

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 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. Duplicate copy of the Applicant's State of Colorado Department of Revenue Colorado Marijuana Licensing Authority Business License Renewal Application, and copies of all submittal information required by the State License Application. 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").

B. 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).

C. Fully executed Routing Sheet. **MUST BE THE ORIGINAL ROUTING SHEET!**

D. Letter of approval for water usage from the Division of Water Resources and a letter from water source.

E. Background Check Information Sheet completed for each Owner, Key Employee, and Support Employee.

*Each Owner and each Key Employee will be charged \$6.85.

F. Front and Back photocopies of ALL Badges held.

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

H. 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).

I. Payment of all Fees. 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 \$500 late fee per license will be applied.

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

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.

FEES

<p>_____ Medical Marijuana Center</p>	<p>_____ Retail Marijuana Store</p>
<p>_____ Medical Marijuana Optional Premises Cultivation Facility</p>	<p>_____ Retail Cultivation Facility</p> <p>_____ Indoor sq. ft. @.50 Caps at \$15,000.00 _____</p> <p>_____ Outdoor sq. ft. @.25 Caps at \$15,000.00 _____</p>
<p>_____ Medical Marijuana Infused Products Manufacturing Facility</p>	<p>_____ Retail Marijuana Infused Products Manufacturing Facility</p>
<p>_____ Medical Marijuana Transporter</p>	<p>_____ Retail Marijuana Testing Facility</p>
<p>_____ Medical Marijuana Testing Facility</p>	<p>_____ Retail Marijuana Transporter</p>
<p>_____ Medical Marijuana Total</p>	<p>_____ Storage Warehouse</p> <p>_____ Retail Marijuana Total</p>

_____ Background Check(s) @ \$6.85 each = _____

****All Local fees paid with Cash (exact amount), Cashier's Check, or Money Order made to Pueblo County Planning & Development. ****

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

Applicant's Contact Information

Name: _____

E-mail: _____

Phone: _____

Owner's Contact Information

Name: _____

E-mail: _____

Phone: _____

<p>_____ MEDICAL MARIJUANA TOTAL</p> <p>_____ RETAIL MARIJUANA TOTAL</p> <p>_____ BACKGROUND CHECK(S) TOTAL</p> <p>_____ LATE FEE(S)</p> <p>_____ GRAND TOTAL</p>
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