

MARIJUANA LICENSE APPLICATION ROUTING SHEET

THIS ROUTING SHEET IS TO BE COMPLETED BEFORE YOU RECEIVE A MARIJUANA ESTABLISHMENT LICENSE

Name of Applicant, Sole Proprietor, Partnership, LLC or Corporation

NAME

ADDRESS

Trade Name: _____

Exact Address to be Licensed: _____

Business Telephone Number: _____

Please contact the City- County Health Department and the Regional Building Department to request a special inspection. The Regional Building Department will contact the Pueblo County Fire Department to coordinate a time to perform the inspection. It will be determined whether or not you will be required to submit architectural plans to the Regional Building Department for review and approval (with applicable fees).

<u>Name of Facility</u>	<u>Date Inspected</u>	<u>Date Approved</u>	<u>Signature</u>
1) Regional Building Department 830 N. Main St., Pueblo, CO 81003 (719) 543-0002 (Pay applicable fee)	_____	_____	_____
2) Pueblo County Fire Department (Department in your jurisdiction) (No fee)	_____	_____	_____
3) City-County Health Department* 101 West 9 th St., Pueblo, CO 81003 (719) 583-4300 (Pay applicable fee)	_____	_____	_____

_____ Medical Center _____ Medical OPC _____ Medical MIP _____ Medical Testing _____ Medical Transporter

Approved Uses: _____ Retail Marijuana Store _____ Retail Cultivation _____ Retail MIP _____ Retail Transporter

_____ Retail Testing Facility _____ Storage Warehouse

A copy of the Sales Tax License is required.

A copy of the Certificate of Occupancy from the Pueblo Regional Building Department is required.

Please submit an application at the following Facility:

Colorado Business Registration (State Sales Tax No.)

827 W. 4th St., Pueblo, CO 81003
(Pay applicable fee)

*Does not include Storage Warehouse Licenses

Upon completion of all requirements on this routing sheet, please return the sheet to the Department of Planning and Development Licensing Coordinator. **MUST BE ORIGINAL ROUTING SHEET!**