

COMPANY:

Date fees paid and all supplemental Documents received

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## Marijuana Establishment Transfer of Ownership 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 along with a local Marijuana Establishment Application **AND** one full and complete copy of the State application to be submitted for a Marijuana Business License Change of Ownership/Structure Application; this includes all supplemental documents required on the State checklist. **If requirements are duplicated, only one copy is necessary.**

**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.** Zoning Compliance Review for Marijuana (ZCRM) approval letter and **signed page 12** of Pueblo County Application completed by Planning and Development Staff.

**C.** Letter of approval from the Colorado Division of Water Resources at 719-543-3368 and a letter from water source.

**D.** Completed fingerprints by identigo (information on website). \*Each Owner will need fingerprints done unless they are currently badged by MED as an owner.

**E.** A Standard Operating Procedure to also include an operating plan addressing sections 5.12.080 (C) of the Pueblo County Marijuana Regulations.

**F. Proof of possession** of the premises for which application is made- Lease, rental agreement, other arrangement, or ownership. If the premise is owned by a Limited Liability Company or Corporation, please provide their Operating Agreement or By Laws, respectively.

**G.** Site plan of the entire property with the licensed premises outlined in red on **legible hard copy 11 x 17**.

**H.** Plans and Specifications for the interior of the licensed premises – **legible hard copy 11x17-** with dimensions for the entire licensed premises including room dimensions, specific room use, and security cameras with DVR. Please refer to MED Rules M305 and M306 for medical establishments and/or R305 and 306 for retail establishments.

**I.** If the Applicant will operate the marijuana establishment as a **sole proprietor** and is not an entity, corporation, partnership, limited liability company, or limited liability partnership, Applicant must submit a completed and signed Colorado Department of Revenue **Form DR4679**, Affidavit – Restrictions on Public Benefits, and a **photocopy of a valid picture Identification**.

**J.** If applying as an LLC or Corporation, etc.: Certificate of Good Standing Articles of Organization and Operating Agreement (LLC) Articles of Incorporation and By Laws (Corporation).

**K.** Background Check information Sheet completed for each New Owner with front and back photocopies of Badges or a full and complete copy of each Key Badge Application if no Owner Badge has been issued.

**L.** Payment of all Operating and Administrative Fees **PER LICENSE** (See the bottom of page 3 for payment instructions). **NOTE: ALL MEDICAL PAYMENTS MUST BE SEPERATE FROM RETAIL.**

**M.** Appointment to bring in documentation:  
Email Tawnya Stringer at [stringer@pueblocounty.us](mailto:stringer@pueblocounty.us) or call 719-583-6100.

**Applicant’s Contact Information**

**Owner’s Contact Information**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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 5.12.070.

**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.**

<b>Company Name:</b>	
<b>MEDICAL FEES **</b>	
MEDICAL MARIJUANA STORE (\$5000)	
MEDICAL MARIJUANA CULTIVATION (\$4000)	
MEDICAL MARIJUANA PRODUCTS MANUFACTURER (\$4000)	
MEDICAL MARIJUANA TESTING FACILITY (\$1500)	
MEDICAL MARIJUANA TRANSPORTER (\$4400- 2 YEARS)	
<b>SUBTOTAL</b>	

<b>RETAIL FEES **</b>		
RETAIL MARIJUANA STORE (\$5000)		
RETAIL MARIJUANA CULTIVATION (\$4000)		
Tier 1: 1-1,800 plant	\$1,500	AMOUNT _____
Tier 2: 1,801-3,600 plants	\$2300	
Tier 3: 3,601-6,000 plants	\$3000	
Tier 4: 6,001- 10,200 plants	\$4500	
Tier 5: 10,201-13,800 plants	\$6500	
Tier 5 Plus: 3,600 plant increments	\$800	
For each 3600 plants over Tier 5		
RETAIL MARIJUANA PRODUCTS MANUFACTURER (\$4000)		
RETAIL MARIJUANA TESTING FACILITY (\$1500)		
RETAIL MARIJUANA TRANSPORTER (\$4400-2 YEARS)		
<b>SUBTOTAL</b>		

<b>TOTALS</b>	
<b>MEDICAL FEES</b>	
<b>RETAIL FEES</b>	
<b>GRAND TOTAL</b>	

\*LOCAL FEES PAID WITH **CASHIER'S CHECK, OR MONEY ORDER**

MADE PAYABLE TO PUEBLO COUNTY PLANNING & DEVELOPMENT.

**(NOTE: ALL MEDICAL PAYMENTS MUST BE MADE SEPERATE FROM RETAIL PAYMENTS)**

**\*\*NO PERSONAL OR BUSINESS CHECKS WILL BE ACCEPTED**