Name	Full Middle Name
Signature		Date