



Retail and Medical Marijuana Establishment Business License Application and Checklist

Application Checklist

<input type="checkbox"/> Application Form 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 by stating the question. A separate application is required for EACH license type.
<input type="checkbox"/> All Forms Signed & Attached The following accompanying forms must be signed by each owner of the Applicant as required by the Town's Retail Marijuana Establishments ordinance and be provided with the Application as a condition of acceptance: <ul style="list-style-type: none"> <input type="checkbox"/> Affirmation & Consent <input type="checkbox"/> Investigation Authorization/Authorization to Release
<input type="checkbox"/> Copy of Conditional State License or Proof of State License Application Attached Proof of state license application shall be submitted when a conditional state license has not been issued. Proof of a state license consists of a copy of the complete State Retail Marijuana License Application and supporting documents, and all Associated Key Marijuana License Applications and supporting documents submitted in connection with the Retail Marijuana License Application. These items may be submitted as a supplement to the other application materials.
<input type="checkbox"/> All Requested Information Attached (Other forms may be made available and may be required at time of application) The following supporting information requested in the Town of Parachute's Retail Marijuana Establishments ordinance and in this application (as applicable) must be attached: <ul style="list-style-type: none"> <input type="checkbox"/> Proof of ownership, lease, rental agreement, or other arrangement for legal possession of the proposed licensed premises described in this application form. <input type="checkbox"/> Operating plan described in the Town's Retail Marijuana Establishments ordinance of the proposed licensed premises. <input type="checkbox"/> Floor plan described in the Town's Retail Marijuana Establishments ordinance of the proposed licensed premises. <input type="checkbox"/> Sign, security and lighting plans indicating how the proposed licensed premises will comply with the requirements of the Colorado Retail Marijuana Code and the Town's Retail Marijuana Establishments ordinance. <input type="checkbox"/> An area map of the proposed licensed premises as described in the Town's Retail Marijuana Establishments ordinance. The area map must clearly show the proximity of the proposed licensed premises to any public or private school located 500 feet or less from the proposed licensed premises, and to any other licensed premises located 150 feet or less from the proposed licensed premises as measured pursuant to the Town's Retail Marijuana Establishments ordinance. <input type="checkbox"/> Proof that the proposed licenses premises will be located in a location that is compliant with the Town's zoning and land use laws, or that the necessary land use application(s) has been made. <p>Note: The Town of Parachute reserves the right to request additional information and documentation throughout the course of the background investigation.</p>
<input type="checkbox"/> Application Fees Application fees as required by the Town's Retail Marijuana Establishments ordinance. Application fees are non-refundable and must be paid via a certified check or money order.

Retail and Medical Marijuana Establishment Business License Application

New License Application Annual License Renewal

License Sought - Attach a copy of the conditional State License or proof of application for a State License.			
A separate license application must be filed for each type of desired license or proposed licensed premises.			
Retail Marijuana Store <input type="checkbox"/>	Retail Marijuana Testing Facility <input type="checkbox"/>		
	Medical Marijuana Testing Facility <input type="checkbox"/>		
Retail Marijuana Cultivation Facility <input type="checkbox"/>	Retail Marijuana Products Manufacturing Facility <input type="checkbox"/>		
Medical Marijuana Cultivation Facility <input type="checkbox"/>	Medical Marijuana Products Manufacturing Facility <input type="checkbox"/>		
NOTE: A Cultivation Facility license requires a public hearing before the Planning and Zoning Commission for Special Review Use approval.			
Applicant's Legal Business Name (Please Print)			
Trade Name (DBA) (Provide Trade Name Registration)		Website Address	
Location and Contact Information – Proposed Licensed Premises			
Street Address and Assessor Parcel No. of Proposed Premises		City	State ZIP
Business Phone Number	Business Fax Number	Email Address	
Does the applicant have legal possession of the proposed licensed premises by virtue of ownership, lease or other arrangement?			
Yes <input type="checkbox"/> No <input type="checkbox"/> Legal Basis for possession: Ownership <input type="checkbox"/> Lease <input type="checkbox"/>			
Other <input type="checkbox"/> Explanation: _____			

Submit all documentation (e.g. deed, title commitment/report, title, sale or lease agreements etc.) showing legal right to possession. If premises are leased, attach written consent by the property owner to licensing of the premises for a retail marijuana establishment.			
Is the proposed licensed premises in compliance with applicable zoning and land use laws? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If not, has the applicant submitted the necessary land use application? Yes <input type="checkbox"/> No <input type="checkbox"/> Attach any submitted application.			
Applicants' Contact and Related Information			
Address		City	State Zip
Primary Contact Person for Business		Title	Primary Contact Phone Number
Primary Contact Address (city, state, Zip)			Primary Contact Fax Number
Federal Taxpayer ID	Colorado Sales Tax License #	Email Address	
Business Entity Details			
Sole Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Limited Liability Company <input type="checkbox"/>	C Corporation (Closely Held) <input type="checkbox"/>
Trust <input type="checkbox"/>	Limited Partnership <input type="checkbox"/>	S Corporation <input type="checkbox"/>	C Corporation (Publicly Traded) <input type="checkbox"/>
Other <input type="checkbox"/> Explanation: _____			
State of Incorporation or Creation of Business Entity			Date of Incorp./Creation
Date Qualified to Conduct Business in Colorado (Provide Certificate of Good Standing from the Colorado Secretary of State's Office)			
If a Corporation, Limited Liability Company, or Limited Partnership, List all States Where the Corporation is Authorized to Conduct Business			
List all Trade Names used by the Business Entity In Addition to Formal Name			

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) or manager ever (in Colorado or any other state);

- Been denied a privileged license (i.e.; Liquor, Gaming, Racing and Marijuana)? Yes No
- Had a privileged license (i.e.; Liquor, Gaming, Racing and Marijuana) suspended or revoked? Yes No
- Had interest in another entity that had a privileged (i.e.; Liquor, Gaming, Racing and Marijuana) license denied, suspended or revoked? Yes No

If you answered yes to any of the above questions, explain the denial, suspension, or revocation in detail on a separate sheet.

Ownership Structure

List all persons and/or entities with any ownership interest in the applicant/proposed licensee, and all officers and directors, regardless of whether they have an ownership interest in the applicant/proposed licensee. If an entity (corporation, partnership, LLC, etc.) has an ownership interest in the applicant/proposed licensee, list all persons having an ownership interest in such entity, their percentage of ownership of the entity, and their effective ownership of applicant/proposed licensee if ownership in applicant is through ownership of a parent or holding entity (an Ownership Entity). Submit additional sheets if necessary.

Name		Title		SSN/FEIN		Date of Birth	
Address		City		State	ZIP	Phone Number	
Ownership Entity (if applicable)			% Ownership of Ownership Entity			Effective	Own. % in Applicant
Name		Title		SSN/FEIN		Date of Birth	
Address		City		State	ZIP	Phone Number	
Ownership Entity (if applicable)			% Ownership of Ownership Entity			Effective	Own. % in Applicant
Name		Title		SSN/FEIN		Date of Birth	
Address		City		State	ZIP	Phone Number	
Ownership Entity (if applicable)			% Ownership of Ownership Entity			Effective	Own. % in Applicant
Name		Title		SSN/FEIN		Date of Birth	
Address		City		State	ZIP	Phone Number	
Ownership Entity (if applicable)			% Ownership of Ownership Entity			Effective	Own. % in Applicant
Name		Title		SSN/FEIN		Date of Birth	
Address		City		State	ZIP	Phone Number	
Ownership Entity (if applicable)			% Ownership of Ownership Entity			Effective	Own. % in Applicant
Name		Title		SSN/FEIN		Date of Birth	
Address		City		State	ZIP	Phone Number	
Ownership Entity (if applicable)			% Ownership of Ownership Entity			Effective	Own. % in Applicant

Who, besides the owners of the applicant/proposed licensee listed above (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money or profits from this business. Submit a separate sheet if necessary.

Name	Date of Birth	FEIN OR SSN	Interest

Has the applicant or an ownership entity listed above (if applicable) ever applied for a marijuana license (retail or medical) in this or any other jurisdiction, foreign or domestic, whether or not the license was ever issued? If YES, provide details on a separate sheet, including jurisdiction, type of license, license number, and dates license held or applied for.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Has the applicant or an ownership entity listed above ever been denied a marijuana license (retail or medical), withdrawn a marijuana license or had any disciplinary action taken against any marijuana license that they have held in this or any other jurisdiction, Colorado or otherwise? If YES, provide details on a separate sheet, including jurisdiction, type of action, and date of action.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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In the last ten years, has the applicant or any partner, member, officer, director, or stockholder of the applicant ever been arrested, charged, or convicted of a crime or offense in a federal, state or other court? If YES, please provide details on a separate sheet, including jurisdiction, the crime or offense arrested for and whether charged with or convicted, and date of action.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Maintenance of Books and Records

Name of 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

Managers

Name of Manager of proposed licensed premises. Submit a separate sheet if necessary.	Date of Birth	SSN

Owner's Affirmation & Consent

I, _____, as an owner of and authorized agent for the applicant, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire foregoing Retail Marijuana Establishment Business License Application, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for Local Licensing Authority to refuse to issuance of a the desired retail marijuana establishment license. 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 Local Licensing Authority of the Town of Parachute, Colorado 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 applicant holds a retail marijuana establishment license, and for 90 days following the expiration or surrender of such marijuana license.

Print Full Owner/Legal Agent Name:			
Applicant's Name		Trade Name (DBA)	
Owner/Legal Agent Last Name (Please Print)	Owner/Legal Agent First Name	Owner/Legal Middle Name	Agent
Legal Agent Title	Signature (Must be signed in front of one witness)		
Date (MM/DD/YY)	City	State	
State Issued ID#	Social Security Number	DOB	
Witness 1 Signature			

Owner's Authorization to Investigate and Release Information

I, _____, as an owner of and authorized agent for the applicant, hereby authorize the Town of Parachute, Colorado and any Application review authorities selected by it (hereafter, the Investigatory Agencies) to conduct a complete investigation into this Application, 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 Town of Parachute, Colorado and 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 financial records in whatever form and wherever located. I understand that by signing this authorization, a financial record check of the applicant/proposed licensee's tax filing and tax obligation status may be performed. I authorize the Town of Parachute, Colorado to surrender to the Investigatory Agencies a complete and accurate record of any and all tax information or records relating to applicant. I authorize the Investigatory Agencies to obtain, receive, review, copy, discuss and use any such tax information or documents relating to applicant. 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.

The Town of Parachute, Colorado and 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 Investigatory Agencies, their agents or employees 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 Town of Parachute, Colorado, Investigatory Agencies, and any of those entities' agents or employees 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 this Application, any financial or personnel record, or otherwise found, obtained, or maintained by the Town of Parachute, Colorado or 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 Owner/Legal Agent Name:

Applicant's Name		Trade Name (DBA)	
Owner/Legal Agent Last Name (Please Print)	Owner/Legal Agent First Name	Owner/Legal Agent Middle Name	
Signature			Date
Applicant's Business Name		Trade Name (DBA)	
Legal Agent Title	Signature (Must be signed in front of one witness)		
Date (MM/DD/YY)	City	State	
State Issued ID#	Social Security Number	DOB	
Witness 1 Signature			