

Marijuana Establishment Submittal Requirements

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

- MEDICAL MARIJUANA CENTER
- MEDICAL MARIJUANA OPTIONAL PREMISES CULTIVATION
- MEDICAL MARIJUANA-INFUSED PRODUCTS MANUFACTURING
- RETAIL MARIJUANA STORE
- RETAIL MARIJUANA CULTIVATION FACILITY
- RETAIL MARIJUANA-INFUSED PRODUCTS MANUFACTURING FACILITY
- RETAIL MARIJUANA TESTING FACILITY
- STORAGE WAREHOUSE
- MEDICAL MARIJUANA TESTING FACILITY
- MEDICAL MARIJUANA TRANSPORTER
- RETAIL MARIJUANA TRANSPORTER

The following documents/information must be submitted with an application for a Pueblo County Marijuana Establishment License:

- A. Zoning Compliance Review for Marijuana (ZCRM) approval letter and **signed page 12** of Pueblo County Application by Joan Armstrong at time of application submittal.
- B. Letter of approval from the Colorado Division of Water Resources at 719-543-3368 and a letter from water source.
- C. Completed fingerprint cards. Fingerprint cards may be obtained and completed with any law enforcement agency in Colorado. *Each Owner and each Key Employee will need a fingerprint card*
- D. A completed Privacy Act Notification Form for each Owner and each Key Employee.
- E. A Standard Operating Procedure to also include an operating plan addressing sections 5.12.080 (C) and (D) (1) 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 the Operating Agreement or By Laws.
- G. Site plan of the entire property with the proposed licensed premises outlined in red.
- H. Plans and specifications for the interior of the licensed premises – **legible hard copy 11x17-** with dimensions for the entire proposed 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. Fully executed Routing Sheet (Regional Building, Health Department, and Fire Department in the proposed jurisdiction) if the building is in existence **OR** Item H must be stamped by an architect or Engineer if the structure is not in existence or is being renovated at the time of application. **YOU MUST SUBMIT THE ORIGINAL ROUTING SHEET.**

J. Copy of all current State/Local Marijuana establishment licenses issued by the State of Colorado, for all other operations.

K. 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.**

L. 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)

M. Duplicate copy of the Applicant’s **State of Colorado Department of Revenue Colorado Marijuana Licensing Authority Business License Application** with copies of all submittal documentation required by the Marijuana Enforcement Division. The State Application must be fully completed (with the exception of that portion of the State Application entitled “Report and Approval of Local Licensing Authority”).

N. **Key Associated, Key, and Support Employee Badge Applications** with copies of all submittal information required by the MED. *Front and Back photocopies of all Badges held*

O. Background Check Information Sheet completed for each employee (owner, key, support).

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

Q. Appointment to bring in documentation:
Email Joan Armstrong at armstrong@pueblocounty.us or call 719-583-6105

Applicant's Contact Information:
Name: _____
E-mail: _____
Phone: _____

Owner's Contact Information:
Name: _____
E-mail: _____
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.

MEDICAL FEES **	AMOUNT YOU OWE
MEDICAL MARIJUANA CENTER (\$5000)	
MEDICAL MARIJUANA OPTIONAL PREMISES CULTIVATION (\$5000)	
MEDICAL MARIJUANA INFUSED PRODUCTS MANUFACTURING (\$5000)	
MEDICAL MARIJUANA TESTING FACILITY (\$1500)	
MEDICAL MARIJUANA TRANSPORTER (\$4400- 2 YEARS)	
SUBTOTAL	

RETAIL FEES **	AMOUNT YOU OWE
RETAIL MARIJUANA STORE (\$6000)	
RETAIL MARIJUANA CULTIVATION (BASE FEE \$5000)	
INDOOR SQUARE FEET- INCLUDES GREENHOUSES (\$0.50/SQ. FT.); CAPS AT \$15,000	
NUMBER OF SQ. FT.	
OUTDOOR SQUARE FEET (\$0.25/ SQ. FT.); CAPS AT \$15,000	
NUMBER OF SQ. FT.	
RETAIL MARIJUANA INFUSED PRODUCTS MANUFACTURING (\$6000)	
RETAIL MARIJUANA TESTING FACILITY (\$1500)	
RETAIL MARIJUANA TRANSPORTER (\$4400-2 YEARS)	
SUBTOTAL	

STORAGE WAREHOUSE FEES **	AMOUNT YOU OWE
STORAGE WAREHOUSE (\$1500)	
SUBTOTAL	

TOTALS **	AMOUNT YOU OWE
MEDICAL FEES	
RETAIL FEES	
STORAGE FEES	
GRAND TOTAL **	

BACKGROUND CHECKS *	AMOUNT YOU OWE
NUMBER OF FINGERPRINT CARDS (\$39.50/ PERSON)	

* BACKGROUND CHECK FEES MUST BE PAID BY PREPRINTED BUSINESS CHECK, MONEY ORDER, OR CASHIER'S CHECK PAYABLE TO COLORADO BUREAU OF INVESTIGATION. SEPARATE PAYMENT IS REQUIRED FOR BACKGROUND CHECKS. NO PERSONAL CHECKS OR CASH. **LOCAL FEES PAID WITH CASH (EXACT AMOUNT), CASHIER'S CHECK, OR MONEY ORDER MADE PAYABLE TO PUEBLO COUNTY PLANNING & DEVELOPMENT.

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