

Owner/Associated Key Renewal Application Form

Please Verify & Update All Information Below									
Last Name		First Name		Middle Name		License Number		Expiration Date	
Social Security Number		Date of Birth		Home Phone Number ()		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Race	
Street Address			County	City	State	ZIP	Email Address		
Mailing Address					City		State	ZIP	
Name of Business					Cell Phone Number ()		Job Title		
<p>1. Since you last renewed, have you been arrested, served with a criminal summons, charged with, or convicted of ANY crime or offense in any manner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">a. You must include ALL arrests, charges, and convictions regardless of the outcome, even if the charges were dismissed or you were found not guilty.</p> <p style="margin-left: 20px;">b. You must include ALL arrests, charges, and convictions regardless of the class of crime (felonies, misdemeanors, and/or petty offenses).</p> <p style="margin-left: 20px;">c. You must include ALL serious traffic offenses, including DUI; DWAI; reckless driving; leaving an accident scene (hit and run); driving under denial, suspension or revocation; or any other offense resulting in custody.</p> <p>*If you answered YES, explain in detail on a separate sheet and attach to your application. For each 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.</p>									
<p>2. Since you last renewed, have you (A) been delinquent in the filing of (1) any tax return with any taxing agency anywhere; (2) payment of any taxes, interest, or penalties due any taxing agency anywhere; (3) payment of any judgments due to any government agency anywhere; or (B) been denied a marijuana license, withdrawn a marijuana license or had any disciplinary action taken against a marijuana license in this or any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*If you answered YES, explain in detail on a separate sheet and attach it to your application.</p>									
Affirmation & Consent									
<p>I state under penalty of perjury the above statements and information are true and correct to the best of my knowledge and belief, and 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 of Colorado. Further, I am aware later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of my renewal application or the revocation of my license. I am voluntarily submitting this application to the Colorado Marijuana Enforcement Division under oath with full knowledge I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law. I further consent to any background investigation necessary to determine my present and continuing suitability and this consent continues as long as I hold a Colorado Marijuana License, and for 90 days following the expiration or surrender of such license.</p> <p>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.</p>									
Signature of Applicant								Date	
Printed Name of Applicant									

Authorization For Disclosure

For Colorado Department Of Revenue *(All signatures must be notarized)*

Printed Full Legal Name (Last, First, Middle)	Social Security Number
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Printed full legal name and social security number of person(s) with whom you have filed a joint state tax return within past 5 years	
1	Printed Full Legal Name (Last, First, Middle)
2	Printed Full Legal Name (Last, First, Middle)
3	Printed Full Legal Name (Last, First, Middle)

I/We do hereby appoint a duly authorized agent of the Colorado Marijuana Enforcement Division as my/our lawful attorney in fact to request, review, receive, copy and use for licensing or regulatory purposes confidential tax information and records from the Colorado Department of Revenue relating to me/us. This power of attorney ends twenty-four (24) months from the date of execution.

Signature of Applicant

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

If You Filed Jointly, The Joint Account Holder Must Sign Below

Signature of Joint Account Holder	
State of _____, County of _____ Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____, in _____, (City) _____, by _____ (State) (Printed Name)	Notary Seal
Signature of Notary Public	
Printed Name of Notary Public	
My Commission Expires	

Investigation Authorization

Authorization to Release Information *(All signatures must be notarized)*

I, _____, hereby authorize the Colorado Marijuana Licensing Authority, the Marijuana Enforcement Division, (hereafter, the Investigatory Agencies) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard. I understand that by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located. I understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue to surrender to the Investigatory Agencies a complete and accurate record of any and all tax information or records relating to me. I authorize the Investigatory Agencies to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws. I understand that by signing this authorization, a criminal history check will be performed. I authorize the Investigatory Agencies to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand that the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

Print your Full Legal Name clearly below:

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

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

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 no 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 Medical or Retail 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.

Initials

(Continued on page 5)

Applicant's Last Name (Please Print)	First Name	Middle Name
Signature		
State of _____, County of _____ Subscribed and sworn to (or affirmed)		Notary Seal
before me this _____ day of _____, 20 ____, in _____, (City)		
_____, by _____ (State) (Printed Name)		
Signature of Notary Public		
Printed Name of Notary Public		
My Commission Expires		
Spouse's Last Name (Please Print)	Spouse's First Name	Middle Name
Spouse's Signature		
State of _____, County of _____ Subscribed and sworn to (or affirmed)		Notary Seal
before me this _____ day of _____, 20 ____, in _____, (City)		
_____, by _____ (State) (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 page 4)

PROHIBITED SALES OF MEDICAL MARIJUANA TO PERSONS UNDER THE AGE OF TWENTY-ONE (21) YEARS – CERTIFICATION OF UNDERSTANDING AGREEMENT:

I certify under the penalty of perjury that on the date signed I understand and agree to the following:

Applicant is requesting the Marijuana Enforcement Division to license both a Medical Marijuana Center and Retail Marijuana Store at the same address and these businesses are not physically separated with separate entrances.

The Marijuana Enforcement Division will allow this combined use of space, pursuant to 12-43.4-104 (1) (a) (V) only if the Local Licensing Authority also approves such combined use. By signing this agreement you understand that there will be NO sales of Medical Marijuana to a person under the age of Twenty-One (21) Years allowed.

Violation of this Agreement may result in administrative and or criminal charges.

_____ Signature	_____ Title or Position	_____ Date
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_____ Typed or Printed Name	_____ Business Name	_____ License #
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_____ Signature	_____ Title or Position	_____ Date
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_____ Typed or Printed Name	_____ Business Name	_____ License #
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_____ Signature	_____ Title or Position	_____ Date
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_____ Typed or Printed Name	_____ Business Name	_____ License #
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_____ Signature	_____ Title or Position	_____ Date
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_____ Typed or Printed Name	_____ Business Name	_____ License #
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_____ Witnessed By	_____ Title	_____ Date
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