



**COLORADO**  
Department of Revenue  
Enforcement Division – Marijuana

## **Marijuana Off-Premises Storage Application**

**Marijuana Enforcement Division**

# Colorado Marijuana Enforcement Division 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.

**2 All Forms Signed & Attached**

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

- Affirmation & Consent
- Investigation Authorization/Authorization to Release Information
- Applicant's Request to Release Information
- Statement of Understanding
- 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:

- All applicable information requested
- Documentation showing legal possession of the premise to be licensed
- Diagram of premise to be licensed (described on page 1) including security drawing
- Copies of notes, security instruments, etc.
- Explanation detailing the funding sources used to finance the applicant business
- Copy of State License to be associated with off-premises storage
- Copy of Local Authority License (Medical) or Acknowledgment (Retail)

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

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

- 4 Application and License Fees** See fee table on website: [www.colorado.gov/revenue/med](http://www.colorado.gov/revenue/med) Application fees remitted to the State Licensing Authority and/or the Department of Revenue, are non-refundable. Only license fees may be refunded. Make check or money order payable to: Colorado Department of Revenue (DOR). Checks will only be accepted in the name of the applicant, owner(s) or business entity which has an ownership interest in the applicant or licensee.

**5 Application Submittal**

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

## Off-Premises Storage Application

License Type (Check all that apply): <input type="checkbox"/> Retail <input type="checkbox"/> Medical <input type="checkbox"/> Transporter					
Applicant's Legal Business Name (Please Print)			Marijuana License Number (Assigned by Division)		
Trade Name (DBA)			Website Address		
License # with which Storage facility will be associated					
Federal Taxpayer ID		Colorado Sales Tax License #		Entity ID Number shown on Secretary of State Registration	
<b>Physical Address</b>					
Street Address of Off-Site Location			County	City	State ZIP
Business Phone Number ( )			Email Address		
<b>Mailing Address (if different from Business Address)</b>					
Address		City		State	ZIP
Primary Contact Person for Business		Title		Primary Contact Phone Number ( )	
Primary Contact Address (city, state ZIP)				Email Address	
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	
Attach a diagram of the premises to be licensed and outline or designate the area (including dimensions) which shows the limited access areas, walls, partitions, entrances, exits and what each room shall be utilized for in this storage facility. This diagram should be no larger than 8 1/2" X 11". Please also include the security plan. (It does not have to be to scale)					
<b>Local Licensing Authority (To be filled out by Applicant)</b>					
Local Licensing Authority/Department			Address		
Local Licensing Authority contact name			Contact Phone	Contact Email	
1. Has the Applicant filed for an off-premises storage facility with the local licensing authority?					Yes No <input type="checkbox"/> <input type="checkbox"/>
2. Has the Applicant been granted approval by the local licensing authority? (Include evidence of approval (Medical) or acknowledgment (Retail))					Yes No <input type="checkbox"/> <input type="checkbox"/>

Applicant's Legal Business Name	
3. Is the licensee (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 <input type="checkbox"/> No <input type="checkbox"/>
4. 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):	Yes <input type="checkbox"/> No <input type="checkbox"/>
(a) been denied a privileged license (ie: Liquor, Gaming, Racing, Auto Industry and Marijuana)?	<input type="checkbox"/> <input type="checkbox"/>
(b) had a privileged license (ie: Liquor, Gaming, Racing, Auto Industry and Marijuana) suspended or revoked?	<input type="checkbox"/> <input type="checkbox"/>
(c) had interest in another entity that had a privileged (ie: Liquor, Gaming, Racing, Auto Industry and Marijuana) license denied, suspended or revoked?	<input type="checkbox"/> <input type="checkbox"/>

**Ownership Structure**

List all persons and/or entities with any ownership interest, and all officers and directors, whether they have ownership interest or not. If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest.

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

Applicant's Legal Business Name	
<b>Financial History</b>	
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.	Yes No <input type="checkbox"/> <input type="checkbox"/>
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.	Yes No <input type="checkbox"/> <input type="checkbox"/>
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.	Yes No <input type="checkbox"/> <input type="checkbox"/>
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.	Yes No <input type="checkbox"/> <input type="checkbox"/>
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, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Marijuana Off-Premises Storage 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 the denial or revocation of the license. I am voluntarily submitting this application to the Colorado Marijuana Licensing Authority under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to 18-5-114 C.R.S. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Colorado 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 clearly below:**

Applicant's Legal Business Name		Trade Name (DBA)	
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
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 an owner of 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 business, 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 clearly below:**

Applicant's Legal Business Name		Trade Name (DBA)	
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Signature			Date

State of _____, County of _____ Subscribed and sworn to (or affirmed)  before me this _____ day of _____, 20____, in _____, <div style="text-align: right; margin-right: 100px;"><i>(City)</i></div> _____, by _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"><span><i>(State)</i></span><span><i>(Applicant's Printed Name)</i></span></div>	<b>Notary Seal</b>
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:	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 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.

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<i>Continued on next page</i>	Applicant's Initials
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## Applicant's Request to Release Information

*(All signatures must be notarized)*

Last Name (Please Print)	First Name	Full Middle Name
Signature		
State of _____, County of _____ Subscribed and sworn to (or affirmed)		Notary Seal
before me this _____ day of _____, 20 ____, in _____, <span style="display: block; text-align: right; font-size: small;"><i>(City)</i></span>		
_____, by _____ <span style="display: block; text-align: right; font-size: small;"><i>(State)</i></span> <span style="display: block; text-align: right; font-size: small;"><i>(Applicant's Printed Name)</i></span>		
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 _____, <span style="display: block; text-align: right; font-size: small;"><i>(City)</i></span>		
_____, by _____ <span style="display: block; text-align: right; font-size: small;"><i>(State)</i></span> <span style="display: block; text-align: right; font-size: small;"><i>(Spouse's Printed Name)</i></span>		
Signature of Notary Public		
Printed Name of Notary Public		
My Commission Expires		
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*Continued from previous page*



## Marijuana Enforcement Division–Statement Of Understanding *(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:

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 202/R 202, 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 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 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 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 shall retain all books and records necessary to show fully the business transactions of the business for a period of the current tax year and the three preceding tax years. \_\_\_\_\_ (Rules M 901/R 901)

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 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 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 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 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 _____, <span style="margin-left: 400px;"><i>(City)</i></span>  _____, by _____ <span style="margin-left: 40px;"><i>(State)</i></span> <span style="margin-left: 150px;"><i>(Applicant's Printed Name)</i></span>	Notary Seal
Signature of Notary Public	
Printed Name of Notary Public	
Notary Public, State of	
My Commission Expires	