

PUEBLO COUNTY  
**MARIJUANA RENEWAL LICENSE APPLICATION ROUTING SHEET**

THIS ROUTING SHEET IS TO BE COMPLETED TO SUBMIT WITH YOUR RENEWAL PACKAGE  
COMPLETE TOP PORTION OF THIS ROUTING SHEET PRIOR TO INSPECTION

Name and Address of Marijuana Establishment

Trade Name/ DBA: \_\_\_\_\_

Business Phone: \_\_\_\_\_

License number or numbers:

Please contact the Colorado Division of Water Resources to request an appointment for signature.

**THE FOLLOWING ITEMS ARE REQUIRED:**

- Current letter from the water provider, i.e. Pueblo West Metropolitan District, St. Charles Mesa Water District, Pueblo Board of Water Works, City of Florence, Round Mountain, Colorado City Metropolitan District.
- Current/updated documents for a Substitute Water Supply Plan, if applicable.
- Hauled Water: Hauled water whether by the licensee or by a company, the Division of Water Resources (DWR) requirement of monthly reports submitted to the DWR will be adhered to. The monthly reports for the license year are required to be submitted to the DWR for Routing Sheet signature.

Colorado Division of Water Resources Division II  
310 E. Abriendo Ave.

Bethany Arnold      719.542.3368 x2102      [bethany.arnold@state.co.us](mailto:bethany.arnold@state.co.us)

Monica long      719.542.3368 x2104      [monica.long@state.co.us](mailto:monica.long@state.co.us)

***INSPECTOR'S USE ONLY:***

***DO NOT WRITE BELOW THIS LINE***

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Inspector Name: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

**Approved Uses:**

____ Medical Store	____ Medical Cultivation	____ Medical Prod. Mfg.	____ Medical Testing
____ Medical Transporter	____ Retail Store	____ Retail Cultivation	____ Retail Prod. Mfg.
____ Retail Transporter	____ Retail Testing	____ Storage Warehouse	____ Research & Dev.

Inspector Signature \_\_\_\_\_ Date \_\_\_\_\_

**Upon completion of obtaining the above signature on this Renewal Routing Sheet submit the ORIGINAL Routing Sheet with your renewal application to the Liquor and Marijuana Licensing Department at 229 West 12<sup>th</sup> St., Pueblo, CO.**