

COMPANY:

Date fees paid and all supplemental documents received

Internal use only. Do not write above this line.

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

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 License 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B. If prior submitted Proof of possession has changed and is no longer current, please provide Proof of possession of the premises for which application is made - Lease, rental agreement, other arrangement, or ownership.

C. Fully executed Routing Sheet.

D. Letter of approval for water usage from the Division of Water Resources and/or the water supplier.

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 other 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.

J. Appointment to bring in documentation: Email Kelli Sindeband at Sindeband@pueblounty.us or call 719-583-6382.

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 Marijuana Cultivation Facility</p> <p>_____ Sq. Ft. @ .50 _____</p> <p>_____ Sq. Ft. @.25 _____</p>
<p>_____ Medical Marijuana Infused Products Manufacturing Facility</p>	<p>_____ Retail Marijuana Infused Products Manufacturing Facility</p>
<p>_____ Medical Marijuana Total</p>	<p>_____ Retail Marijuana Testing Facility</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)

	MEDICAL MARIJUANA TOTAL
	RETAIL MARIJUANA TOTAL
	BACKGROUND CHECK(S) TOTAL
	GRAND TOTAL

Applicant's Contact Information

Name: _____

E-mail: _____

Phone: _____

Owner's Contact Information

Name: _____

E-mail: _____

Phone: _____