

COMPANY:

Date fees paid and all supplemental Documents received

Marijuana Establishment Renewal Submittal Requirements

TYPE OF BUSINESS (refer to Section 5.12.060 of the Pueblo County Code): Please check all that apply:

- _____ MEDICAL MARIJUANA STORE # _____
- _____ MEDICAL MARIJUANA CULTIVATION # _____
- _____ MEDICAL MARIJUANA PRODUCTS MANUFACTURER # _____
- _____ MEDIACL MARIJUANA TESTING FACILITY # _____
- _____ MEDICAL MARIJUANA TRANSPORTER # _____
- _____ MEDICAL MARIJUANA BUSINESS OPERATOR # _____
- _____ RETAIL MARIJUANA STORE # _____
- _____ RETAIL MARIJUANA CULTIVATION # _____
- _____ RETAIL MARIJUANA PRODUCTS MANUFACTURER # _____
- _____ RETAIL MARIJUANA TESTING FACILITY # _____
- _____ RETAIL MARIJUANA TRANSPORTER # _____
- _____ RETAIL MARIJUANA BUSINESS OPERATOR # _____
- _____ MARIJUANA RESEARCH & DEVELOPMENT # _____

The following documents/information must be submitted with a complete Marijuana Establishment Renewal Application for a Pueblo County Marijuana License.

- A. Letter authorizing an agent or representative to act on behalf of the business. If the owner of the business is NOT, the person submitting the application or documentation a letter drafted on company letterhead with the date and owner signature is required. If an attorney is representing the company a Letter of Appearance containing the Bar number is required.
- B. Current and approved diagram and site plan of the premised area.
- C. Proof of possession of the premises for which application is made - Lease, rental agreement, other arrangement, or ownership. (lease or amendment must be good for at least one entire year of your local license approval and expiration dates).
- D. Fully executed Routing Sheets from each department that is required. **MUST BE THE ORIGINAL ROUTING SHEETS!**
- E. Letter of approval for water usage from the Division of Water Resources and a letter from water source.
- F. Background Check Information Sheet completed for each Owner.
- G. Front and Back photocopies of ALL Badges held by owners.
- H. A complete set of finger prints done through identigo is required for each owner who is not badged through MED.

I. Copy of all current State/Local Marijuana establishment licenses issued by the State of Colorado, for all operations in Pueblo County.

J. If a corporation, LLC, etc., a current Certificate of Good Standing, Articles of Organization and Operating Agreement (LLC), Articles of Incorporation and By Laws (Corporation).

K. Payment of all Fees **PER LICENSE**. If not renewing 45 days prior to Local license expiration include a letter from the owner(s) explaining why the renewal is being submitted late. After the Local license is expired a \$1000 late penalty per license will be applied.

L. Appointment to bring in documentation: Email Tawnya Stringer stringer@pueblocounty.us or call 719-583-6100.

Applicants may submit any other written information or documentation which it believes might help the licensing authority to make a determination that the Applicant and all persons associated with the Applicant who will be involved in any manner in the operation of the marijuana establishment meet the standards set forth in the Pueblo County Marijuana Licensing Regulations including specifically, but not limited to, the provisions of Section 5.12.060.

The Pueblo County Licensing Authority reserves the right to request additional information in the form of submittals or otherwise as part of its review and consideration of a license application.

_____	Medical Marijuana Store	_____	Retail Marijuana Store
_____	Medical Marijuana Cultivation Facility	_____	Retail Cultivation Facility Tier (Tier fee per County Code)
_____	Medical Marijuana Products Manufacturer	_____	Retail Marijuana Products Manufacturer
_____	Medical Marijuana Transporter	_____	Retail Marijuana Transporter
_____	Medical Marijuana Testing Facility	_____	Retail Marijuana Testing Facility
_____	Medical Marijuana Business Operator	_____	Retail Marijuana Business Operator

**** All Local fees paid with Cashier's Check, or Money**

Order made to Pueblo County Planning & Development. **

(NOTE: ALL MEDICAL PAYMENTS MUST BE SEPARATE FROM REATIL)

NO PERSONAL OR BUSINESS CHECKS ACCEPTED

_____	MEDICAL MARIJUANA TOTAL
_____	RETAIL MARIJUANA TOTAL
_____	LATE PENALTY
_____	GRAND TOTAL

Applicant's Contact Information

Name: _____

Email: _____

Phone: _____

Owner's Contact Information

Name: _____

Email: _____

Phone: _____