

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

NAME ADDRESS

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

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

Please contact the Pueblo Department of Public Health & Environment to request a special inspection and **PAY APPLICABLE FEE.**

Pueblo Department of Public Health & Environment  
719.583.4300  
101 W. 9<sup>th</sup> Street  
Pueblo, CO 81003

*BELOW THIS LINE FOR INSPECTOR'S USE ONLY*

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

Approved Uses:

\_\_\_\_\_ Medical Center      \_\_\_\_\_ Medical OPC      \_\_\_\_\_ Medical MIP      \_\_\_\_\_ Medical Testing

\_\_\_\_\_ Medical Transporter      \_\_\_\_\_ Retail Marijuana Store      \_\_\_\_\_ Retail Cultivation      \_\_\_\_\_ Retail MIP

\_\_\_\_\_ Retail Transporter      \_\_\_\_\_ Retail Testing Facility      \_\_\_\_\_ Storage Warehouse

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

**Upon completion of obtaining the above signature on this Renewal Routing Sheet submit the ORIGINAL Routing Sheet to the Department of Planning and Development Licensing Coordinator.**