

COMPANY:

Date fees paid and all supplemental Documents received

APPLICATION FOR A RENEWAL OF 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.

RENEWAL 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

BUSINESS INFORMATION:

Legal Business Name	Trade Name/DBA		
Base Location			
City	County	State	Zip
Mailing Address <input type="checkbox"/> Check if same as Base Location			
City	County	State	Zip
When do your licenses expire? Please list each Pueblo County and Colorado license with date of expiration individually.			

Assessor's Parcel Number _____

VIOLATION INFORMATION

Date	Jurisdiction	Violation	Disposition

*If applicant is a corporation, LLC, partnership, or other entity, list all owners, officers, directors, general partners, managing members, position held, and percentage owned. This information is used as a primary contact source for our office. If the information provided changes you are required to submit the information change to our office immediately. **Additional sheets may be attached as needed.**

OWNERSHIP INFORMATION

Business Owner Name			
Owner Address (No PO Boxes)			
City	County	State	Zip
Phone		Email Address	
DOB		SSN	
Percentage Own		Other Roles	
		_____ Officer - _____	
		_____ Other - _____	

<p>1. Do you own or have an interest in any other marijuana establishment? If yes, answer question A. If no, proceed to question #2.</p> <p style="text-align: center;">YES NO</p> <p>A. On a separate sheet of paper, please list company names, jurisdictions, and both local and state license numbers.</p>	
<p>2. Have you ever applied for a license for a marijuana establishment in Pueblo County or any other jurisdiction? If yes answer, question A. If no, continue to question 3.</p> <p style="text-align: center;">YES NO</p> <p>A. Have you ever had a marijuana establishment license denied or revoked?</p> <p style="text-align: center;">YES NO</p>	
<p>3. Have you ever been subject to any investigation or had any disciplinary action taken against you regarding any other marijuana establishment regardless of ownership or interest? If yes, specify on a separate sheet of paper.</p> <p style="text-align: center;">YES NO</p>	

OFFICERS INFORMATION:

Officer Name and Title			
Owner Address (No PO Boxes)			
City	County	State	Zip
DOB		SSN	
Phone		Email Address	
Percentage Own		Other Roles (Specify, e.g., manager, location manager, oversee cultivation, etc.)	

<p>1. Do you own or have an interest in any other marijuana establishment? If yes, answer question A. If no, proceed to question #2.</p> <p style="text-align: center;">YES NO</p> <p>A. On a separate sheet of paper, please list company names, jurisdictions, and both local and state license numbers.</p>
<p>2. Have you ever applied for a license for a marijuana establishment in Pueblo County or any other jurisdiction? If yes answer, question A. If no, continue to question 3.</p> <p style="text-align: center;">YES NO</p> <p>A. Have you ever had a marijuana establishment license denied or revoked?</p> <p style="text-align: center;">YES NO</p>
<p>3. Have you ever been subject to any investigation or had any disciplinary action taken against you about any other marijuana establishment regardless of ownership or interest? If yes, specify on a separate sheet of paper.</p> <p style="text-align: center;">YES NO</p>

OTHER INTERESTS:

Name			
Owner Address (No PO Boxes)			
City	County	State	Zip
Phone		Email Address	
DOB		SSN	
Percentage Own		Other Roles _____ Officer - _____ _____ Other - _____	
Interest			

<p>1. Do you own or have an interest in any other marijuana establishment? If yes, answer question A. If no, proceed to question #2.</p> <p style="text-align: center;">YES NO</p> <p>A. On a separate sheet of paper, please list company names, jurisdictions, and both local and state license numbers.</p>
<p>2. Have you ever applied for a license for a marijuana establishment in Pueblo County or any other jurisdiction? If yes answer, question A. If no, continue to question 3.</p> <p style="text-align: center;">YES NO</p> <p>A. Have you ever had a marijuana establishment license denied or revoked?</p> <p style="text-align: center;">YES NO</p>
<p>3. Have you ever been subject to any investigation or had any disciplinary action taken against you regarding any other marijuana establishment regardless of ownership or interest? If yes, specify on a separate sheet of paper.</p> <p style="text-align: center;">YES NO</p>

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

CONTRACTOR/SUPPLIER INFORMATION: (List any supplier of marijuana in any form if the contractor/supplier differs from the Applicant.)

Name: _____ Phone: _____

Business Address: _____

PREMISES/PROPERTY LOCATION INFORMATION

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

MEDICAL (Check all that apply.)				
Store	Cultivation	Products Manufacturer	Testing Facility	Transporter
Location: (Include zip code.)				
Manager Name:			Fire Jurisdiction:	

RETAIL (Check all that apply.)				
Store	Cultivation	Products Manufacturer	Testing Facility	Transporter
Location: (Include zip code.)				
Manager Name:			Fire Jurisdiction:	

_____Storage Warehouse				
Location: (Include zip code.)				
Manager Name:			Fire Jurisdiction:	

FOR CULTIVATIONS ONLY:

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

FOR STORAGE WAREHOUSE ONLY:

(Please refer to the Colorado Code of Regulations, Subpart A: Medical Marijuana – Rule M 802 and Subpart B: Retail Marijuana – Rule R 802)

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

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

1st 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: _____

2nd 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	