

PUEBLO COUNTY MARIJUANA RENEWAL LICENSE APPLICATION ROUTING SHEET

This routing sheet is to be completed before you will receive your marijuana license.
Complete top portion of this Routing Sheet prior to inspection.

Name of applicant (Sole Proprietor, each partner if Partnership, LLC or Corporation)

<u>NAME/ENTITY</u>	<u>ADDRESS</u>	<u>DOB/FORMATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Trade Name: _____ Business Phone: _____

Exact Address to be licensed: _____

Please contact the City-County Health Department to request a special inspection and pay applicable fee.

City-County Health Department (719) 583-4300
101 W. 9th Street
Pueblo, CO 81003

BELOW THIS LINE FOR INSPECTOR'S USE ONLY

Inspector Name: _____ Date of Inspection: _____

Approved Uses:

_____ Medical Marijuana Center	_____ Medical OPC	_____ Medical MIP
_____ Retail Marijuana Store	_____ Retail Cultivation	_____ Retail MIP
_____ Retail Testing Facility	_____ Storage Warehouse	

Inspector Signature _____ Date _____

Upon completion of all requirements on this routing sheet, please return to the Pueblo County Department of Planning and Development Licensing Coordinator.

In person: Pueblo County Department of Planning and Development, 229 West 12th St., Pueblo, CO 81003

Email: Armstron@pueblocounty.us

Mail: Pueblo County Department of Planning and Development
Attention: Licensing Coordinator
229 West 12th St.
Pueblo, CO 81003