



## Retail / Medical Marijuana Business License Application

### Checklist

<input type="checkbox"/> Fully completed Application
<input type="checkbox"/> A copy of the conditional state license or proof of application for a state license.
<input type="checkbox"/> Proof of ownership, lease, rental agreement, or other arrangement for legal possession of the proposed licensed premises.
<input type="checkbox"/> An operating plan for the proposed licensed premises which includes a description of the products and services to be provided by the proposed licensed premises, including whether the establishment proposes to engage in the production of retail sale of food or other products containing medical or retail marijuana, and whether any medical or retail marijuana products or services will be provided at a location different than the premises on the license application.
<input type="checkbox"/> A floor plan showing the configuration of the proposed licensed premises, including a statement of total floor space occupied by the business, which designates the use of each room or other area of the proposed licensed premises and where patrons are not permitted.
<ul style="list-style-type: none"> <li><input type="checkbox"/> The floor plan need not be professionally prepared, but must be drawn to a designated scale or drawn with marked dimensions of the interior of the proposed licensed premises to an accuracy of plus or minus six inches</li> <li><input type="checkbox"/> The floor plan shall designate the place at which the license will be conspicuously posted as required by this chapter.</li> </ul>
<input type="checkbox"/> Sign, security and lighting plans indicating how the applicant will comply with the requirements of the Colorado Medical Marijuana Code or Colorado Retail Marijuana Code, as applicable, and this chapter.
<input type="checkbox"/> An area map, drawn to scale, indicating the boundaries of the property upon which the proposed licensed premises is or will be located, the proximity, measured per the standards set forth below, of the proposed licensed premises to any public or private school located five hundred feet (500') or less from the proposed licensed premises, and the proximity to any other licensed premises located one hundred fifty feet (150') or less from the proposed licensed premises.
<input type="checkbox"/> Proof that the proposed medical marijuana establishment or retail marijuana establishment will be located in a location that is compliant with the zoning and land use laws, or that the necessary land use application(s) has been made.
<input type="checkbox"/> Payment of all required fees as set forth in the Appendix A of this code, together with an agreement to reimburse consultant fees on a form provided by the Town, which are non-refundable.
<input type="checkbox"/> A statement of whether or not any person holding any ownership interest in the proposed medical marijuana establishment or retail marijuana establishment has:
<ul style="list-style-type: none"> <li><input type="checkbox"/> Ever been denied an application for a medical marijuana establishment or retail marijuana establishment license by the state or any other local jurisdiction in the state, or has ever had such a license suspended or revoked; and</li> <li><input type="checkbox"/> Ever been convicted of a felony or has ever completed any portion of a sentence due to a felony charge.</li> </ul>
<input type="checkbox"/> The contents of the application shall be verified, under oath, by each person or entity holding an ownership interest in the proposed medical marijuana establishment or retail marijuana establishment.
<input type="checkbox"/> Applications for renewal of a license, transfers of ownership, changes in trade name, and other application types set forth in the fee schedule where no material change in the characteristics of the licensed premises has occurred shall not require the items enumerated in subsections (D) through (H) of this section. (Ord. 683 §3, 2015; Amended Ord. 693 §3, 2016; Amended Ord. 715 §2 (Exh. A), 2017)



## Marijuana Hospitality Business License Application

<input type="checkbox"/> New <input type="checkbox"/> Renewal			
<b>License Types</b> <input type="checkbox"/> Hospitality Business <input type="checkbox"/> Hospitality Business and Sales <input type="checkbox"/> Mobile Hospitality Business			
Applicant's Legal Business Name (Please Print)			
Registered Trade Name (DBA)			
Federal Taxpayer ID	Affiliated Colorado Sales Tax License #	Name of Registered Agent	
<b>Physical Address</b>			
Street Address of Hospitality Business			Business Phone Number
City	County	State/Prov.	ZIP
Email Address			
<b>Mailing Address (if different from Physical Address)</b>			
Address	City	State	ZIP
<b>Name of RMB Sales business (if applicable)</b>			
Legal Business Name			
Registered Trade Name			
Physical Address			
City	County	State	ZIP
License Number			
<b>Main Business Contact Person Information</b>			
Primary Contact Person for Business			Primary Contact Phone Number
Primary Contact Email			
Physical Address of Contact Person			
City		State	ZIP
Jurisdiction of Incorporation or Creation of Business Entity			Date
If a Corporation, List all Jurisdictions Where the Corporation is Authorized to Conduct Business			

**Ownership Structure - Controlling Beneficial Owners with 10% or greater ownership and/or Executive Officers, managers and any other individual that Controls the RMB.**

Name		SSN/FEIN		DOB	License Number
Address (Home)		City	State	ZIP	Phone Number
Business Associated with (Parent business or sub-entity)		Own. % Entity		Own. % in Applicant	
Name		SSN/FEIN		DOB	License Number
Address (Home)		City	State	ZIP	Phone Number
Business Associated with (Parent business or sub-entity)		Own. % Entity		Own. % in Applicant	
Name		SSN/FEIN		DOB	License Number
Address (Home)		City	State	ZIP	Phone Number
Business Associated with (Parent business or sub-entity)		Own. % Entity		Own. % in Applicant	
Name		SSN/FEIN		DOB	License Number
Address (Home)		City	State	ZIP	Phone Number
Business Associated with (Parent business or sub-entity)		Own. % Entity		Own. % in Applicant	
Name		SSN/FEIN		DOB	License Number
Address (Home)		City	State	ZIP	Phone Number
Business Associated with (Parent business or sub-entity)		Own. % Entity		Own. % in Applicant	
Name		SSN/FEIN		DOB	License Number
Address (Home)		City	State	ZIP	Phone Number
Business Associated with (Parent business or sub-entity)		Own. % Entity		Own. % in Applicant	
Name		SSN/FEIN		DOB	License Number
Address (Home)		City	State	ZIP	Phone Number
Business Associated with (Parent business or sub-entity)		Own. % Entity		Own. % in Applicant	
Name		SSN/FEIN		DOB	License Number
Address (Home)		City	State	ZIP	Phone Number
Business Associated with (Parent business or sub-entity)		Own. % Entity		Own. % in Applicant	
Name		SSN/FEIN		DOB	License Number
Address (Home)		City	State	ZIP	Phone Number
Business Associated with (Parent business or sub-entity)		Own. % Entity		Own. % in Applicant	

Printed Legal Business Name	Printed Trade Name (DBA)
-----------------------------	--------------------------

**Indirect Financial Interest Holder - List those with 2 or more interests (PBO, lease, Intellectual Property agreements, finance and/or equipment lease agreements, etc.) or loans that are 50% or more of the operating capital as defined in Rule 2-230(A)(3).**

Name of Interest Holder	Date of Birth	FEIN/SSN	Address
-------------------------	---------------	----------	---------

List Types of Interests

Name of Interest Holder	Date of Birth	FEIN/SSN	Address
-------------------------	---------------	----------	---------

List Types of Interests

Name of Interest Holder	Date of Birth	FEIN/SSN	Address
-------------------------	---------------	----------	---------

List Types of Interests

Name of Interest Holder	Date of Birth	FEIN/SSN	Address
-------------------------	---------------	----------	---------

List Types of Interests

1. Is 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) under the age of twenty-one years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you have or will you have possession of a licensed premises?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you obtained General Liability Insurance? (Provide proof at renewal)	<input type="checkbox"/>	<input type="checkbox"/>
4. 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.	<input type="checkbox"/>	<input type="checkbox"/>
5. Has a judgment, consent decree, settlement or other disposition related to a violation of federal, state or similar foreign 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 applicable documents.	<input type="checkbox"/>	<input type="checkbox"/>
6. In the past year, has the applicant (including any parent companies), been indicted, served with a criminal summons, charged with or convicted of ANY crime or offense in any manner? Include ALL offenses regardless of class of crime or outcome, even if the charges were dismissed or you were found not guilty.	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the applicant filed all Finding of Suitability applications required by the Division?	<input type="checkbox"/>	<input type="checkbox"/>

**Local Licensing Authority (To be completed by Applicant)**

Local Licensing Authority Town of Parachute	Local Licensing Authority contact name Lucy Spalenka
--	---

Contact Phone 970-665-1144	Contact Email lspalenka@parachutecolorado.com
-------------------------------	--

Does the local licensing authority permit this type of business in their jurisdiction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

## Affirmation & Consent

I/We, \_\_\_\_\_, as an owner(s) for the applicant business, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Marijuana Hospitality Business License Application statements, attachments, and supporting schedules are true and correct to the best of my/our 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/We am/are aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for denial of the marijuana business application. I/We am/are voluntarily submitting this application to the Colorado Marijuana Licensing Authority, under oath, with full knowledge that I/We 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/We further consent to any background investigation necessary to determine my/our present and continuing suitability and that this consent continues as long as I/We hold a Colorado 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(s) 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
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Signature			Date
Last Name of Owner (Please Print)	First Name of Owner	Middle Name of Owner	
Signature			Date
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.

**Note:** If there are more than four (4) owners, please use a second Affirmation & Consent page (page 5).

# Tax Check Authorization and Request To Release Information

I \_\_\_\_\_ am signing this waiver on behalf of \_\_\_\_\_ (the "Applicant/Licensee") to permit 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 44-10-202(1) and 44-10-307(1)(e). This waiver is made pursuant to 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 employee license under the medical marijuana code, for two years from the date of licensure. If the license is administratively continued pursuant to section 44-10-314, 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 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 any state 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.
2. 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.
3. 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.

Applicant/Licensee authorizes 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 Colorado Department of Revenue and any other state or local taxing authority in any administrative action regarding the application or license. To assist 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		
Legal Last Name (Please Print)	Legal First Name	Full Middle Name		
Applicant's Signature			Date	

# Investigation Authorization/Authorization to Release Information

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 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 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.



## Applicant's Request to Release Information

TO: (Leave this Blank)	FROM: (Applicant's Printed Name)	
<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3. 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.</li> <li>4. 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:             <ol style="list-style-type: none"> <li>(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;</li> <li>(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:</li> <li>(c) To place the name of the agent presenting this request in the appropriate location on this request.</li> </ol> </li> <li>5. 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.</li> <li>6. This power of attorney ends twenty-four (24) months from the date of execution.</li> <li>7. 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.</li> <li>8. 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.</li> <li>9. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.</li> </ol>		
Applicant's Legal Business Name		
Trade Name (DBA)		
Applicant's Last Name (Please Print)	First Name	Full Middle Name
Signature		Date



## AFFIRMATION OF REASONABLE CARE – PRIVATE COMPANY

Pursuant to subsections 44-10-309(4) C.R.S. and Rule 2-230(D), Applicant or Licensee affirms that, prior to submission of this application, it exercised reasonable care to confirm its Passive Beneficial Owners, (including any Qualified Institutional Investors) and Indirect Financial Interest Holders, are not Persons prohibited from being issued or holding a license by section 44-10-307 C.R.S., or otherwise restricted from holding an interest under the Colorado Regulated Marijuana Business Code. An Applicant's or Licensee's failure to exercise reasonable care is a basis for denial, fine, suspension, revocation or other sanction by the State Licensing Authority.

I, \_\_\_\_\_, as Controlling Beneficial Owner or Manager for  
Print

\_\_\_\_\_, state under penalty of perjury, pursuant to §18-8-503, that the foregoing is true and correct to the best of my knowledge, information and belief.

Signature

Date

## AFFIRMATION OF REASONABLE CARE – PUBLICLY TRADED CORPORATION

Pursuant to subsections 44-10-309(5) C.R.S. and Rule 2-230(D), Applicant or Licensee affirms that, prior to submission of this application, it exercised reasonable care to confirm its Non-objecting Passive Beneficial Owner, (including any Qualified Institutional Investors) and Indirect Financial Interest Holders, are not Persons prohibited from being issued or holding a license by section 44-10-307 C.R.S., or otherwise restricted from holding an interest under the Colorado Regulated Marijuana Business Code. An Applicant's or Licensee's failure to exercise reasonable care is a basis for denial, fine, suspension, revocation or other sanction by the State Licensing Authority.

I, \_\_\_\_\_, as Controlling Beneficial Owner or Manager for  
Print

\_\_\_\_\_, state under penalty of perjury, pursuant to §18-8-503, that the foregoing is true and correct to the best of my knowledge, information and belief.

Signature

Date

## Addendum A - NEW Business Application

<b>Publicly Traded Company (PTC)</b> <b>Please provide:</b>		
Stock Trading Symbol	Name of Exchange(s) Traded On	NAICS/SIC Code
Identify all regulatory agencies with oversight over the PTC's securities		
Reporting agencies required reports submitted on:		
Provide a list of any privileged or professional licenses, with license numbers, you have held within the last three (3) years prior to the submission of the finding of suitability request. List those that were issued by the Colorado Department of Revenue or the Department of Regulatory Agencies, including all marijuana licenses. (Separate sheet)		
Date of Registration with the Department of Regulatory Agencies (DORA)	Number	
Provide a description of the Publicly Traded Company's business and documents establishing the Publicly Traded Company (PTC) qualifies to hold a RMB license as referenced in 44-10-103(50).		
Description		
Attach a divestiture plan of any CBO that is prohibited by Section 44-10-307 that has had his or her Owner's License revoked or has been found unsuitable.		
Attach the most recent list of Non-Objecting Beneficial owners possessed by the PTC.		
Identify the type of permitted transaction, (i.e. Merger, Investment, or Public Offering) and attach all supporting documentation.		
<b>Questions</b>		
Confirm that the PTC is current with all required filings pursuant to any applicable requirements by any securities regulatory authority including, but not limited to, the United States Securities and Exchange Commission or the Canadian Securities Administrators.		
<input type="checkbox"/> All Current <input type="checkbox"/> Not Current (If not, explain on a separate sheet)		
Confirm that all mandatory filings for CBO's as required by any securities regulatory authority, including, but not limited to the United States Securities and Exchange Commission or the Canadian Securities Administrators, have been filed and the MED has been provided concurrent notice with the filing. If No, explain on a separate sheet:		
<input type="checkbox"/> YES <input type="checkbox"/> NO		

## Addendum B - NEW Business Application

### Qualified Private Fund (QPF)

Please provide:

Identify all regulatory agencies with oversight over the QPF's securities

Reporting agencies required reports submitted on:

Provide a list of any privileged or professional licenses, with license numbers, you have held within the last three (3) years prior to the submission of the finding of suitability request. List those that were issued by the Colorado Department of Revenue or the Department of Regulatory Agencies, including all marijuana licenses. (Separate sheet)

Date of Registration with the Department of Regulatory Agencies (DORA)

Number

Provide a description of the QPF's business and documents establishing the QPF's qualifies to hold a RMB license.

Description

### Questions

Confirm that the QPF is current with all required filings pursuant to any applicable requirements by any securities regulatory.

All Current     Not Current (If not, explain on a separate sheet)

Confirm that ALL required findings of suitability, including all QPF managers, investment advisers, investment adviser representatives, any trustee or equivalent, and any other person that controls the investment in, or management or operations of, the RMB, have been obtained PRIOR TO the QPF becoming effective. If No, explain on a separate sheet:

YES     NO

# Addendum C - NEW Business Application

## Qualified Institutional Investor (QII)

Please provide	
Identity(ies) of all Regulators with oversight over the QII's securities	
Reporting agencies required reports submitted on	
Provide a list of any privileged or professional licenses, with license numbers, you have held within the last three (3) years prior to the submission of the finding of suitability request. List those that were issued by the Colorado Department of Revenue or the Department of Regulatory Agencies, including all marijuana licenses. (Separate sheet)	
Date of Registration with the Department of Regulatory Agencies (DORA)	Number
Provide a description of the QII's business and documents establishing the QII's qualifies to hold a RMB license.	
Questions	
1. Confirm that the QII is current with all required filings pursuant to any applicable requirements by any securities regulatory.	<input type="checkbox"/> Current <input type="checkbox"/> Not Current
If Not Current, explain.	
2. Confirm that ALL required findings of suitability including all QII managers, investment advisers, investment adviser representatives, any trustee or equivalent, and any other person that controls the investment in, or management or operations of, the RMB have been obtained PRIOR TO the QII becoming effective	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Addendum D - Mobile Hospitality Business Addendum

Identify vehicle used as licensed premises			
Vehicle Make	Vehicle Model	Vehicle Year	
License Plate Number	VIN	PUC Permit Number	
1. Is the mobile premises compliant with all state and local registration and permitting requirements?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Provide the following:</b></p> <ul style="list-style-type: none"> <li>a. Documentation that the mobile licensed premises is owned or leased by the Marijuana Hospitality Business.</li> <li>b. The automatic Vehicle Identification Tag (if applicable).</li> <li>c. A copy of a valid permit issued by the Public Utilities Commission (PUC) to the licensed hospitality business.</li> </ul>			
<p><b>By signing below, you affirm that the mobile licensed premises has or will have the following prior to operation:</b></p> <ul style="list-style-type: none"> <li>a. A global position system for tracking of the mobile licensed premises.</li> <li>b. Written standard operating procedures that address the logging of the route(s).</li> <li>c. Video surveillance inside of the licensed premises, including entry and exit points to the mobile licensed premises and the driver's area of the vehicle.</li> <li>d. Proper ventilation within the vehicle, which includes, if marijuana is smoked or vaped in the licensed premises, that air is not circulated into the driver's area of the licensed premises.</li> <li>e. Policies and procedures to ensure that no Regulated Marijuana is possessed or consumed in the area designated to seat the driver and front seat passenger in the licensed premises.</li> <li>f. Methods to ensure consumption activity is not visible outside the vehicle.</li> <li>g. Policies, procedures or other measures to ensure that consumers are prohibited from entering the driver's area of the mobile licensed premises.</li> <li>h. The Marijuana Hospitality Business license is displayed on the dashboard of the mobile licensed premises.</li> </ul>			
Last Name	First Name	Middle Name	
Signature			Date