

COMPANY:

Date fees paid and all supplemental documents received

APPLICATION FOR RENEWAL OF A PUEBLO COUNTY MARIJUANA ESTABLISHMENT LICENSE

This application is in addition to those items identified in the “Marijuana License Submittal Requirements”, which must accompany this application and are incorporated herein.

RENEWAL OPERATING FEES

MEDICAL MARIJUANA CENTER: \$2500.00
MEDICAL MARIJUANA OPTIONAL PREMISE CULTIVATION FACILITY: \$2500.00
MEDICAL MARIJUANA INFUSED PRODUCT MANUFACTURING FACILITY: \$2500.00
MEDICAL MARIJUANA TESTING FACILITY: \$1500.00
MEDICAL MARIJUANA TRANSPORTER: \$4400.00 (EVERY 2 YEARS)
RETAIL MARIJUANA STORE: \$6000.00
RETAIL MARIJUANA CULTIVATION FACILITY: \$2500.00 PLUS:

- I. \$.50 PER SQUARE FOOT OF THE PORTION OF THE LICENSED PREMISE IN WHICH PLANTS ARE LOCATED FOR INDOOR CULTIVATION FACILITIES, INCLUDING GREENHOUSES*;
- II. \$.25 PER SQUARE FOOT OF THE PORTION OF THE LICENSED PREMISE IN WHICH PLANTS ARE LOCATED FOR OUTDOOR CULTIVATION FACILITIES*.

RETAIL MARIJUANA INFUSED PRODUCT MANUFACTURING FACILITY: \$6000.00 RETAIL MARIJUANA TESTING FACILITY: \$1500.00
RETAIL MARIJUANA TRANSPORTER: \$4400.00 (EVERY 2 YEARS)
STORAGE WAREHOUSE: \$1500.00

*SQUARE FOOTAGE FEES ARE CAPPED AT \$15,000 FOR INDOOR AND \$15,000 FOR OUTDOOR EACH

Fees must be submitted with the application. Fees pursuant to Title 17 of the Pueblo County Code for zoning compliance review are collected by Planning & Development. No credit cards accepted. Make checks or money orders payable to Pueblo County.

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

- _____ **MEDICAL MARIJUANA CENTER** State License #
- _____ **MEDICAL MARIJUANA OPTIONAL PREMISES CULTIVATION** State License #
- _____ **MEDICAL MARIJUANA-INFUSED PRODUCTS MANUFACTURING** State License #
- _____ **RETAIL MARIJUANA STORE** State License #
- _____ **RETAIL MARIJUANA CULTIVATION FACILITY** State License #
- _____ **RETAIL MARIJUANA-INFUSED PRODUCTS MANUFACTURING FACILITY** State License #
- _____ **RETAIL MARIJUANA TESTING FACILITY** State License #
- _____ **STORAGE WAREHOUSE** State License #
- _____ **MEDICAL MARIJUANA TESTING FACILITY** State License #
- _____ **MEDICAL MARIJUANA TRANSPORTER** State License #
- _____ **RETAIL MARIJUANA TRANSPORTER** State License #

BUSINESS INFORMATION:

Legal Business Name	Trade Name/DBA		
Base Location			
City	County	State	Zip
Mailing Address <input type="checkbox"/> Check if same as Base Location			
City	County	State	Zip
When do your licenses expire? Please list each Pueblo County and Colorado license and date of expiration individually.			

Assessor's Parcel Number _____

VIOLATION INFORMATION

Date	Jurisdiction	Violation	Disposition

If applicant is a corporation, LLC, partnership, or other entity, list all owners, officers, directors, general partners, managing members, position held, and percentage owned. **Additional sheets may be attached as needed.**

OWNERSHIP INFORMATION

Business Owner Name			
Owner Address (No PO Boxes)			
City	County	State	Zip
Phone		Email Address	
DOB		SSN	
Percentage Own		Other Roles _____ Officer - _____ _____ Other - _____	

<p>1. Do you own or have an interest in any other marijuana establishment? If yes, answer question A. If no, proceed to question 2.</p> <p>A. On a separate sheet of paper, please list company names, jurisdictions, and both local and state license numbers.</p>
<p>2. Have you ever applied for a license for a marijuana establishment in Pueblo County or any other jurisdiction? If yes answer, question A. If no, continue to question 3.</p> <p>A. Have you ever had a marijuana establishment license denied or revoked?</p>
<p>3. Have you ever been subject to any investigation or had any disciplinary action taken against you in regards to any other marijuana establishment regardless of ownership or interest? If yes, specify on a separate sheet of paper.</p>

OFFICERS INFORMATION:

Officer Name and Title			
Owner Address (No PO Boxes)			
City	County	State	Zip
DOB	SSN		
Phone	Email Address		
Percentage Own	Other Roles (Specify, e.g., manager, location manager, oversee cultivation, etc.)		

<p>1. Do you own or have an interest in any other marijuana establishment? If yes, answer question A. If no, proceed to question 2.</p> <p>A. On a separate sheet of paper, please list company names, jurisdictions, and both local and state license numbers.</p>
<p>2. Have you ever applied for a license for a marijuana establishment in Pueblo County or any other jurisdiction? If yes answer, question A. If no, continue to question 3.</p> <p>A. Have you ever had a marijuana establishment license denied or revoked?</p>
<p>3. Have you ever been subject to any investigation or had any disciplinary action taken against you in regards to any other marijuana establishment regardless of ownership or interest? If yes, specify on a separate sheet of paper.</p>

OTHER INTERESTS:

Name			
Owner Address (No PO Boxes)			
City	County	State	Zip
Phone		Email Address	
DOB		SSN	
Percentage Own		Other Roles	
		_____ Officer - _____	
Interest		_____ Other - _____	

<p>1. Do you own or have an interest in any other marijuana establishment? If yes, answer question A. If no, proceed to question 2.</p> <p>A. On a separate sheet of paper, please list company names, jurisdictions, and both local and state license numbers.</p>
<p>2. Have you ever applied for a license for a marijuana establishment in Pueblo County or any other jurisdiction? If yes answer, question A. If no, continue to question 3.</p> <p>A. Have you ever had a marijuana establishment license denied or revoked?</p>
<p>3. Have you ever been subject to any investigation or had any disciplinary action taken against you in regards to any other marijuana establishment regardless of ownership or interest? If yes, specify on a separate sheet of paper.</p>

For each person identified above, please include a narrative of that person’s criminal history (e.g., nature of charge, date and disposition), if any, and the resolution of any criminal charges against such person. The applicant shall include a statement of how the information so disclosed has been obtained. Criminal history should include the Applicant and each person’s statement concerning convictions for felonies, misdemeanors, and alcohol or drug related traffic convictions.

CONTRACTOR/SUPPLIER INFORMATION: (List any supplier of marijuana in any form if the contractor/supplier differs from the Applicant.)

Name: _____ Phone: _____

Business Address: _____

PREMISES/PROPERTY LOCATION INFORMATION

Property Owner Name: (Name that appears on the recorded deed for the property.)			
Property Owner Address:			
City:	County:	State:	Zip:
Business Phone:		Cell Phone:	
Email Address:			

MEDICAL (Check all that apply.)				
<input type="checkbox"/> Center	<input type="checkbox"/> Optional Premises Cultivation	<input type="checkbox"/> Infused Products Manufacturing	<input type="checkbox"/> Testing Facility	<input type="checkbox"/> Transporter
Location: (Include zip code.)				
Manager Name:			Fire Jurisdiction:	

RETAIL (Check all that apply.)				
<input type="checkbox"/> Store	<input type="checkbox"/> Cultivation	<input type="checkbox"/> Infused Product Manufacturing	<input type="checkbox"/> Testing Facility	<input type="checkbox"/> Transporter
Location: (Include zip code.)				
Manager Name:			Fire Jurisdiction:	

_____ Storage Warehouse				
Location: (Include zip code.)				
Manager Name:			Fire Jurisdiction:	

FOR CULTIVATIONS ONLY:

	Medical	Retail	Indoor (includes greenhouses)	Outdoors
How many square feet?				

Expected Water Source
Expected Level of Water Use (gal/day)
Expected Wastewater Discharge (gal/day)
If you have a septic system, are you registered with the EPA Class V underground injection control?
Anything else that you would like to explain about your water usage?

FOR STORAGE WAREHOUSE ONLY:

(Please refer to the Colorado Code of Regulations, Subpart A: Medical Marijuana – Rule M 802 and Subpart B: Retail Marijuana – Rule R 802)

Please identify the corresponding marijuana establishment that the storage warehouse would be associated with:
Is the proposed storage warehouse location clearly defined in the diagram of the premises submitted with this application? And its size?

PLEASE BE ADVISED: § 5.12.070 of Pueblo County’s Marijuana Licensing Regulations refer to a section of State law and further contain local standards which prohibit the consideration of a licensee. Please consider these provisions carefully prior to submission of your application to the Department of Planning and Development Licensing Coordinator.

TERMS AND CONDITIONS

1. Pueblo County will accept a completed application for a marijuana establishment license; however Applicant acknowledges and agrees that it is acceptance of the application only and shall not, in any manner, constitute an approval of the establishment or of any license for the establishment now or in the future, and Applicant further agrees not to present the acceptance of this application as the basis for any inference of further approval by Pueblo County of a complete license application or any approval of the location of the marijuana establishment as being in compliance with Pueblo County land use regulations.
2. Applicant agrees to diligently pursue this application to its completion and further understands that a full license from both the State of Colorado and Pueblo County will be absolutely necessary to open up its marijuana establishment.
3. Applicant agrees not to set up this application as a defense or justification in any criminal proceeding instituted by the appropriate authorities, State, local, or federal, against the applicant.
4. Prior to, or after issuance of a license, if there are any changes to the information supplied in this application, Applicant agrees to provide the same in a timely manner, but in any event, no more than ten (10) days after such change, to the Local Licensing Authority.
5. Applicant understands and acknowledges that approval of a Marijuana Establishment License, if granted, shall in no way permit any activity contrary to the Pueblo County Code or any activity that is in violation of any applicable laws.
6. Applicant understands that the applicant and the employees of the Marijuana Establishment may be subject to prosecution under federal controlled substance laws.
7. Applicant understands that Pueblo County accepts no legal liability in connection with the approval and subsequent operation of the Marijuana Establishment.
8. Applicant releases Pueblo County, its officers, elected officials, employees, attorneys, and agents from any liability for injuries, damages, and liabilities of any kind that may result from any search, seizure, arrest, forfeiture, or prosecution of Establishment owners, lessors, landlords, operators, employees, clients, or customers and their property, for a violation of State or Federal laws, rules or regulations.
9. Applicant understands that cash, personal property, vehicles, and fixtures located on the premises, or located off premises, but used in connection with the premises or the marijuana establishment operation, and the real property on which the premises are located, may be subject to seizure and forfeiture under federal controlled substances and forfeiture laws, which still apply to marijuana.

Business Name:

Business Address:

State License Type:

State License #

APPROVAL OF LOCAL LICENSING AUTHORITY

The foregoing application, the premises, and business to be conducted have been examined. **THIS APPLICATION IS APPROVED.**

Local Licensing Authority Pueblo County		Date filed with Local Authority	
Signature	Title Chair	Date	