

COMPANY:

Date fees paid and all supplemental Documents received

# APPLICATION FOR 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.

### OPERATING FEES

- MEDICAL MARIJUANA STORE: \$5000.00
- MEDICAL MARIJUANA CULTIVATION FACILITY: \$4000.00
- MEDICAL MARIJUANA PRODUCT MANUFACTURER: \$4000.00
- MEDICAL MARIJUANA TESTING FACILITY: \$1500.00
- MEDICAL MARIJUANA TRANSPORTER: \$4400.00 (EVERY 2 YEARS)
- RETAIL MARIJUANA STORE: \$5000.00
- RETAIL MARIJUANA CULTIVATION FACILITY: \$4000.00 PLUS:
  - I. Licenses that are State Tier 1: \$1500
  - II. Licenses that are State Tier 2: \$2300
  - III. Licenses that are State Tier 3: \$3000
  - IV. Licenses that are State Tier 4: \$4500
  - V. Licenses that are State Tier 5: \$6500
  - VI. Licenses that are **over** State Tier 5: \$800 for each additional tier of 3600 plants over Tier 5.
- RETAIL MARIJUANA PRODUCTS MANUFACTURER: \$4000.00
- RETAIL MARIJUANA TESTING FACILITY: \$1500.00
- RETAIL MARIJUANA TRANSPORTER: \$4400.00 (EVERY 2 YEARS)
- STORAGE WAREHOUSE: \$1500.00



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. Make Certified Check or Money Order payable to Pueblo County Planning & Development.

TYPE OF BUSINESS (refer to Section 5.12.040 of the Pueblo County Code): Please check all that apply:

- \_\_\_\_\_ MEDICAL MARIJUANA STORE # \_\_\_\_\_
- \_\_\_\_\_ MEDICAL MARIJUANA CULTIVATION # \_\_\_\_\_
- \_\_\_\_\_ MEDICAL MARIJUANA PRODUCTS MANUFACTURER # \_\_\_\_\_
- \_\_\_\_\_ MEDICAL MARIJUANA TESTING FACILITY # \_\_\_\_\_
- \_\_\_\_\_ MEDICAL MARIJUANA TRANSPORTER # \_\_\_\_\_
- \_\_\_\_\_ MEDICAL MARIJUANA BUSINESS OPERATOR # \_\_\_\_\_
- \_\_\_\_\_ RETAIL MARIJUANA STORE # \_\_\_\_\_
- \_\_\_\_\_ RETAIL MARIJUANA CULTIVATION # \_\_\_\_\_
- \_\_\_\_\_ RETAIL MARIJUANA PRODUCTS MANUFACTURER # \_\_\_\_\_
- \_\_\_\_\_ RETAIL MARIJUANA TESTING FACILITY # \_\_\_\_\_
- \_\_\_\_\_ RETAIL MARIJUANA TRANSPORTER # \_\_\_\_\_
- \_\_\_\_\_ RETAIL MARIJUANA BUSINESS OPERATOR # \_\_\_\_\_
- \_\_\_\_\_ MARIJUANA RESEARCH & DEVELOPMENT # \_\_\_\_\_

\*Approval by the Pueblo County Planning & Development is required prior to submitting this application to the Department of Planning and Development Licensing Coordinator – see page 12.

**PART 1 – BUSINESS INFORMATION**

<b>Legal Business Name:</b>		<b>Trade Name/DBA:</b>	
<b>Base Location (No PO Boxes):</b>			
<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>
<b>Mailing Address</b> <input type="checkbox"/> <b>Check if same as Base Location</b>			
<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>
<b>Date Formed:</b>		<b>FEIN:</b>	

**Assessor's Parcel Number:** \_\_\_\_\_

Is this business location in a Home Owner's Association?      **YES**      **NO**

If yes, please provide the appropriate HOA's contact information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

**PART 2 – OWNERSHIP/MEMBER INFORMATION**

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.**

<b>Business Owner Name:</b>			
<b>Owner Address (No PO Boxes):</b>			
<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>		<b>Email Address:</b>	
<b>DOB/Date Formed:</b>		<b>SSN/FEIN:</b>	
<b>Percentage Own:</b>		<b>Other Roles:</b>	
		_____ Officer - _____	
		Other - _____	

<p>1. Do you own or have an interest in any other marijuana establishment(s), excluding the one for which you are currently applying? If yes, on a separate sheet of paper, please list company names (including this one), jurisdictions, and both local and state license numbers.</p> <p style="text-align: center;"><b>YES</b>                      <b>NO</b></p> <p>If no, proceed to question 2.</p>
<p>2. Have you ever applied for a license for a marijuana establishment license in Pueblo County, excluding this one, or any other jurisdiction? If yes, answer question A. If no, proceed to question 3.</p> <p style="text-align: center;"><b>YES</b>                      <b>NO</b></p> <p>A. Have you ever had a marijuana establishment license denied or revoked?</p>
<p>3. Do you own any other properties that are being or have previously been leased to another marijuana establishment? If yes, answer questions A and B. If no, proceed to question 4.</p> <p style="text-align: center;"><b>YES</b>                      <b>NO</b></p> <p>A. On a separate sheet of paper, please list the dates, names of companies and owners.</p> <p>B. Did you have any interest in the companies other than a landlord/tenant relationship? If yes, please specify on a separate sheet of paper.</p> <p style="text-align: center;"><b>YES</b>                      <b>NO</b></p>
<p>4. Have you ever been subject to any investigation, surrendered a license, or had any disciplinary action taken against you in regard to any other marijuana establishment regardless of ownership of interest? If yes, specify on a separate sheet of paper.</p> <p style="text-align: center;"><b>YES</b>                      <b>NO</b></p>

**For each person identified above, please include a narrative of that person’s criminal history (e.g., nature of charge, state and disposition), if any, and the disposition 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.**

**INDIVIDUAL OFFICERS, DIRECTORS, PARTNERS AND MEMBERS INFORMATION** (Additional sheets may be attached as needed):

<b>Owner/Officer Name and Title:</b>			
<b>Owner Address (No PO Boxes):</b>			
<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>		<b>Email Address:</b>	
<b>DOB:</b>		<b>SSN:</b>	
<b>Percentage Own:</b>		<b>Other Roles:</b>	
		_____ Officer - _____	
		Other - _____	

<p>1. Do you own or have an interest in any other marijuana establishment(s), excluding the one for which you are currently applying? If yes, on a separate sheet of paper, please list company names (including this one), jurisdictions, and both local and state license numbers.</p> <p style="text-align: center;"><b>YES</b>                      <b>NO</b></p> <p>If no, proceed to question 2.</p>
<p>2. Have you ever applied for a license for a marijuana establishment license in Pueblo County, excluding this one, or any other jurisdiction? If yes, answer question A. If no, proceed to question 3.</p> <p style="text-align: center;"><b>YES</b>                      <b>NO</b></p> <p>A. Have you ever had a marijuana establishment license denied or revoked?</p>
<p>3. Do you own any other properties that are being or have previously been leased to another marijuana establishment? If yes, answer questions A and B. If no, proceed to question 4.</p> <p style="text-align: center;"><b>YES</b>                      <b>NO</b></p> <p>A. On a separate sheet of paper, please list the dates, names of companies and owners.</p> <p>B. Did you have any interest in the companies other than a landlord/tenant relationship? If yes, please specify on a separate sheet of paper.</p> <p style="text-align: center;"><b>YES</b>                      <b>NO</b></p>
<p>4. Have you ever been subject to any investigation, surrendered a license, or had any disciplinary action taken against you in regards to any other marijuana establishment regardless of ownership of interest? If yes, specify on a separate sheet of paper.</p> <p style="text-align: center;"><b>YES</b>                      <b>NO</b></p>

**For each person identified above, please include a narrative of that person’s criminal history (e.g., nature of charge, sate 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.**

**PART 3 – OTHER INTERESTS**

Who, besides those listed above (including persons, firms, partnerships, corporation, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money or profits from this business. **Additional sheets may be attached as needed.**

<b>Name:</b>			
<b>Address (No PO Boxes):</b>			
<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>		<b>Email Address:</b>	
<b>DOB/Date formed:</b>		<b>SSN/FEIN:</b>	
<b>Interest/Percentage owned:</b>		<b>Other Roles:</b>	
		_____ Officer - _____	
		Other - _____	

<p>1. Do you own or have an interest in any other marijuana establishment(s), excluding the one for which you are currently applying? If yes, on a separate sheet of paper, please list company names (including this one), jurisdictions, and both local and state license numbers.</p> <p style="text-align: center;"><b>YES</b>                      <b>NO</b></p> <p>If no, proceed to question 2.</p>
<p>2. Have you ever applied for a license for a marijuana establishment license in Pueblo County, excluding this one, or any other jurisdiction? If yes, answer question A. If no, proceed to question 3.</p> <p style="text-align: center;"><b>YES</b>                      <b>NO</b></p> <p>A. Have you ever had a marijuana establishment license denied or revoked?</p>
<p>3. Do you own any other properties that are being or have previously been leased to another marijuana establishment? If yes, answer questions A and B. If no, proceed to question 4.</p> <p style="text-align: center;"><b>YES</b>                      <b>NO</b></p> <p>A. On a separate sheet of paper, please list the dates, names of companies and owners.</p> <p>B. Did you have any interest in the companies other than a landlord/tenant relationship? If yes, please specify on a separate sheet of paper.</p> <p style="text-align: center;"><b>YES</b>                      <b>NO</b></p>
<p>4. Have you ever been subject to any investigation, surrendered a license, or had any disciplinary action taken against you in regard to any other marijuana establishment regardless of ownership of interest? If yes, specify on a separate sheet of paper.</p> <p style="text-align: center;"><b>YES</b>                      <b>NO</b></p>

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**PART 4 – PREMISES/PROPERTY LOCATION INFORMATION**

<b>Property Owner Name:</b> (Name that appears on the recorded deed for the property.) If an LLC or Corp. list owner and contact information of LLC or Corp.			
<b>Property Owner Address:</b>			
<b>City:</b>	<b>County:</b>	<b>State:</b>	<b>Zip:</b>
<b>Business Phone:</b>		<b>Cell Phone:</b>	
<b>Email Address:</b>			

<b>MEDICAL</b> (Check all that apply.)				
Store	Cultivation	Products Manufacturer	Testing Facility	Transporter
<b>Location:</b> (Include zip code.)				
<b>Manager Name:</b>			<b>Fire Jurisdiction:</b>	
<b>If applying for a Cultivation only, on a separate sheet of paper, please include information for the Medical Marijuana Store and/or Products Manufacturer that the Cultivation will supply.</b> (State license number, address, company name, owners, etc.)				

<b>RETAIL</b> (Check all that apply.)				
Store	Cultivation	Product Manufacturer	Testing Facility	Transporter
<b>Location:</b> (Include zip code.)				
<b>Manager Name:</b>			<b>Fire Jurisdiction:</b>	

<b>_____Storage Warehouse</b>				
<b>Location:</b> (Include zip code.)				
<b>Manager Name:</b>			<b>Fire Jurisdiction:</b>	

**PART 5 – PLANT/PRODUCT INFORMATION**

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

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**FOR STORAGE WAREHOUSE ONLY:**

**Please refer to the Colorado Code of Regulations, Subpart A: Medical Marijuana – Rule M802 and Subpart B: Retail Marijuana – Rule R802**

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

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**CONTRACOR/SUPPLIER INFORMATION:**

**List any supplier of marijuana in any form if the contractor/supplier differs from the applicant.**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

**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.





CORPORATE OFFICERS SIGN HERE

CORPORATE OFFICERS SIGN HERE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

1<sup>st</sup> signature:

STATE OF COLORADO )

) ss

COUNTY OF PUEBLO )

Subscribed and sworn to before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness my hand and official seal:

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

2<sup>nd</sup> signature:

STATE OF COLORADO )

) ss

COUNTY OF PUEBLO )

Subscribed and sworn to before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness my hand and official seal:

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_



COMPANY NAME:

**TO BE FILLED OUT BY PLANNING & DEVELOPMENT STAFF MEMBER**

TO THE PUEBLO COUNTY PLANNING AND DEVELOPMENT DEPARTMENT: Based upon the location for the

premises located at \_\_\_\_\_ for

ZCRM # \_\_\_\_\_ upon which the licensed activity/activities are to be conducted, please determine if the proposed use will comply with the provisions of the Pueblo County zoning resolution/regulations.

Establishment complies with Pueblo County Land Use regulations, for the following uses:

- Medical Marijuana Center
- Medical Marijuana Optional Premises Cultivation
- Medical Marijuana Infused Products Manufacturer
- Medical Marijuana Testing Facility
- Medical Marijuana Transporter
- Retail Marijuana Store
- Retail Marijuana Cultivation
- Retail Marijuana Infused Products Manufacturer
- Retail Testing Facility
- Retail Marijuana Transporter
- Storage Warehouse

Establishment **does not** comply with Pueblo County Land Use regulations. (Please provide a brief explanation of why the location does not comport with the zoning resolution/regulations):

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

**APPROVAL OF PUEBLO COUNTY LIQUOR AND MARIJUANA LICENSING BOARD**

The foregoing application, the premises, and business to be conducted have been examined. **THIS APPLICATION HAS BEEN ACCEPTED.**

Print Name of Authorized Member		Date filed with Local Authority	
Signature	Title	Date	