



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"> <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 <input type="checkbox"/> The floor plan shall designate the place at which the license will be conspicuously posted as required by this chapter.
<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"> <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 <input type="checkbox"/> Ever been convicted of a felony or has ever completed any portion of a sentence due to a felony charge.
<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)



**Town of Parachute Marijuana Licensing Authority
Regulated Marijuana Business License Application**

License Types & Fees (See Application Checklist for details on license types and fees.)			
<input type="checkbox"/> Retail Marijuana Store <input type="checkbox"/> Retail Marijuana Cultivation Facility (Select Tier) <input type="checkbox"/> Retail Marijuana Testing Facility	<input type="checkbox"/> Tier 1 (Up to 1800 plants) <input type="checkbox"/> Tier 2 (1801 to 3600 plants) <input type="checkbox"/> Tier 3 (3601 to 6000 plants) <input type="checkbox"/> Tier 4 (6001 to 10200 plants) <input type="checkbox"/> Tier 5 (10201 to 13800 plants) <input type="checkbox"/> Tier 5+ (_____ plants in excess of 13801)	<input type="checkbox"/> Retail Marijuana Products Manufacturer <input type="checkbox"/> Retail Marijuana Business Operator <input type="checkbox"/> Retail Marijuana Transporter	
<input type="checkbox"/> Medical Marijuana Store <input type="checkbox"/> Medical Marijuana Products Manufacturer <input type="checkbox"/> Medical Marijuana Testing Facility <input type="checkbox"/> Medical Marijuana Business Operator <input type="checkbox"/> Medical Marijuana Transporter	<input type="checkbox"/> Marijuana Research & Development Facility <input type="checkbox"/> Medical Marijuana Cultivation Facility <input type="checkbox"/> Class 1 (1-500 Plants) <input type="checkbox"/> Class 2 (501-1500 Plants) <input type="checkbox"/> Class 3 (1501-3000 Plants) <input type="checkbox"/> Class 3+ _____ (increments of 3000)		
Applicant's Legal Business Name (Please Print)		Marijuana License Number	
Registered Trade Name (DBA)			
Federal Taxpayer ID	Affiliated Colorado Sales Tax License #	Name of Registered Agent (with CO SoS)	
Physical Address			
Street Address of Marijuana Business			
City	County	State	ZIP
Business Phone Number	Email Address		
Mailing Address (if different from Business Address)			
Address			
City	County	State	ZIP
Primary Contact Person			
Primary Contact Person for Business		Primary Contact Phone Number	
Primary Contact Mailing Address			
Primary Contact Email Address			

10. Has the applicant exercised reasonable care to confirm that its CBO's, PBO's (that are Non-Objectin PBO's), Qualified Institutional Investors and Indirect Financial Interest Holders are NO Person(s) prohibited under Section C.R.S. 44-10-307? (Publicly Traded Companies excluded) If NO, explain on a separate sheet	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Have any CBO's been removed or moved to PBO ownership status since the prior application? If YES, list and explain.	<input type="checkbox"/> <input type="checkbox"/>

Local Licensing Authority (To be filled out by licensee) Include copy of Local License or Approval			
Local Licensing Authority		Local Licensing Authority Contact Name	
Contact Phone	Contact Email		
Current License Status With Local Authority			Date of Expiration
Does the local licensing authority permit this type of business in their jurisdiction?			Yes <input type="checkbox"/> No <input type="checkbox"/>

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 2-230-1(A)(3).

Name of Interest Holder		Date of Birth	FEIN/SSN	
Address		City	State	Zip
List Types of Interests				
Name of Interest Holder		Date of Birth	FEIN/SSN	
Address		City	State	Zip
List Types of Interests				
Name of Interest Holder		Date of Birth	FEIN/SSN	
Address		City	State	Zip
List Types of Interests				
Name of Interest Holder		Date of Birth	FEIN/SSN	
Address		City	State	Zip
List Types of Interests				

Affirmation & Consent

I, _____, as an owner 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 Renewal 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 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 denial of the marijuana business application. 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.

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)	
Applicant's Last Name (Please Print)	Applicant's First Name	Applicant's Middle Name	
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.

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), C.R.S. 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	
Signature of Marijuana Enforcement Division agent presenting this request		Date	

Investigation Authorization/Authorization to Release Information

I, _____, as an owner for this licensee, 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 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 "non-public" under the provisions of state or federal laws. I understand 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 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 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, unless sealed or expunged by the court of record, even though this record may be designated as "confidential" or "non-public" 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 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)	
Applicant's Last Name (Please Print)	Applicant's First Name	Applicant's Middle Name	
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"> 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. 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. 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"> (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. 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. 6. This power of attorney ends twenty-four (24) months from the date of execution. 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. 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. 9. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original. 		
Applicant's Legal Business Name		
Trade Name (DBA)		
Applicant's Last Name (Please Print)	First Name	Full Middle Name
Signature		Date

Addendum A - Renewal Business Application

Publicly Traded Company (PTC)		
Please provide:		
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:		
List of Sanctions, penalties, assessments, or cease and desist orders by any securities regulatory agency, including but not limited to the United States Securities and Exchange Commission or the Canadian Securities Administrators. (Separate sheet)		
Date of Registration with the Department of Regulatory Agencies (DORA)	Number	
Provide the most recent list of Non-Objecting Beneficial owners possessed by the PTC (First renewal of the year only)		
Have you had any changes in the business objectives 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)		
Documents requiring divestiture 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.		
If the Applicant or RMB is required to have audited financial statements by another regulator (e.g. United States Securities and Exchange Commission or the Canadian Securities Administrators) the financial statements provided to the Division must be audited and must also include all footnotes, schedules, auditors' report(s), and auditor's opinion(s). If the financial statements are publicly available on a website (e.g. EDGAR or SEDAR), the Applicant or RMB may provide notification of the website link where the financial statements can be accessed in lieu of hardcopy submission (See Rule 2-225(G)(4)(a))		
Questions		
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, and has provided notice to the Division of all non-confidential filings within 2-days of filing		
<input type="checkbox"/> All Current <input type="checkbox"/> Not Current (If not, explain on a separate sheet)		
Confirm that ALL required findings of suitability have been obtained PRIOR TO the PTC becoming a CBO. If No explain on a separate sheet:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Confirm that all mandatory filings for CBOs 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 - Renewal 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:

List of Sanctions, penalties, assessments, or cease and desist orders by any securities regulatory agency, including but not limited to the United States Securities and Exchange Commission or the Canadian Securities Administrators. (Separate sheet)

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

Number

Questions

Please 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)

Please 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 SINCE the QPF became effective:

Yes No

Addendum C - Renewal 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:

List of Sanctions, penalties, assessments, or cease and desist orders by any securities regulatory agency, including but not limited to the United States Securities and Exchange Commission or the Canadian Securities Administrators. (Separate sheet)

Date of Registration with the Department of Regulatory Agencies (DORA)	Number
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Attach the most recent list of Passive Beneficial owners possessed by the QII

Questions

- | | |
|---|--|
| 1. Confirm that the QII is current with all required filings pursuant to any applicable requirements 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 MRB have been obtained PRIOR TO the QII becoming effective | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|