



**TOWN OF DE BEQUE
APPLICATION FOR RENEWAL OF RETAIL
MARIJUANA ESTABLISHMENT LICENSE**

Important - Please Read the Following Information Carefully

It is the applicant's responsibility to obtain, read and understand all of the relevant sections of the DeBeque Municipal Code applicable to this procedure. Please keep in mind that more than one section of the code

may apply to your application. These regulations are available through the Town of DeBeque municipal offices or on-line <http://debeque.org/> . If you do not understand portions of the Code concerning your application, please ask questions. Failure to complete the application, submit **all** of the required materials or answer questions completely and accurately may result in a delay and processing or a rejection of the application as incomplete. All fees including Use Tax must be paid in full at the time of application. Public meetings or public hearings will **not** be scheduled for an application until it is deemed complete by the Town. Each applicant should take the time necessary to submit a complete and comprehensive application. Mark N/A on items not relevant to your project. Town staff is available to direct the applicant to appropriate sources of information.

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FOR TOWN USE ONLY

License No. _____ Business Group _____ Classification _____

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Please print or type - attach any additional sheets if necessary. Fill in all blanks, if the question does not pertain to your business, please write N/A (not applicable). **Applications will not be processed with incomplete information.**

1. Complete name under which the business will be conducted:

2. Business phone number: _____ Fax: _____

3. Emergency name and phone number (for afterhours use by Police Department):

Name: _____ Phone: _____

4. Physical business location (street address where business is conducted):

5. Mailing Address: _____

6. Was the business previously licensed by the Town of De Beque? () Yes () No

Under what name: _____

Location: _____ Owned by: _____

7. Nature of business (types of sales or services): _____

8. Legal name and address of the taxpayer. If this is not the same as the owner of the business, attach a Complete detailed explanation.

Name: _____ Phone Number: _____

Mailing Address: _____

9. Name of manager: _____ Phone number: _____

10. Type of taxpayer entity:

- Individual
 Partnership
 Limited Partnership
 Corporation
 Non-Profit Corporation
 Unincorporated Organization
 Other

Full legal name of partnership or corporation: _____

Federal tax identification number: _____

11. For individually owned businesses indicate the name and address of any owner not included in #8:

Name	Address

12. For partnerships or limited partnerships, lists the name and address of each general partner:

Name	Address

13. For corporations and non-profit corporations, list the name and address of each officer of the corporation and for corporations other than publicly held corporations indicate the name and address of each shareholder with more than a 20% interest in the corporation other than the officers already listed:

Name	Address

Name	Address

14. If the taxpayer is doing business under other business names, indicate the name and address of each business:

Name	Address

Name	Address

15. Date taxpayer acquired the business: _____

Entity/person from which business was acquired: _____

16. Do you need the Town to provide remittance forms? Yes No

THIS APPLICATION MUST BE SIGNED BY OWNER, OFFICER OR PARTNERS OF TAXPAYER AS APPROPRIATE.

By: _____ Title: _____

Print: _____ Date: _____

Return to Town of De Beque
 P.O. Box 60 381 Minter Ave.
 License
 De Beque, Colorado 81630
 (970) 283-5475

Fee Amounts: \$ 3000 New Marijuana Tax License
 \$ 500 Renewal Marijuana Tax License

